Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 001
Local Reg. No. 12
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1421 Grove

3. NAME OF DECEASED (Type or Print): a. (First) VALENTINE b. (Middle) c. (Last) PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 8, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Phillips — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Johanetta Phillips — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-3002
17. INFORMANT'S OWN SIGNATURE: Frank Leering — ADDRESS: 1016 N. 10th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 17 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of Colon — 4 mos.

19a. DATE OF OPERATION: 1-2-52
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Recto sigmoid colon
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1951, *to* 1-2, 1952, *that I last saw the deceased alive on* 1-2, 1952, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. Miller M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1951
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: 419 N. 9th. Boise,
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 001
Local Reg. No. 12
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1421 Grove

3. NAME OF DECEASED (Type or Print): a. (First) VALENTINE b. (Middle) c. (Last) PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 8, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Phillips — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Johanetta Phillips — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-3002
17. INFORMANT'S OWN SIGNATURE: Frank Leering — ADDRESS: 1016 N. 10th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 17 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of Colon — 4 mos.

19a. DATE OF OPERATION: 1-2-52
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Recto sigmoid colon
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1951, *to* 1-2, 1952, *that I last saw the deceased alive on* 1-2, 1952, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. Miller M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1951
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: 419 N. 9th. Boise,
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 002
Local Reg. No. 4
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2210 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle):
c. (Last): HARDIN

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6, 1868
9. AGE (In years last birthday): 83-7-26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minona, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Hoppe — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Rosalie Kuhler — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: McCall Idaho — ADDRESS: Mrs Ralph Paris

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary arterial disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ---
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17-51, 19__, *to* 1-2-52, 19__, *that I last saw the deceased alive on* 12-28-51, 19__, *and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe 283 — M.D.
23b. ADDRESS: 512 N. 16th St. Boise, Idaho
23c. DATE SIGNED: Jan. 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 003
Local Reg. No. 5
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) CATHERINE c. (Last) TIGARD

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 4, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months: 0 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Helena Montana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nephi Owens BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Elizabeth O. Campbell BIRTHPLACE: Texas Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. J. Tilson Brunson ADDRESS: Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 2 0 1 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart D.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 19 52 *to* —, 19 —, *that I last saw the deceased alive on* Jan 2, 19 52, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Munson 197 (Degree or title) M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery

24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Selig-Bay Mountain Home Idaho ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 004
Local Reg. No. 6
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #3

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) FRITSCHLE

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1879

9. AGE (In years last birthday): 72-11-12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chief Custodian, Post Office

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olney, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Fritschle
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Perry
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Lloyd R. Fritschle
ADDRESS: Rt 5 Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C. V. disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephrosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 11, 1950, *to* Jan 3, 1951, *that I last saw the deceased alive on* Jan 3, 1951, *and that death occurred at* 11.58 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title): M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 1/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 11 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 005
Local Reg. No. 3
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rt. #2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Evelyn		Mattox	Jan. 3, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 7, 1920	31				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Boise, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Tate	Georgia	Flora Winters	UNknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ernest Mattox	Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic Acidosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 3, 19 52, *to* Jan 3, 19 52, *that I last saw the deceased alive on* Jan 3, 19 52 *and that death occurred at* 1:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Johnson MD	Boise Ida	1-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-7-52	Meridian	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-10-52	Myrtle Palmer	B.W. Robison	Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 005
Local Reg. No. 1
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1601 Denver

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1601 Denver

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) EDWARD c. (Last) BLOOD

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 1, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Boise Water Corp.

11. BIRTHPLACE (State or foreign country): Marion, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Norman E. Blood
BIRTHPLACE: Fort Covington, N. Y.

14. MOTHER'S MAIDEN NAME: Mary Sherman
BIRTHPLACE: Marion, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 485-20-5223

17. INFORMANT'S OWN SIGNATURE: X Henrietta Blood. ADDRESS: 1601 Denver Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Disease, Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Valvular insufficiency, Rheumatic — Childhood

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Acute upper Respiratory infection, and Senility. — 6 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-50, 19___ to 1-4-52, 19___, that I last saw the deceased alive on 1-3-52, 19___, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Carl B. Smithson (Degree or title): M.D.
23b. ADDRESS: 309 Eastman Bldg., Boise,
23c. DATE SIGNED: 1-7-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Blood~~ Burial
24b. DATE: Jan. 8, 1951
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: W. E. Alden
ADDRESS: 419 N. 9th. St. Boise
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 007
Local Reg. No. 18
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Milner Hotel, 1005 Grove St.

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle) Bradly; c. (Last) Weygandt

4. DATE OF DEATH (Month) (Day) (Year): January 5-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: January 25-1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 11 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping 61

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Geneva, Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pinkney Branton, BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Jane Bradley BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lloyd F. Weygandt ADDRESS: Marsing, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular nephrotic Diabetic Syndrome — INTERVAL: week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to Jan 5, 1952 that I last saw the deceased alive on Jan 4, 1952 and that death occurred at 9:30 a., from the causes and on the date stated above.

23a. SIGNATURE: Carl D Lusty MD (Degree or title)
23b. ADDRESS: Meridian
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 8-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Peckham-Dakan ADDRESS: Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 008
Local Reg. No. 7
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 623 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Lee; c. (Last) Potts

4. DATE OF DEATH (Month) (Day) (Year): Jan 5th. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 24. 1869

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Michael Potts. BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Mary J. Standish. BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: * Elmer L. Little ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension Heart Disease 5 yr.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 3, 1952, *to* Jan 5, 1952, ~~that I last saw the deceased alive on~~ Jan 5, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Chalmers MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1952 Jan. 9. ~~1952~~

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J W McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 009
Local Reg. No. 8
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL): Boise
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1011 North 20th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWELL	MYNDERT	ALLEN	January 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 18, 1874	77-5-18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chestnut, Logan Co., Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac N. Allen	Ohio	Cyrinthia Howland	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Edna M. Allen
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 2 yrs
DUE TO (c) Hypertensive C.V. disease — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19, 1951, *to* Jan 6, 1952, *that I last saw the deceased alive on* Jan 5, 1951, *and that death occurred at* 12:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 271	M.D.	105 N. 8th St. Boise, Idaho	1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1952	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-15-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 010
Local Reg. No. 15
Reg. Dist. No. 370

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1920 No.15th.St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1920 No.15th.St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Bascom c. (Last) Stone

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5, 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Epperson, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Geo. Stone
BIRTHPLACE: Tenn

14. MOTHER'S MAIDEN NAME: Rachel Witt
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James Stone
ADDRESS: Salem Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-9-, 1951, *to* Jan 6, 1952, *that I last saw the deceased alive on* 12-12-, 1951, *and that death occurred at* 2: P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Munson M.D.
(Degree or title):

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 9. 1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 1-22-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: E. H. Robison

ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 011
Local Reg. No. 9
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 57 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 935 Strawberry Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) B.; c. (Last) Wasson

4. DATE OF DEATH: (Month) Jan (Day) 6th. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 10th. 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): StClair Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Wasson
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Snyder
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jos. L. Wasson
ADDRESS: Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular renal disease
INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none known

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct. 5, 1951, *to* Jan. 6, 1952, *that I last saw the deceased alive on* Jan. 5, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Frazier (Degree or title) M.D.

23b. ADDRESS: 500 Eastman Bldg. Boise

23c. DATE SIGNED: Jan. 7 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 8th. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 012
Local Reg. No. 10
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R.D. #4

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): ELIZABETH
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 6, 1866
9. AGE (In years last birthday): 85-9-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Aldecoa — ADDRESS: Rt 4 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute occlusion left coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs ±

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & coronary sclerosis & hypertension yrs.
DUE TO (c) also terminal Pulmonary Edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Jan 6, 1952, *that I last saw the deceased alive on* Jan 6, 1952, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 042 John Brunn MD
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: Jan 7, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 61 Jan. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 1-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 013
Local Reg. No. 19
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2:

3. NAME OF DECEASED (Type or Print): a. (First) Elrena b. (Middle) E. c. (Last) Aljoe

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7th. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 26. 1904

9. AGE (In years last birthday): 47 Yrs
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gardner Mass:

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Augustus Des Pres
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X E. Burtina Mitchell
ADDRESS: R.R.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 5 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Cardiac decompensation due to rheumatic heart disease with mitral stenosis and regurgitation and auricular fibrillation — 32 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1951, to 1/7, 1952, that I last saw the deceased alive on 1/7, 1952, and that death occurred at 5:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 12. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
[signature]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 014
Local Reg. No. 11
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1625 Franklin Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLE	C.	SIMMONS	June 8 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Dec. 6, 1874	77-1-2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Tipton, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustave Peterson	Sweden	Unknown	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	P. A. Simmons	1625 Franklin St. Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemiplegia — 6 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. In Coma for 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Jan 8, 1952, *that I last saw the deceased alive on* Jan 8, 1952, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Brayton M.D.	411 Eastman Bld. Boise	Jan 10 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 11, 1952	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-15-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 015
Local Reg. No. 21
Reg. Dist. No. 370

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospitak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Lillian
b. (Middle): May
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 23, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 1, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Dundy Co. Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Adeline Stewart — ADDRESS: Gooding

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis — ?
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertensive cardiovascular disease; Pneumonitis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8/18, 1948, *to* 1/9, 1952 *that I last saw the deceased alive on* 1/9, 1952, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Reinhart, M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Felix J. Bay Mountain Home Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Kodak

Certificate of Death

STATE OF IDAHO

State File No. 016
Local Reg. No. 20
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 24 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23rd Dec.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1510 N. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Mary	Thissen	1	9	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Feb. 13, 1881	70	10	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ft. Dodge, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leon Throw — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Emma Casavant — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23, 1951, *to* Jan 9, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 11 1952	St. John's	Boise, Ida.

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson--Boise
[signature]

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 017
Local Reg. No. 13
Reg. Dist. No. 370

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1312 E. Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): VERNON
b. (Middle): EARL
c. (Last): TIGER

4. DATE OF DEATH (Month) (Day) (Year): January 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeping

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waverly, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isaac J. Tiger
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Parthenia Blagg
BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Mabel Tiger
ADDRESS: 1312 E. Frankl Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes mellitus. — 1 yr or more
DUE TO (c): Pancreatic atrophy — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no operation.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan. 7, 1952, *to* Jan. 10, 1952, *that I last saw the deceased alive on* Jan. 10, 1952, *and that death occurred at* 9:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Frazier, M.D.
23b. ADDRESS: 500 Eastman Bldg, Boise, Idaho
23c. DATE SIGNED: Jan. 12, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 018
Local Reg. No. 14
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1212 N. 19th. St.

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) MUNROE c. (Last) HUNTER

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hiram Hunter — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Amanda Spears — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-0703
17. INFORMANT'S OWN SIGNATURE: Mrs Fannie M. Hunter — ADDRESS: 1212 N. 19th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2608

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — unknown
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1942, to 1-12-, 1952, that I last saw the deceased alive on 1-12-, 1952, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Swindell M.D. (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 019
Local Reg. No. 23
Reg. Dist. No. 370

BIRTH NO. 111-52-00056

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 600 Scott Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARCELL
b. (Middle): DeWAYNE
c. (Last): SCHMUTZ

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 13, 1952
9. AGE (In years last birthday): 4 hrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DeWayne Schmutz — BIRTHPLACE: St. George, Utah
14. MOTHER'S MAIDEN NAME: Shirley Harper — BIRTHPLACE: Culver City, Calif.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Absence of Kidneys — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from 13 Jan, 1952, to 13 Jan, 1952, that I last saw the deceased alive on 13 Jan, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill MD
23b. ADDRESS: 714½ N. Orchard Boise
23c. DATE SIGNED: 1/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 020
Local Reg. No. 25
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2557 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): MARGARITE
c. (Last): STOMMEL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31, 1885
9. AGE (In years last birthday): 66-5-14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nuremburg, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fritz Goegelin — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert L Stommel — ADDRESS: Mtn. Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

444X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural causes. Was found dead

ANTECEDENT CAUSES — DUE TO (b): in bed. Had hypertension for

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): several years. Nothing of

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: a criminal nature.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ~~xxxxxxxxx, 19xx, to xxxxxxxxx, 19xx, that I last saw the deceased alive on xxxxxxxxx, 19xx, and that death occurred at 9 p. m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers — (Degree or title): Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock Street
23c. DATE SIGNED: 1/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pueblo, Colorado

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 021
Local Reg. No. 26
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Apt. 71, College Campus

3. NAME OF DECEASED (Type or Print): a. (First) JUNE b. (Middle) MARIE c. (Last) RODVOLD

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 15, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1924

9. AGE (In years last birthday): 27-3-11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kemmerer, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clifford F. Phillip
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Jennette Roberts
BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 543-22-7136

17. INFORMANT'S OWN SIGNATURE: Marvin L. Rodvold
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Status Asthmaticus — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma — 4 years
DUE TO (c): Multiple allergies —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 1, 1951, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 11:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title): M.D.
23b. ADDRESS: 1320 Vista Ave., Boise
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 022
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1003 North 24th Street

3. NAME OF DECEASED (Type or Print): a. (First) OLIVE b. (Middle) ELLIS c. (Last) PACKENHAM

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12, 1870

9. AGE (In years last birthday): 81-6-4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Halfway, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Anne Higgins
ADDRESS: 1803 N. 26th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 3'
DUE TO (c) Senility — 3''

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7/3, 1945 *to* 1/16, 1952 *that I last saw the deceased alive on* 1/15, 1952, *and that death occurred at* 5P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 1/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 023
Local Reg. No. 29
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle):
c. (Last): FISHER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1900
9. AGE (In years last birthday): 51-11-12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C. Perkins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Powell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: George C. Fisher — ADDRESS: Eagle Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Jan 17, 1951, *that I last saw the deceased alive on* 1-12, 1952, *and that death occurred at* 3p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 210 [signature] M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 1-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 024
Local Reg. No. 28
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3650 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): LUCILLE
c. (Last): KIMBLE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 6, 1906
9. AGE (In years last birthday): 45-10-11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pullman, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sherman Brannan — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Harriett Duff — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 3650 State St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

517X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): NEPHROSIS — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Jan. 17, 1952, *that I last saw the deceased alive on* Jan. 17, 1952, *and that death occurred at* 2:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Colfax, Washington

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 025
Local Reg. No. 6
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2822 Ona

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2822 Ona

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BEN	DWAIN	LANDERS	Jan. 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 9, 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rapid City, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dwain Landers — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Martha Grinnels — BIRTHPLACE: New York

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Minnie Landers — ADDRESS: 2822 Ona Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — 3 years
DUE TO (c) Generalized arteriosclerosis. — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
No.		Boise.	Ada	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 Jan, 1952, *to* 17 Jan, 1952, *that I last saw the deceased alive on* 17 Jan, 1952, *and that death occurred at* 6. P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.R. Blackburn M.D.	1320 Vista Boise, Ida	21 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1952	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-22-52	Myrtle Palmer	G.E. Alden	Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 026
Local Reg. No. 31
Reg. Dist. No. 370

BIRTH NO. JAN 31 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hosp[illegible] give street address or location): St. Alph[illegible]tal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harold "Bill"
b. (Middle): [illegible]ant
c. (Last): Fisk

4. DATE OF DEATH (Month) (Day) (Year): January 18-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MAR[illegible] NEVER MARRIED, WIDO[illegible] DIVORCED (Specify): Mar[illegible]ed
8. DATE OF BIRTH: January 6-1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 0, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Idaho Power Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ocoya, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred E. Fisk — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Laura O. Ewing — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen R. Fisk — ADDRESS: McCall, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Thrombosis-Basilar artery

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (2) Encephalomalacia Rt Internal Capsule + Entire Base of Brain
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (3) Posterior Wall myocardial infarct
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1952, *to* Jan 18, 1952, *that I last saw the deceased alive on* Jan 18, 1952, *and that death occurred at* 12:30 A m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jon E Cuffard md
23b. ADDRESS: 311-W Idaho-Boise
23c. DATE SIGNED: 1/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 22-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [illegible] 38-206 and 21[illegible] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 027
Local Reg. No. 30
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 40 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Idanha Hotel

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) ANN
c. (Last) HUGHES

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 25, 1864

9. AGE (In years last birthday) 87-9-23
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Gold Hill, Nevada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS 902 Fillmore Caldwell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debilitation (Marked) — 3 months?
DUE TO (c) MALNUTRITION — 6 months?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis — 2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1952, *to* JAN 18, 1952, *that I last saw the deceased alive on* JAN 17, 1952, *and that death occurred at* 6:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. Spurgin 581 (Degree or title) M.D.

23b. ADDRESS Boise, Idaho

23c. DATE SIGNED 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 21, 1952

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-29-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Clyde E. Summers — ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 028
Local Reg. No. 17
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (in this place) 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ALPHONSUS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 2115 N. 16th.

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH
b. (Middle) M.
c. (Last) ROBBINS

4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 13, 1873
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jasper C. Washburn — BIRTHPLACE Vermont
14. MOTHER'S MAIDEN NAME Mariah Bennett — BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE W. A. Robbins — ADDRESS Box 356 Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1951, *to* Jan. 19, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Maurice M. Rubinhalder M.D. (Degree or title)
23b. ADDRESS 401 Idaho St., Boise Idaho
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-22-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR U. E. Alden R56 — ADDRESS Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 029
Local Reg. No. 9
Reg. Dist. No. 371

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle) E.; c. (Last) MAC INNIS

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 23, 186)

9. AGE (In years last birthday): 82-10-26 (If under 1 year: Months / Days; If under 1 hr.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockport, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Obadiah Lewis Littlepage — BIRTHPLACE: Rockport, Indiana

14. MOTHER'S MAIDEN NAME: Ellen Brown — BIRTHPLACE: Rockport, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Homer E. Martin — ADDRESS: 1221 N 18th St.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive and Arterio-

DUE TO(c): Sclerotic Cardio-Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Thyroid adenoma

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1949, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 7, 1952, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford M.D. (Degree or title)

23b. ADDRESS: 311 - W Idaho - Boise

23c. DATE SIGNED: 1/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 030
Local Reg. No. 22
Reg. Dist. No. 370

BIRTH NO. JAN 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) L.; c. (Last) Printz

4. DATE OF DEATH: (Month) Jan (Day) 20. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 23. 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Cherokee Kansas

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Printz
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Martha Perry
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-09-7321

17. INFORMANT'S OWN SIGNATURE: x Mrs Betty Ryals
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19, 1952, *to* 1-20, 1952, *that I last saw the deceased alive on* 1-19, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Pulbrolder M.D.

23b. ADDRESS: 401 Idaho Street, Boise, Idaho

23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23. 1952

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Near Boise Idaho

DATE REC'D BY LOCAL REG.: 1-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 031
Local Reg. No. 33
Reg. Dist. No. 370

BIRTH NO. 1-51-16159 JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 613 Washington Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): LYNN
c. (Last): ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec. 22, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 29; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 61
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME / BIRTHPLACE: Rod Robinson - Rodgersville, Tenn.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Norma Lee Bungum - Wessington, S.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Rod G. Robinson 613 W. Wash St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

763.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 6-12 hrs ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* autopsy only *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Seeman 045 MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 23 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must type with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. Write answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 032
Local Reg. No. 37
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4313 Edgemont Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): RUSSELL
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1899

9. AGE (In years last birthday): 52-4-24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Automatic Fire Sprinkling

10b. KIND OF BUSINESS OR INDUSTRY: Equip.

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Evans
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Louise Burt
BIRTHPLACE: Uknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 570-12-6626

17. INFORMANT'S OWN SIGNATURE: Myrtle G. Evans
ADDRESS: 4313 Edgemont Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Old infarct left Ventricle — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Autopsy only —, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 28 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/52
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum, Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

State File No. 033
Local Reg. No. 34
Reg. Dist. No. 370

BIRTH NO. 31 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 209 No. Owyhee St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 209 No. Owyhee St.

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle); c. (Last) Parani

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23rd 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12th. 1891

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baceno Italy

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Joseph Parani
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Anna Galacci
BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Willard L. Coffin
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-3 *, 19*51*, to* 1-23 *, 19*52*, that I last saw the deceased alive on* 1-23 *, 19*52*, and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Thomas.
23b. ADDRESS: 305 Fort St. Boise Ida.
23c. DATE SIGNED: 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: St John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise
F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 034
Local Reg. No. 39
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) LESTER c. (Last) BRINK

4. DATE OF DEATH (Month) (Day) (Year): January 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 13, 1887

9. AGE (In years last birthday): 64-10-11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shenandoah, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joshua Brink
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Lannie White
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Earl Bolen R.D. 2 ADDRESS: Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Liver failure — 1 wk
Secondary anemia — 6 wks
Epistaxis — 1 wk
metastasis to liver

19a. DATE OF OPERATION: 4-10-'50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma head of pancreas with obstructive jaundice

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Ada (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23, 1950, *to* 1-24, 1952, *that I last saw the deceased alive on* 1-23, 1952, *and that death occurred at* 12:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey L. Smith M.D.
23b. ADDRESS: Meridian, Idaho
23c. DATE SIGNED: 26 Jan. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Dunn SUNSET FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

State File No. 035
Local Reg. No. 38
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1201 N. 12th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	R.	BUTLER	Jan. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 1, 1871	80-7-23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber. Retired.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norrisville, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Anna. M. Wakeman. BIRTHPLACE: Salt Lake Cit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: Kathryn E. Jones ADDRESS: 5700 Fairview Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 2 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-22, 1952, *to* 1-25, 1952, *that I last saw the deceased alive on* 1-24, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. Swendsen M. D.	Boise Ida.	1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 28. 52.	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-5-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 036
Local Reg. No. 58
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2305 No. 25th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) Marian c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25.th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25th 1910

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Long Pine Neb.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Vernon Clark
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: Stella Owens
BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 520-01-4280

17. INFORMANT'S OWN SIGNATURE: Mrs Harry R Lyon
ADDRESS: Salt Lake Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia
INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stricture of urethra

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1951, *to* Jan 25, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 622 Eastman Bldg., Boise, Ida.
23c. DATE SIGNED: 2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS:
F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 037
Local Reg. No. 40
Reg. Dist. No. 370

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) c. (Last) HUTCHINSON

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 25, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 18, 1874

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 1 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Connor BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George Hutchinson ADDRESS: Bruneau

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured hip — 2 mo

33 1/X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Open Reduction of hip

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 9-16, 1951, *to* 1-25, 1952, *that I last saw the deceased alive on* 1-25, 1952, *and that death occurred at* 7:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 237 — 23b. ADDRESS: Boise Ida — 23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: Jan. 25, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery — 24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 2-5-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer — 25. FUNERAL DIRECTOR: Bliss-Coy Mortuary ADDRESS: Homedale Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 038
Local Reg. No. 60
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 811½ W. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): J.
c. (Last): FAUST

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 1856
9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Art Shop
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Clyde E. Summers
ADDRESS: 1205 Bannock Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 812.4 Cerebral trauma - contusion or bleeding — INTERVAL BETWEEN ONSET AND DEATH: 3-4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal skull fracture,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced age, arteriosclerosis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): city street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/26/52 9:10P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Was hit by an automobile

22. *I hereby certify that I attended the deceased from* 10:30 P.M. 1-26-52, 1952, *to* time of death, 19__, *that I last saw the deceased alive on* Jan. 26, 1952, *and that death occurred at* 11 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier M.D.
23b. ADDRESS: 500 Eastman Bldg. Boise
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Feb. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 039
Local Reg. No. 41
Reg. Dist. No. 370

RECEIVED FEB 6 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died enroute to hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R.D. #6, Cherry Lane

3. NAME OF DECEASED (Type or Print)
a. (First): ELIJAH
b. (Middle): DEE
c. (Last): DRAKE HILLIS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1878
9. AGE (In years last birthday): 73-6-12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warren Co. (McMingle), Tenn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Elijah D. Hillis - Unknown
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Adaline Moffett - Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-7387
17. INFORMANT'S OWN SIGNATURE: Mrs Corne A Hillis — ADDRESS: R.6. Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Had been ill for several months. Probably had a coronary occlusion. Died enroute to hospital. Nothing of a criminal nature.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~I attended the deceased from XXXXXXXXXX 19XXXX to XXXXXXXXXX 19XXXX that I last saw the deceased alive on XXXXXXXXXX 19XXXX and that death occurred at 10:30P m., from the causes and on the date stated above.~~

23a. SIGNATURE (Degree or title): Clyde E Summers — Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock Street
23c. DATE SIGNED: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/29/52
24c. NAME OF CEMETERY OR CREMATORY: MorrisHill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Clyde E Summers — SUMMERS FUNERAL HOME — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 040
Local Reg. No. 35
Reg. Dist. No. 370

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1202 N. 6 th.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Oscar
c. (Last): Sanders

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 24, 1887
9. AGE (In years last birthday): 65 yrs. IF UNDER 1 YEAR: Months 0, Days 3; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Conductor 70
10b. KIND OF BUSINESS OR INDUSTRY: RailrOading
11. BIRTHPLACE (State or foreign country): Bismark, North Dakota
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James G. Sanders
BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: C A Sanders
ADDRESS: 1202 N. 6th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe anemia — 6 month
DUE TO Myelogenous leukemia — 12 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ECA, 1952, *to* 1-29, 1952, *that I last saw the deceased alive on* 1-26-52, 19__, *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Springer 381 (Degree or title) MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 28, 1952 15
24c. NAME OF CEMETERY OR CREMATORY: Ashton
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: 1-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 041
Local Reg. No. 36
Reg. Dist. No. 370

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1611 N. 14 th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1611 N. 14 th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) J. c. (Last) Van Dusen

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 27, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1864

9. AGE (In years last birthday): 87 IF UNDER 1 YEAR Months: 2 Days: 26 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Barr BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Mary Forbes BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. C. [illegible] ADDRESS: 1611 N. 14th. Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-2-3, 19 48, *to* 1-27-, 19 52, *that I last saw the deceased alive on* 1-26, 19 52, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Swinnell (Degree or title): M. D. **23b. ADDRESS**: Boise Idaho **23c. DATE SIGNED**: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Jan. 29, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-31-52 REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Burkholder
Poppa White

Certificate of Death

State File No. 042
Local Reg. No. 52
Reg. Dist. No. 370

STATE OF IDAHO

BIRTH NO.

FEB 15 1952

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): II Days
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St Luke

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Bruce c. (Last) McWillis

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June, 28, I874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 7 Days --
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farm

11. BIRTHPLACE (State or foreign country): Wallport, Oregon

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Mary Ellen Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Thelma Early — ADDRESS: Hailey, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis

19a. DATE OF OPERATION: Jan 24-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach with Obstruction

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 20, 1952, *to* Jan 28, 1952, *that I last saw the deceased alive on* Jan 27, 1952, *and that death occurred at* 8:53 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. Mitz M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: Jan. 31 I952

24c. NAME OF CEMETERY ~~OR CREMATORY~~: Hailey Row I G. 27

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Ray McGoldrick, Hailey Ida

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 043
Local Reg. No. 42
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) M. c. (Last) Aldrich

4. DATE OF DEATH: (Month) Jan. (Day) 29, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried

8. DATE OF BIRTH: Sept. 24, 1881

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 4 Days: 5 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Garwin, Iowa

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Sylvester A. Aldrich BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary E. Youngman BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Chas Gary ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease with hypocardial degeneration — ?

DUE TO (c) Cerebral arteriosclerosis with Cerebral degeneration — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, benign

19a. DATE OF OPERATION:

19b. ~~MAJOR FINDINGS OF OPERATION~~

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/17, 1947, *to* 1/29, 1952, *that I last saw the deceased alive on* 1/29, 1952, *and that death occurred at* 9:52 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 2/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 3, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Toledo, Iowa

DATE REC'D BY LOCAL REG.: 2-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 044
Local Reg. No. 44
Reg. Dist. No. 370

RECEIVED FEB 6 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 111 West Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAKE
b. (Middle): MILTON
c. (Last): SHANK

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 21, 1880
9. AGE (In years last birthday): 71-1-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Yards
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nelson, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Shank — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-7715
17. INFORMANT'S OWN SIGNATURE: L. L. Rothenberger — ADDRESS: 4250 E 88 Seattle, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension Mod. — 2 Mo

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951 *to* Jan, 1952, *that I last saw the deceased alive on* Dec, 1951, *and that death occurred at* 12:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Simonton Md.
23b. ADDRESS: Boise
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Feb. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial Crematorium and Mausoleum
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 645
Local Reg. No. 14
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2207 Smith Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2207 Smith Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Parley
b. (Middle): Richard
c. (Last): Woolsey

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8/26/95
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist 17
10b. KIND OF BUSINESS OR INDUSTRY: laundry
11. BIRTHPLACE (State or foreign country): Gunnison, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Mitchell Woolsy — BIRTHPLACE: , Utah
14. MOTHER'S MAIDEN NAME: Christianna Sanders — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-8214
17. INFORMANT'S OWN SIGNATURE: X Neil Carter — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Frontal lobe Cranial Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-, 1950, *to* 1-29, 1952, *that I last saw the deceased alive on* 1-26, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 23 Carl D Rusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: RELYEA MORTUARY 318 N. Latah Boise, Idaho
Russell Relyea F.D. 29

Federal Security Agency
United States Public Health Service
Form DPH-48021

FEB 5 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 046
Local Reg. No. 50
Reg. Dist. No. 270

BIRTH NO.

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1807 W. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) D.; c. (Last) RIGNEY

4. DATE OF DEATH: (Month) Jan. (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 9, 1876

9. AGE (In years last birthday): 75-2-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taylor Grazing Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Seneca, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Benjamin Rigney-Kentucky

14. MOTHER'S MAIDEN NAME: Elizabeth DeMoss-Seneca, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jarvis P. Rigney — ADDRESS: Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 11 years

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Cecum

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 1-30, 1952, *that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 6:33 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Sundell M.D. — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 2-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Feb. 2, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 247
Local Reg. No. 49
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise - rural
d. STREET ADDRESS (If rural, give location): Route 9.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	Loyd	Paxton	Lumpee

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	12-6-81	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Engineer	Idaho Power Co.	Versailles, Mo.	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Lumpee	France	Nancy Spurlock	mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		540-07-1811	Henry L. Lumpee	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) DUE TO: Post operative - Cardio vascular collapse + uremia — 7 days
(c) DUE TO: Stenosis posterior + ruptured ureter + ureterostomy — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/18/52	Ca rectum + ulcerations	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 3:29 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H M Chadwick MD	Boise Idaho	2/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial Removal	2-2-52	Valley View,	Vale, Ore.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-11-52	Myrtle Palmer	Jo C Boehler	Ontario - Vale, Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 048
Local Reg. No. 15
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lynnwood Ave Boise
c. LENGTH OF STAY (in this place): 19
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lynnwood Ave

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Lynnwood Drive

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Foster

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3.12.89

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Hunter, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Martin W. Foster ADDRESS: Boise Lynnwood Drive

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Heart Disease - Myocardial Weakness & Fibrillation — 14 mo.

DUE TO (c) Hypertension ext. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11, 1951, *to* 1-30, 1952, *that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson (Degree or title) M.D.

23b. ADDRESS: 309 Eastman Bldg., Boise,

23c. DATE SIGNED: 2-2-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/4/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county,) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea ADDRESS: 318 No. Latah

Relyea Mortuary - Boise, Idaho FD 29

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 049
Local Reg. No. 46
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2204 Ellis Street

3. NAME OF DECEASED (Type or Print): a. (First) GUY b. (Middle) A. c. (Last) MC CLAFLIN

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1868

9. AGE (In years last birthday): 83-0-18 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Clerk & Freight office steno.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Long Prairie, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gardner McClaflin — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Donald G. McClaflin — ADDRESS: 1843 Miller Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with severe brain laceration.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (2) - Fracture pelvis

DUE TO (c) (3) - Fracture right tibia and fibula

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1/20 & 1/31/52

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 20, 1952 6 P m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Struck by car.

22. *I hereby certify that I attended the deceased from* 1/20, 1952, *to* 1/31, 1952, *that I last saw the deceased alive on* 1/31, 1952, *and that death occurred at* 11:26 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everett D Jones M.D. — **(Degree or title)**: M.D. — **23b. ADDRESS**: Boise, Idaho. — **23c. DATE SIGNED**: 2/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 2-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers Summers Funeral Home — **ADDRESS**: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 050
Local Reg. No. 1
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, R.F.D. #1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Robert c. (Last) Bell

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 4th. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Everton, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Bell — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Mary Hankins — BIRTHPLACE: Dade Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Bell — ADDRESS: Meridian Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocardial Damage — unk
DUE TO (c) Coronary insufficiency — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Jan 4, 1952, *that I last saw the deceased alive on* Dec, 1950, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Joplin
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 1-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robinson — ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 051
Local Reg. No. 2
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Good Samaritan Home

3. NAME OF DECEASED (Type or Print): a. (First) SALLIE b. (Middle) c. (Last) BUCHANAN

4. DATE OF DEATH: (Month) Jan. (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 24, 1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months: 0 Days: 16 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Maker 43

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John B. Buchanan — BIRTHPLACE: Richmond, Kentucky

14. MOTHER'S MAIDEN NAME: Sarah E. Boulware — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Lulu M Buchanan — ADDRESS: 214 N 15th Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic hypertension — 6 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Contracted bronchial pneumonia — 1 wk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-9, 1952, *to* 1-10, 1952, *that I last saw the deceased alive on* 1-10, 1952 *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty M D

23b. ADDRESS: Meridian

23c. DATE SIGNED: 1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: C. E. Alden Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 052
Local Reg. No. 7
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) HENRY c. (Last) WARD

4. DATE OF DEATH (Month) (Day) (Year): January 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 23, 1873

9. AGE (In years last birthday): 78-2-18 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Shearer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Ward — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary E. Sloan — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Frank T Vincen — ADDRESS: 4808 Holmes

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Insufficiency — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-6 *,* 19 50 *, to* 1-11 *,* 19 52 *, that I last saw the deceased alive on* 1-10 *,* 19 52 *, and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty — (Degree or title): M D
23b. ADDRESS: Meridian, Ida
23c. DATE SIGNED: 1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

State File No. 053
Local Reg. No. 3
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 87 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V.A. Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): M.
c. (Last): KOSSMAN, Jr.

4. DATE OF DEATH (Month) (Day) (Year): January 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 9-13-99
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malta, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred M. Kossman, Sr. — BIRTHPLACE: Malta, Idaho
14. MOTHER'S MAIDEN NAME: Anna Hutchinson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: M. Grill — ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Edema and Cavitation, lft. Parietal-Occipital Lobe — Prior to Admn.
DUE TO (c) Old Cerebral Infarct — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October 16 1951, *to* Jan. 11, 1952, *that I last saw the deceased alive on* January 11 1952, *and that death occurred at* 1:40p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. BEEMAN, M.D., Pathologist
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 054
Local Reg. No. 4
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 98 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Earl	G.	GUTHRIE	January 14 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-15-96	65		29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cafe Operator		Blanchard, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Jackson Guthrie	Wisconsin	Nancy Ann Kelly	Quebec Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WWII	534167777	M. Guthrie	Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema and Anemia — Interval between onset and death: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma of right kidney with generalized metastases — Interval between onset and death: Prior to Admn.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 8, *1951, to* Jan. 14, *1952, that I last saw the deceased alive on* Jan. 14, *1952, and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. BEEMAN, M.D., Pathologist	V.A. Hospital, Boise Idaho	1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 16, 1952		St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-17-52	Myrtle Palmer	A. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

McBratney-Alden

State File No. 055
Local Reg. No. 5
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): W
c. (Last): GADD

4. DATE OF DEATH (Month) (Day) (Year): January 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-18-52
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 1, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nephi, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac C. Gadd — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha E. Parman — BIRTHPLACE: Nephi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 536058917
17. INFORMANT'S OWN SIGNATURE: M E Gill — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

783.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Pulmonary, Cause Undetermined — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 9, 1952, *to* Jan. 18, 1952, *that I last saw the deceased alive on* Jan. 18, 1952, *and that death occurred at* 7:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. H. Satterlee (Degree or title): A. H. SATTERLEE, M.D., Chief, Prof. Ser.
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Provo, Utah

DATE REC'D BY LOCAL REG.: 1-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratmey-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

#8

RECEIVED
JAN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 056
Local Reg. No. 16
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 807, 1st. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 807, 1st. St. East

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Aberdein

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 23, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: ------- Murch — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Hannah Stokesbury — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: George Aberdein — ADDRESS: Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovasc dis. — INTERVAL BETWEEN ONSET AND DEATH: 7yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mucous Ventral Hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 19 46, *to* Jan 19, 19 52, *that I last saw the deceased alive on* Jan 18, 19 52 *and that death occurred at* 2:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: Meridian Idaho — **23c. DATE SIGNED**: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/22/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 1-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — **ADDRESS**: [signature] Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 057
Local Reg. No. 8
Reg. Dist. No. 371

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) T. c. (Last) Burke

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Apr. 11. 1864

9. AGE (In years last birthday): 87 IF UNDER: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Carpenter.

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE Owner & Stark R-3 ADDRESS
Ada County Hospital Records

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4432 Hypertensive Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 17, 1951, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 11 am m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 26 1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's

24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 1-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schneiber-McCann-Gibson—Boise
David F. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 058
Local Reg. No. 10
Reg. Dist. No. 371

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 4 Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: /Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): RR #4

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Fielding
c. (Last): Case

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/22/82
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Edney ville No. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: M. P. Case — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Drucilla Lyda — BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Addie M Jones — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Collapsed suddenly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) rising from bed and was pro-

DUE TO (c) nounced dead upon arrival at

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. a hospital. Nothing of a criminal

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: nature
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~I attended the deceased from XXXXXXXXX, 19XXX, to XXXXXXXXX, 19XXX, that I last saw the deceased XXXXXXXXX, 19XXX, and that~~ *death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers — (Degree or title): Coroner of
23b. ADDRESS: 1205 Bannock St. Ada County, Boise, Idaho
23c. DATE SIGNED: Jan. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 26-1952
24c. NAME OF CEMETERY OR CREMATORY: Hendersonville N
24d. LOCATION (City, town, or county) (State): Hendersonville N. Carolina

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Relyea Memory Chapel — ADDRESS: 318 N. Latah Boise, Idah
Merville D. Davis

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

State File No. 059
Local Reg. No. 24
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mi.W.of Boise on Hwy.20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 119-19th Ave North

3. NAME OF DECEASED (Type or Print): a. (First) Bill; b. (Middle) B; c. (Last) Fairchild

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 28, 1934.

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T.A.Fairchild — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Thora E Mabey — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: T.A.Fairchild — ADDRESS: Nampa, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and Multiple injuries.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE** **HOMICIDE** (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Boise — Ada — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 22, 1952 11:20 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Two automobiles collided on icy road

22. *I hereby certify that I attended the deceased from* ~~XXXX

Certificate of Death

STATE OF IDAHO

State File No. CCO
Local Reg. No. 11
Reg. Dist. No. 371

BIRTH NO. FEB 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada County Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Emma c. (Last) Charlton

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 7, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Jacksonville, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Mace
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Samantha Henderson
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Vernon F. Regan Res
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Hypertensive disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-7-X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* Jan 23, 1952, *that I last saw the deceased alive on* Jan 22, 1952, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Purdy MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county, (State)): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Relyea Mortuary
ADDRESS: 318 N. Latah Boise, Idaho
Russell A. Relyea F.D. 29

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 061
Local Reg. No. 12
Reg. Dist. No. 371

BIRTH NO. FEB 1 1952

Information: Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 - 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 132 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V.A. Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) G. c. (Last) MARTIN

4. DATE OF DEATH: (Month) January (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-4-88

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 1 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Martin BIRTHPLACE: Nashville, Tennessee

14. MOTHER'S MAIDEN NAME: Susie Jones BIRTHPLACE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency with left Ventricular Aneurysm and Myofibrosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Disseminated bilateral pulmonary TBC with metastases to adrenals and brain.

INTERVAL BETWEEN ONSET AND DEATH: Terminal / Prior to Admn.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 13, 1951, *to* Jan. 23, 1952, *that I last saw the deceased alive on* Jan. 23, 1952, *and that death occurred at* 1:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Beeman M. D. Pathologist

23b. ADDRESS: V. A. Hospital, Boise, Idaho

23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jan. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: A. E. Alden Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 262
Local Reg. No. 18
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #9

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) BROSA

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1886

9. AGE (In years last birthday): 65-5-23
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power Co.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE: John Henry Brosa-Allensville, Missouri

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Celestel Groves-Allensville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs R. D. Davis 2825 Fairview Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction. — 5 mos
DUE TO (c) Coronary Occlusion. — 5 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 2 6.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 1-24, 1952, that I last saw the deceased alive on ____ 19__, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title):
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers Summers Funeral Home
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 063
Local Reg. No. 12
Reg. Dist. No. 371

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 67 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. Hospital Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hobart	Q.	JUSTUS	January 25 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	12-27-96	55		28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Bellvue, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Urick S. Justus	Prescott, Kan.	Minerva Ann Brooks	Wheatland, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518 09 9685	Records, V. A. Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brochopneumonia; Pulmonary [redacted] and Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease with calcific aortic stenosis and aortic insufficiency) Admn. — Prior to
DUE TO (c) and generalized chronic passive congestion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Nov. 19, 1951, *to* Jan. 25, 1952, *that I last saw the deceased alive on* Jan. 25, 1952, *and that death occurred at* 7:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M.D., Pathologist	V.A. Hospital, Boise, Idaho	1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 26, 1952	Hailey, Idaho	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-31-52	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 004
Local Reg. No. 19
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 307 S. 5th

3. NAME OF DECEASED (Type or Print): a. (First) Bert; b. (Middle) (NMI); c. (Last) Carlisle

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 11, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Ellsworth? Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X A. Warren Cate
ADDRESS: Route 7

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Cardiac hypertensive Disease
INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1952 *to* 1-29, 1952, *that I last saw the deceased alive on* 1-29, 1952, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridan Ida
23c. DATE SIGNED: 2-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Boise Memory Chapel
ADDRESS: 318 N. Latah Boise, Idaho
Merville D. Davis

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

State File No. 065
Local Reg. No. 16
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 27 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Rt. 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print): a. (First) Grace; b. (Middle) Alma; c. (Last) Jewell

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 6th. 1915

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Albert Bass
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Grace Pollin.
BIRTHPLACE: Ill:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 539-26-0780

17. INFORMANT'S OWN SIGNATURE: Vern Jewell
ADDRESS: Rtl. Boise

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Epidermoid) of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Generalized Metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: (Radium & Xray therapy unavailing totally)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Sept, 1951, *to* 30 Jan, 1952, *that I last saw the deceased alive on* 3 Jan, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce C. Dudgeon MD

23b. ADDRESS: 610 Hays • Boise

23c. DATE SIGNED:

24a. BURIAL CREMATION REMOVAL (Specify): Burial

24b. DATE: Feb. 2nd 1952.

24c. NAME OF CEMETERY OR CREMATORY: Meridian.

24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 2-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise.

F. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 056
Local Reg. No. 15
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED JAN 11 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 449 South 7th Avenue
d. STREET ADDRESS (If rural, give location): Pocatello, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARCHIE	ZACHARY	GESAS	January 3 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 23, 1903	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Proprietor - Retail	Auto Supply Store	Kemmerer, Wyoming	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Barney Gesas	Russia	Estelle Raphael	New York, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-09-2550	Emily C. Gesas	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 9767 Exsanguination — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due to Gun shot wound
DUE TO (c) of Left Fourn chest.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding from Heart and intercostal vessels.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	At Home	Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan. 3 52 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Anthony W. Hall Coroner	Pocatello, Idaho	Jan. 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	January 7, 1952	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 4, 1952	Jessie J. Powell	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 25 1952
DIVISION OF VITAL STATISTICS

111-52-00170
BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 067
Local Reg. No. 25
Reg. Dist. No. 511

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle): Boy
c. (Last): Curzon

4. DATE OF DEATH (Month) (Day) (Year): 1 - 7 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nev. Married
8. DATE OF BIRTH: 1-3-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Leo L. Curzon, BIRTHPLACE: Pocatello
14. MOTHER'S MAIDEN NAME: Ruth J. Martin, BIRTHPLACE: Rexburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leo L. Curzon, ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 760.0 Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Jan., 1952, *to* 7 Jan., 1952, *that I last saw the deceased alive on* 7 Jan., 1952, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 1605 N. Arthur, Pocatello
23c. DATE SIGNED: 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-9-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Poca Idaho

DATE REC'D BY LOCAL REG.: JAN 24 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Arthur W Hall
ADDRESS: Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1658
Local Reg. No. 16
Reg. Dist. No. 5 11

BIRTH NO.

RECEIVED
JAN 11 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Anthony Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arimo
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print) a. (First) LUAN b. (Middle) c. (Last) JENSEN
4. DATE OF DEATH (Month) (Day) (Year) Jan., 7, 1952
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan., 31, 1950
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carl E. Jensen BIRTHPLACE Hyrum Utah
14. MOTHER'S MAIDEN NAME Rayola Jenkens BIRTHPLACE Pocatello Id.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl E. Jensen ADDRESS Arimo Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute meningococcemia — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 7, 1952 *to* Jan 7, 1952, *that I last saw the deceased alive on* Jan 7, 1952, *and that death occurred at* 1:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D
23b. ADDRESS 109 Kinsley Blvd
23c. DATE SIGNED 1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-10-52
24c. NAME OF CEMETERY OR CREMATORY Arimo
24d. LOCATION (City, town, or county) Arimo (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 10, 1952
REGISTRAR'S SIGNATURE Josie J. Powell
25. FUNERAL DIRECTOR Byron B. Dowrard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 069
Local Reg. No. 21
Reg. Dist. No. 510

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 666 West Lewis Street

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): DALE
c. (Last): FELDER

4. DATE OF DEATH (Month) (Day) (Year): January 8 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: December 18, 1936
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): King Fisher County, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Mark Felder — BIRTHPLACE: King Fisher, Okla.
14. MOTHER'S MAIDEN NAME: Opal Faye Colson — BIRTHPLACE: Elk City, Okla

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: William Mark Felder — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Pulmonary Edema

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Progressive Paralysis

DUE TO (c) to Polio Paralysis 7 10 yrs ago

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Quadroplegia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5-, 1952 *to* Jan. 8, 1952, *that I last saw the deceased alive on* Jan. 8, 1952, *and that death occurred at* 11:45 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 9, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 10, 1952
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 070
Local Reg. No. 33
Reg. Dist. No. S-11

BIRTH NO.

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Pacific Train No. 105

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 9528 Longwood Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	M	ZINS	January 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	August 24, 1886	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Chicago, Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Meyering	Holland	Ellen Pink	no data

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	none	Mrs. James Sullivan	Chicago, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) exact cause of death unknown
DUE TO (c) Dead when examined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---- , 19___, *to* ---- , 19___, *that I last saw the deceased alive on* ---- , 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Pocatello, Idaho	Jan. 10, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 11, 1952	Heeney Funeral Home	Chicago Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
January 10, 1951	Jessie L. Powell	Jas. Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant and Local Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered. Use BLACK ink or BLACK record typewriter ribbon in filling certificate. DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 22871
Reg. Dist. No. 511

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): V.
c. (Last): DIAMOND

4. DATE OF DEATH (Month) (Day) (Year): Jan., 12, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 27, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Springville Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Diamond — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Ann Burton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Ella Sutcliffe — ADDRESS: Pocatello Id

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Ht. Disease — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Jan 12, 1952, *that I last saw the deceased alive on* Jan. 11, 1952, *and that death occurred at* 7 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard P. Howard
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-12-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Cedar Butte Cemetery
24d. LOCATION (City, town, or county) (State): Annis Idaho

DATE REC'D BY LOCAL REG.: Jan. 18. 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Jack Wood — ADDRESS: Idaho Falls Id

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 072
Local Reg. No. 27
Reg. Dist. No. 5-10

BIRTH NO. [illegible] 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1185 Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First) Seretta b. (Middle) May c. (Last) Green Hart
4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 23, 1893
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Menan, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Robert A. Green BIRTHPLACE
14. MOTHER'S MAIDEN NAME Harriet E. Shippen BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Clarence Hart ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9 1952, to 1/10 1952, that I last saw the deceased alive on 1/10 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE O. Rabl (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 1/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-12-52
24c. NAME OF CEMETERY OR CREMATORY Little Butte Cemetery
24d. LOCATION (City, town, or county) (State) Annis, Ida.

DATE REC'D BY LOCAL REG. JAN - 4 1952
REGISTRAR'S SIGNATURE Jessie L. Powell
25. FUNERAL DIRECTOR Arthur A. Hall ADDRESS Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 073
Local Reg. No. 23
Reg. Dist. No. 510

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Fargo Apt., # 103

3. NAME OF DECEASED (Type or Print): a. (First) MABEL b. (Middle) Q. c. (Last) LAUDERBACK

4. DATE OF DEATH: (Month) Jan., (Day) 14, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Married	Nov., 14, 1885	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: N. P. Newsstand
11. BIRTHPLACE (State or foreign country): El Monte Cal.,
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Quinn — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Elizabeth Slack — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-05-7306A
17. INFORMANT'S OWN SIGNATURE: Mr. J. E. Smith — ADDRESS: Simi Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — " "
DUE TO (c) Rheumatic H.T. Disease indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952 *to* Jan 14 1952, *that I last saw the deceased alive on* Jan 13 1952 *and that death occurred at* 11:59 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. P. Howard MD	Pocatello Ida	1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-17-52	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan. 18. 1952
REGISTRAR'S SIGNATURE: Jessie J. Faull
25. FUNERAL DIRECTOR: Byron B. Howard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 30 074
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 25 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 618 South 11th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ARTHUR
c. (Last): STORER

4. DATE OF DEATH (Month) (Day) (Year): January 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 24, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Elyria, Ohio
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Storer — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Edith Squires — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Spanish-American
16. SOCIAL SECURITY NO.: 202-01-1817
17. INFORMANT'S OWN SIGNATURE: George A. Storer Jr — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about 16 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Jan. 16, 1952, *that I last saw the deceased alive on* Jan. 16, 1952, *and that death occurred at* 8:00a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Hastings, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 17, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 19-1952
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. Unknown answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 075
Local Reg. No. 47
Reg. Dist. No. 510

BIRTH NO. Hegsted

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1140 East Carter

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LENOIRE	Mc. GREGOR	CHOULES	1 - 18 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	Married	Aug 4, 1923	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Demonstration Agent	Bannock County	Thatcher, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Mc Gregor	Salt Lake City	LeNora Bennett	Thatcher, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		X Truman Choules	Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - anuria — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage
DUE TO (c) Premature Separation of Placenta — 2½ hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 8 months Pregnancy

685 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Febry 1-15-52		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
X Ralph B. Hegsted M.D.	Pocatello, Idaho	1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1 - 21 - 52	Mt. View	Pocatello Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 7 1952	Jessie J. Powell	X Anthony & Hall	Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

O E Merrill

Certificate of Death

STATE OF IDAHO

State File No. 676
Local Reg. No. 48
Reg. Dist. No. 510

BIRTH NO.

FEB 8 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 489½ Randolph

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) MARTIN c. (Last) MONTGOMERY

4. DATE OF DEATH (Month) (Day) (Year): 1 - 19 - 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 20, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 2nd hand furniture Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Retail store

11. BIRTHPLACE (State or foreign country): KANSAS

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John B. Montgomery
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Maggie Bowman
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-0038

17. INFORMANT'S SIGNATURE: [illegible]
ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

24 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Bronchial Asthma

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1952 *to* 1-19, 1952, *that I last saw the deceased alive on* 1-18, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. E. Merrill M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-22-52

24c. NAME OF CEMETERY OR CREMATORY: Mt View

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 1-31-52

REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR: Arthur M. Hall
ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. C77
Local Reg. No. 36
Reg. Dist. No. 5-10

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 657 S. Third

3. NAME OF DECEASED (Type or Print) a. (First) REGINA b. (Middle) LYNN c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Dec. 18, 1947

9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Twin Falls Id.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilbur H. Williams BIRTHPLACE Peoria Ill.

14. MOTHER'S MAIDEN NAME Lydia Stevens BIRTHPLACE Twin Falls Id.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS
Wilbur H. Williams

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

785.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhoea — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pituitary atrophy — since birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Jan, 1952 *to* 23 Jan, 1952, *that I last saw the deceased alive on* 5 PM, 1952 *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis G Bush (Degree or title) MD

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 25 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-26-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 1-28-52

REGISTRAR'S SIGNATURE Jessie L. Powell

25. FUNERAL DIRECTOR ADDRESS Byron B. Barnard Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 078
Local Reg. No. 37
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 640 No. 10th

3. NAME OF DECEASED (Type or Print)
a. (First): Lois
b. (Middle): Emmeline Winegar
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): 1-24-52

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 22, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Parker, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Winegar — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emmeline Parker — BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

583X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis of unk. etiology — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal uremia — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Marked hepatitis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Jan, 1952 *to* 24 Jan, 1952, *that I last saw the deceased alive on* 24 Jan, 1952, *and that death occurred at* 9:59 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clark T. Parker M.D. 324
23b. ADDRESS: 252 N. Main Pocatello Idaho
23c. DATE SIGNED: 24 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 1-26-52
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 1-24-1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: [signature] Hall — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 079
Local Reg. No. 510
Reg. Dist. No. 41

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 746 W. Bridger

3. NAME OF DECEASED (Type or Print) a. (First) EDYTHE b. (Middle) MARY c. (Last) SELF

4. DATE OF DEATH (Month) (Day) (Year) Jan., 26, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 2, 1886

9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician

10b. KIND OF BUSINESS OR INDUSTRY Ban Memorial Hosp.

11. BIRTHPLACE (State or foreign country) Polk Nebraska

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME C. H. Lindburg — BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Johanna Peterson — BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-2926

17. INFORMANT'S OWN SIGNATURE Paul Self — ADDRESS Pocatello Id.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, metastic of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 mos. (?)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma, sigmoid colon — 6 mos. (?)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-22-51

19b. MAJOR FINDINGS OF OPERATION Obstructing Ca. of sigmoid - extensive liver & pericolic lymph node metastasis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14, 1951, *to* 1-26, 1952, *that I last saw the deceased alive on* 1-26, 1952, *and that death occurred at* 10:38 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Melvin M. Graves, M.D.

23b. ADDRESS 111 N. Main - Pocatello

23c. DATE SIGNED 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-29-52

24c. NAME OF CEMETERY OR CREMATORY Mountain View

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 2-1-52

REGISTRAR'S SIGNATURE Jesse J. Powell

25. FUNERAL DIRECTOR Byron B. Doward — ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 530
Local Reg. No. 51
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1304 S. Fifth

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) IRA c. (Last) BIDWELL

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 3, 1878

9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Gro. & motel

11. BIRTHPLACE (State or foreign country) Birch Run Mich.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fred Bidwell BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Fred L. Bidwell ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post. OP - Repair of L. Hip fracture — 2 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 14 - 52 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Slipped in his home

22. I hereby certify that I attended the deceased from 1-14, 1952, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952 and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David C. Miller, M.D.

23b. ADDRESS Pocatello, Ida

23c. DATE SIGNED 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-31-52

24c. NAME OF CEMETERY OR CREMATORY Aultorest

24d. LOCATION (City, town, or county) (State) Ogden Utah

DATE REC'D BY LOCAL REG. FEB 7 1952

REGISTRAR'S SIGNATURE Josie D. Powell

25. FUNERAL DIRECTOR Byron B. Dunnard — ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 081
Local Reg. No. 510
Reg. Dist. No. 43

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1205 E. Poplar

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) C. CARSON
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan., 28, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept., 20, 1911
9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Welder)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Fairfield Maine
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George S. Carson BIRTHPLACE Maine
14. MOTHER'S MAIDEN NAME Clara Cummings BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 526-03-5056
17. INFORMANT'S OWN SIGNATURE Family records (by telephone) ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur W Hall (Degree or title) Coroner
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED Jan 30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-1-52
24c. NAME OF CEMETERY OR CREMATORY Fort Fairfield
24d. LOCATION (City, town, or county) (State) Fort Fairfield Maine

DATE REC'D BY LOCAL REG. 2-1-52
REGISTRAR'S SIGNATURE Jessie L. Powell
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 092
Local Reg. No. 53
Reg. Dist. No. 11

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 2 (Riverside)

3. NAME OF DECEASED (Type or Print)
a. (First): MIRALDA
b. (Middle): P.
c. (Last): CONKLIN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 12, 1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- Cook

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Bellevue, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Plant
BIRTHPLACE: Derbyshire, England

14. MOTHER'S MAIDEN NAME: Louisa C. Johnson
BIRTHPLACE: Bermingham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: M. M. Conklin
ADDRESS: Hamilton, Montana.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemmorhage
INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive + rheumatic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. ~~DATE OF OPERATION~~

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. ~~TIME OF INJURY~~ (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20 1949, *to* January 31, 1952, *that I last saw the deceased alive on* Jan. 31, 1952, *and that death occurred at* 6:55p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Feb 7. 1952

REGISTRAR'S SIGNATURE: Jessie J. Powell

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 003
Local Reg. No. 62
Reg. Dist. No. 510

BIRTH NO. 111-52-00212 RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: - - - -
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): - - - - -
d. STREET ADDRESS (If rural, give location): - - - - -

3. NAME OF DECEASED (Type or Print): a. (First) DEBRA; b. (Middle) (none); c. (Last) PETERSON

4. DATE OF DEATH: (Month) January (Day) 31, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - - - - -

8. DATE OF BIRTH: January 19, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: Idaho U.S.

13. FATHER'S NAME: DeLynn Peterson — BIRTHPLACE: Anaconda, Montana

14. MOTHER'S MAIDEN NAME: Shirley Wray — BIRTHPLACE: Moreland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT'S OWN SIGNATURE: DeLynn Peterson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Volvulus — 12 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 22, 1952 — **19b. MAJOR FINDINGS OF OPERATION**: Obstruction & Strangulation of distal portion ileum

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - - -

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: - - - - -

22. *I hereby certify that I attended the deceased from* January 19, 1952, *to* January 31 19 52, *that I last saw the deceased alive on* January 31, 1952, *and that death occurred at* 6 00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: C W Paul — (Degree or title): M D — **23b. ADDRESS**: 609 Kearnes Bldg — **23c. DATE SIGNED**: 2/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: February 1, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside-Thomas — **24d. LOCATION** (City, town, or county) (State): Riverside, Bingham, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 13-52 — REGISTRAR'S SIGNATURE: Jessie J. Powell

25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: 217 South Arthur Ave.,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 034
Local Reg. No. 29
Reg. Dist. No. 510

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-00258

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 622 So. 6th

3. NAME OF DECEASED (Type or Print) a. (First) Kerry b. (Middle) Colan c. (Last) Drake

4. DATE OF DEATH (Month) (Day) (Year) 1-31-52

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH 1-29-52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Colan R. Drake BIRTHPLACE Victor, Idaho

14. MOTHER'S MAIDEN NAME Nelda Moulton BIRTHPLACE Victor, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Colan R. Drake ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 2days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity - congenital
DUE TO (c) heart ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 29, 1952, *to* Jan 31, 1952, *that I last saw the deceased alive on* Jan 31, 1952, *and that death occurred at* 6A. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D. 23b. ADDRESS Pocatello Idaho 23c. DATE SIGNED 3 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3 24b. DATE 2-2-52 24c. NAME OF CEMETERY OR CREMATORY Victor 24d. LOCATION (City, town, or county) (State) Victor, Idaho

DATE REC'D BY LOCAL REG. 2-8-52 REGISTRAR'S SIGNATURE Jessie D. Powell

25. FUNERAL DIRECTOR Arthur M. Hall ADDRESS Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 085
Local Reg. No. 26
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): No Address

3. NAME OF DECEASED (Type or Print): a. (First) Wilson; b. (Middle) M.; c. (Last) Lloyd

4. DATE OF DEATH: (Month) (Day) (Year): Jan 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 5, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unkonwn
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs Helen A. Brauer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 16 July 1951, *to* 7 Jan, 1952, *that I last saw the deceased alive on* 7 Jan, 1952, *and that death occurred at* 6 pm, *from the causes and on the date stated above.*

23a. SIGNATURE 569: George Yorkman (Degree or title) M.D
23b. ADDRESS: Lava Hot Springs Idaho
23c. DATE SIGNED: 15 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 24 1952
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Anthony Hall
ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 096
Local Reg. No. 35
Reg. Dist. No. 5-1 D

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): North of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MATILDA		BROOKS	January 19 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never Married	November 13, 1874	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 35	Retail Dry Goods	County Tyrone, Ireland	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Brooks	County Armaa, Ireland	Matilda Allen	County Tyrone, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	none	Mrs W J. White	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Heart Disease, Valvulitis, and Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 19 51 *to* Jan. 19, 19 52, *that I last saw the deceased alive on* Jan. 19, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, M.D.	Pocatello, Idaho	Jan. 21, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 22, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 21, 1952	Jessie J. Powell	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 937
Local Reg. No. 511
Reg. Dist. No. 40

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia
d. STREET ADDRESS (If rural, give location): 6 miles north of Downey

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Chauncey	Philemon	Bennett	Jan.	23	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11 Dec 1885	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Kaysville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Bennett	Hingchire England	Maria Briggs	Nauvoo Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		451X	Neil Bennett	Virginia, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Aneurysm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/23/52	Large Arterial Aneurysm at Bifurcation of Aorta ruptured and bleeding	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Downey Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1, 1951 *to* Jan 23, 1952, *that I last saw the deceased alive on* Jan 23, 1952, *and that death occurred at* 3 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Burkhead	Downey Idaho	1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 26, 1952	Arimo	Arimo, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-29-52	Jessie L. Powell	Sherman Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C38
Local Reg. No. 511
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Earl
c. (Last): Wakley

4. DATE OF DEATH (Month) (Day) (Year): January 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 2 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Downey Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Wakley — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Zanetta J. Thornton — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.I — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Essie Sarah Wakley — ADDRESS: Downey Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c Probable Rupture of Heart or Aorta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 31 1952
24c. NAME OF CEMETERY OR CREMATORY: Downey
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho.

DATE REC'D BY LOCAL REG.: 2-1-1952
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. [illegible] sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown [illegible] after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) [illegible] correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 589
Local Reg. No. 58
Reg. Dist. No. 511

BIRTH NO.

FEB 3 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ambrose; b. (Middle); c. (Last) Bearskin

4. DATE OF DEATH: (Month) (Day) (Year): Jan 27, 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): Aprox. 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lillian Wahtomy
ADDRESS: Ft. Hall

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794.X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W Hall (Degree or title): Coroner

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Jan 31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30, 52

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: Feb 7. 1952

REGISTRAR'S SIGNATURE: Josie J. Powell

25. FUNERAL DIRECTOR: Arthur W Hall
ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 690
Local Reg. No. 511
Reg. Dist. No. 44

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Sylvanius
c. (Last) Salvesen

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 10 1870
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Kristiansand Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Severin Oli Salvesen — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Hancina Johanason — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT'S OWN SIGNATURE Mabel L. Salvesen — ADDRESS Downey Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease
c Stokes adams disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart black
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* 1-30, 1952, *that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 2:00 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ed G. Barkelhamp
23b. ADDRESS Downey Idaho
23c. DATE SIGNED 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 2 1952
24c. NAME OF CEMETERY OR CREMATORY Downey
24d. LOCATION (City, town, or county) (State) Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG. 2-1-1952
REGISTRAR'S SIGNATURE Jessie L. Powell
25. FUNERAL DIRECTOR J. Guy Hansen — ADDRESS Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 691
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville Wyoming
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) Nephi c. (Last) Gardiner

4. DATE OF DEATH (Month) (Day) (Year): Jan 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan 3 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 51
10b. KIND OF BUSINESS OR INDUSTRY: Stock Raising
11. BIRTHPLACE (State or foreign country): Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred Gardiner — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Annie Fool — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Gardiner — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) W Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan, 1952, *to* 1 Jan, 1952, *that I last saw the deceased alive on* 1 Jan, 1952, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tigert Jr. MD 421
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 5 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 7 1952
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 1/7/52
REGISTRAR'S SIGNATURE: N. Nelson
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 092
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. 111-52-00277 JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 24 hrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sharon Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) Long

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan 5 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 24 hrs | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard K Long — BIRTHPLACE: Sharon Idaho

14. MOTHER'S MAIDEN NAME: Lena Smith — BIRTHPLACE: Sharon Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Richard K Long — ADDRESS: Sharon Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre-mature — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Jan, 1952, *to* 6 Jan, 1952, *that I last saw the deceased alive on* 6 Jan, 1952, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth Tyrrell Jr. (Degree or title) MD

23b. ADDRESS: Montpelier, Idaho

23c. DATE SIGNED: 10 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 10 1952

NAME OF CEMETERY OR CREMATORY: Sharon Cemetery

24d. LOCATION (City, town, or county) (State): Sharon Idaho

DATE REC'D BY LOCAL REG.: 1/14/52

REGISTRAR'S SIGNATURE: C V Young

25. FUNERAL DIRECTOR: Nate Matthews — ADDRESS: Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 093
Local Reg. No.
Reg. Dist. No. 052

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad, Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Arnothur
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Jan 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 20 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Johns Arizona
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph White — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Margaret Ewing — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Martha White — ADDRESS: Montpelier Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal intussusception — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: About ten feet of jejunum was necrotic and resected
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Montpelier Bear Lake Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1952, *to* 1-20, 1952, *that I last saw the deceased alive on* 1-20, 1952 *and that death occurred at* 5:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. P. Gardner 471
23b. ADDRESS: Montpelier
23c. DATE SIGNED: 1-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Malad Idaho

DATE REC'D BY LOCAL REG.: 1/20/52
REGISTRAR'S SIGNATURE: N H Krug
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 294
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Scheidegger

4. DATE OF DEATH (Month) (Day) (Year) Jan 1, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 28, 1865
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kranchthal Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nicklaus Scheidegger BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Mary Isele BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Jesse Scheidegger ADDRESS Paris Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General Debility — 6 Mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1951, *to* Jan 1, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 12:31 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE Spencer H Rich (Degree or title) MD
23b. ADDRESS Box 276 Paris Idaho
23c. DATE SIGNED Jan 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 4 1952
NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE REC'D BY LOCAL REG. 1/14/52
REGISTRAR'S SIGNATURE N Nolling
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 095
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

JAN 31 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nounan Idaho
c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nounan Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Minnig

4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 4 1859
9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Sawmill Operator
11. BIRTHPLACE (State or foreign country) Bern Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Minnig BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Madeline Yutzler BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Truman Minnig ADDRESS Nounan Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility Cerebral Hemorrhage — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* Jan 2, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Reed L. Rich M.D. (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 6 1952
NAME OF CEMETERY OR CREMATORY Nounan Cemetery
24d. LOCATION (City, town, or county) (State) Nounan Idaho

DATE REC'D BY LOCAL REG. 1/14/52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 296
Local Reg. No. 1
Reg. Dist. No. 135

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Desmet
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Swan home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tensed
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Wyland	Strachan	1 - 7 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	11-10-1889	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
painter	painting	Iowa	U. S. a.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Strachan	unknown	Jennie Coate	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	Name 442 X	538-18-9828	Irene Strachan	De Smet Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Renal disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. heart failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT, SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Jan 7, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul E Cressey M D	Tekoa Wash	Jan 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-9-52	Sacred Heart Mission	Desmet Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/10/52	Espy G. Buchner	Jack E. Kramer	Tekoa Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 097
Local Reg. No. 1
Reg. Dist. No. 130

RECEIVED FEB 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lars
b. (Middle): Peter
c. (Last): Petersen

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widwoed
8. DATE OF BIRTH: Oct. 14, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Lolland Denmark
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Rei Petersen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Karen Marie Kamper — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-6579
17. INFORMANT'S OWN SIGNATURE: Mrs Naym Brown — ADDRESS: Warden, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive & arteriosclerotic
DUE TO (c): heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June *19*50*, to* Nov *, 19*51*, that I last saw the deceased alive on* Nov *, 19*51*, and that death occurred at* 10:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp — (Degree or title): M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-12-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1/11/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Wessa — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 098
Local Reg. No. 3
Reg. Dist. No. 130

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plummer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Frederick c. (Last) Schultz

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH August 20, 1879

9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger

10b. KIND OF BUSINESS OR INDUSTRY Logging

11. BIRTHPLACE (State or foreign country) Ottawa, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Frederick Schultz
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Wilhelmina Schulze
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Harry A. Scott
ADDRESS St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Jan 13, 1952, *that I last saw the deceased alive on* Jan 13, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp (Degree or title) MD

23b. ADDRESS St. Maries, Idaho

23c. DATE SIGNED 16 Jan. '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-18-52

24c. NAME OF CEMETERY OR CREMATORY Plummer

24d. LOCATION (City, town, or county) Plummer (State) Idaho

DATE REC'D BY LOCAL REG. 1/16/52

REGISTRAR'S SIGNATURE Eugene L. Brebner

25. FUNERAL DIRECTOR H. G. Jaeger

ADDRESS Fairfield

H. G. Jaeger.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 99
Local Reg. No. 3
Reg. Dist. No. 130

RECEIVED
FEB 4 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle); c. (Last) Rochat

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1867

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): St. Paul, Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henri Rochat — BIRTHPLACE: LePont, Switzerland

14. MOTHER'S MAIDEN NAME: Fanny Rosselet — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mabel Rochat — ADDRESS: St. Maries Route 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes — INTERVAL BETWEEN ONSET AND DEATH: 14 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 31, 1951, *to* Jan 15, 1952, *that I last saw the deceased alive on* Dec 15, 1952, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Longanecker (Degree or title) M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 18 Jan '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 18 Jan '52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1/18/52

REGISTRAR'S SIGNATURE: Esper L. Brebner

25. FUNERAL DIRECTOR: W. E. Hall — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 2
Reg. Dist. No. 130

111-52-00289
BIRTH NO.

RECEIVED
FEB 4 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lynn; b. (Middle) Louise; c. (Last) St. John

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 17, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 11 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lewis St. John — BIRTHPLACE: Creaig, Colorado

14. MOTHER'S MAIDEN NAME: Louisa Williams — BIRTHPLACE: Emida, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L. St. John — ADDRESS: Emida, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-17, 1952, *to* 1-17, 1952, *that I last saw the deceased alive on* 1-17, 1952 *and that death occurred at* 10:40 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp, M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-19-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1/21/52

REGISTRAR'S SIGNATURE: Esper E. Brebner

25. FUNERAL DIRECTOR: R. E. Wesa — ADDRESS: St. Maries, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 101
Local Reg. No. 5
Reg. Dist. No. 130

BIRTH NO.

RECEIVED FEB 1952 DIVI

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 246 Third

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle); c. (Last) Schaefer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 7, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Rebecca L. Schaefer
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer & metastasis
Primary site unknown.
INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1951, *to* Jan 18, 1952, *that I last saw the deceased alive on* Jan 18, 1952, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Longanecker
(Degree or title): M D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1/23/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Weeks
ADDRESS: St. Maries Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 102
Local Reg. No. 6
Reg. Dist. No. 130

RECEIVED FEB 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 432 Thirteenth

3. NAME OF DECEASED (Type or Print): a. (First) Ellen; b. (Middle) Agnes; c. (Last) Caswell

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 19, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas O'Connell
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Hannah Leahy
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marjorie C. Smith
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1951, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 8:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Longanecker, M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-22-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1/23/52

REGISTRAR'S SIGNATURE: Esper L. Brebner

25. FUNERAL DIRECTOR: W. E. Weeks
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 103
Local Reg. No. 2
Reg. Dist. No. 135

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer, Rural
c. LENGTH OF STAY (in this place): 4 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [redacted] His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer Rural
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): ***
c. (Last): Garrick

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 27, 1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Garrick — BIRTHPLACE: Chewalah, Wn.
14. MOTHER'S MAIDEN NAME: Rosalia Adrian — BIRTHPLACE: Cataldo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: David Garrick — ADDRESS: Tekoa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

93218

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure. Frozen to Death — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Alcoholism — 6 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near His Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Plummer (Rural) Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 20 1952 8A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Apparently Fell into Snow Bank and Froze

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 5A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Verne E Cressey MD 596
23b. ADDRESS: Tekoa, Wash
23c. DATE SIGNED: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 22, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Mission
24d. LOCATION (City, town, or county) (State): DeSmet, Idaho

DATE REC'D BY LOCAL REG.: 1/23/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
FUNERAL DIRECTOR: Jack E. Kramer — ADDRESS: Tekoa, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 114
Local Reg. No. 1
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JAN 12 1952 DIVISION OF VIT. STA.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pendlebury Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Pendlebury Lane

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) GERALD c. (Last) CAMERON JR.

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 16, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 18 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Camp Roberts, (Hospital) Calif.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Floyd G. Cameron
BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Adra Lewis
BIRTHPLACE: Blackfoot, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Floyd G. Cameron
ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 782.4 Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 3, 1952, *to* Jan 4, 1952, *that I last saw the deceased alive on* Jan 3 1952, *and that death occurred at* 4:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph M. Gates (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: Jan 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/9/52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan. 7-1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Talmie

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 105
Local Reg. No. 3
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): N. Cedar St.

3. NAME OF DECEASED (Type or Print)
a. (First): ERVIN
b. (Middle): C.
c. (Last): LARSEN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer- Miner
10b. KIND OF BUSINESS OR INDUSTRY: Misc.
11. BIRTHPLACE (State or foreign country): Eprhiam, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Larsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Margaret Larsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 519-07-4513
17. INFORMANT'S OWN SIGNATURE: Clifford B. Larsen — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

523.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Silicosis — 5 Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/30/, 1951, *to* 1/6, 1952, *that I last saw the deceased alive on* 1/6, 1952, *and that death occurred at* 5:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan 7 1952
REGISTRAR'S SIGNATURE: Mrs Valerie E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 106
Local Reg. No. 13
Reg. Dist. No. 608

BIRTH NO.

RECEIVED
JAN 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 544 Lincoln Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route #1, Blackfoot
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Nettie; b. (Middle) Calkins; c. (Last) Corey

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 4, 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Momence, Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13. FATHER'S NAME: Asa Calkins — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Adeline Loghry — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ina Corey — ADDRESS: Idaho Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December *1949, to* Jan 22 *, 1952, that I last saw the deceased alive on* Jan 19 *, 1952, and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Emmell Parker — (Degree or title): M.D. — 23b. ADDRESS: Blackfoot, Idaho — 23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Jan. 25, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery — 24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Jan 25 1952 — REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick — 25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 107
Local Reg. No. 4
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JAN 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 1 mo 2 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1524 East Clark Street

3. NAME OF DECEASED (Type or Print) a. (First) MAUD b. (Middle) c. (Last) O'CONNOR

4. DATE OF DEATH (Month) (Day) (Year) January 4 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 24, 1883

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Perry, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Stewart Foster
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Mary E. Finning
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 516-22-9273

17. INFORMANT'S OWN SIGNATURE W. K. O'Connor
ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 19 51, *to* January, 19 52, *that I last saw the deceased alive on* Jan. 2, 19 52, *and that death occurred at* 4:10 p., *from the causes and on the date stated above.*

23a. SIGNATURE Charles M. Gregory (Degree or title) M. D.

23b. ADDRESS State Hosp. So. Blackfoot

23c. DATE SIGNED Jan. 5, '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE January 6, 1952

24c. ~~NAME OF CEMETERY OR CREMATORY~~ Brundage Mortuary

24d. LOCATION (City, town, or county) Dillon (State) Montana

DATE REC'D BY LOCAL REG. Jan. 14 1952

REGISTRAR'S SIGNATURE Mrs Hulda E. Patrick

25. FUNERAL DIRECTOR James Henderson

ADDRESS Pocatello, Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 108
Local Reg. No. 2
Reg. Dist. No. 601

RECEIVED JAN 12 1952 DIVISION OF VITAL STATISTIC

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
c. LENGTH OF STAY (in this place): 1yr. 1mo. 3days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Twin Falls Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl.
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): Kate
b. (Middle):
c. (Last): Glander.

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5 1952.

5. SEX: Female.
6. COLOR OR RACE: wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: June 11, 1885.
9. AGE (In years last birthday): 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenleaf, Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Glander. BIRTHPLACE: Iowa.
14. MOTHER'S MAIDEN NAME: Mary Ann Strick. BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Records State Hospital South, ADDRESS: Blackfoot, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

45010

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Arteriosclerosis	15 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Senile	3 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-2-51, *19* 51, *to* Jan. 5, *19* 52, *that I last saw the deceased alive on* Jan. 5th., *19* 52, *and that death occurred at* 9:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Sprague (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 1.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho.

DATE REC'D BY LOCAL REG.: Jan 7-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg for Albertson Funeral Home, Buhl, Idaho.
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 109
Local Reg. No. 8
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
LENGTH OF STAY (in this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Perry; b. (Middle) L; c. (Last) Lords

4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1892

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lower Crossing Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Thomas
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Charlotte Long
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-30-6940

17. INFORMANT'S OWN SIGNATURE: Ruland Lords ADDRESS: Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation, congestive — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 July, 1951, *to* 11 Jan, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter D Hoge MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 14 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-14-52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby, Jefferson Idaho

DATE REC'D BY LOCAL REG.: Jan. 14-1952.
REGISTRAR'S SIGNATURE: Mrs Halen E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Holden
ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 110
Local Reg. No. 16
Reg. Dist. No. 601

111-52-00322
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eaton Maternity Hm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) Jay c. (Last) Bowden

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 11, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: | | | 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelley Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Larry Jay Bowden — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Louis Price — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lt. Bowden — ADDRESS: Moore, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-10, 1952 *to* 1-12, 1952 *that I last saw the deceased alive on* 1-12, 1952 *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dale E. Stanley M.D.

23b. ADDRESS: Shelley, Ida.

23c. DATE SIGNED: 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-25-1952

REGISTRAR'S SIGNATURE: Mrs Helen E. Paine

25. FUNERAL DIRECTOR: Jack Hood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 111
Local Reg. No. 5
Reg. Dist. No. 601

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Ida.
c. LENGTH OF STAY (in this place): 18 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bannock.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello.
d. STREET ADDRESS (If rural, give location): Not given.

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle):
c. (Last): Hettinger

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1952

5. SEX: Female
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: Aug. 31, 1872
9. AGE (In years last birthday): 79 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Dodson — BIRTHPLACE: Liverpool, England.
14. MOTHER'S MAIDEN NAME: Ashley — BIRTHPLACE: Kentucky.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: By E. Thomas — ADDRESS: Records State Hospital South, Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

304X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile dementia with mania & exhaustion.
INTERVAL BETWEEN ONSET AND DEATH: long.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 28, 1951, *to* Jan. 14th, 1952, *that I last saw the deceased alive on* Jan. 14th, 1952, *and that death occurred at* 9:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Cromwell MD
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-16-52
24c. NAME OF CEMETERY OR CREMATORY: Kennewick Cemetery
24d. LOCATION (City, town, or county) (State): Kennewick Wn
DATE REC'D BY LOCAL REG.: Jan. 18-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Hall Grant Mortuary — ADDRESS: Gerald E. Browning

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 112
Local Reg. No. 70
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): CHARLES
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec. 16 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rer. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James mitchell Sr. — BIRTHPLACE: Sotland
14. MOTHER'S MAIDEN NAME: Anna Hull — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-2635
17. INFORMANT'S OWN SIGNATURE: Clifford R. Mitchell — ADDRESS: Shelley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 mins

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) Os

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-27, 1948, *to* 1-15, 1952, *that I last saw the deceased alive on* 1-12, 1952 *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 404 (Degree or title): [signature]
23b. ADDRESS: Shelley, Ida.
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Bingham, Shelley, Idaho

DATE REC'D BY LOCAL REG.: 1-19-1951
REGISTRAR'S SIGNATURE: Mrs Helen E. Patrick
25. FUNERAL DIRECTOR: Lloyd N Nalder — ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 113
Local Reg. No. 3
Reg. Dist. No. 601

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot - Rural

c. LENGTH OF STAY (in this place): 3 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blackfoot - Rt. #1- Hepworth Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Blackfoot Rt. #1 - South

d. STREET ADDRESS (If rural, give location): Hepworth Lane - Rt. #1

3. NAME OF DECEASED (Type or Print)

a. (First): Frederick

b. (Middle):

c. (Last): Winkler

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 2, 1865

9. AGE (In years last birthday): 86

IF UNDER 1 YEAR — Months: Days:

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtd. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown

BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Carl Winkler

ADDRESS: Box 365-Blf't.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1950, *to* Jan 16, 1952, *that I last saw the deceased alive on* Jan. 16, 1952, *and that death occurred at* 12:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Dean Packer M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8-1952

REGISTRAR'S SIGNATURE: Mrs Hales E. Palmer

25. FUNERAL DIRECTOR: Howard Packham

ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 114
Local Reg. No. 6
Reg. Dist. No. 601

BIRTH NO. 111-51-05275

JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 (Groveland)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 1. (Groveland)

3. NAME OF DECEASED (Type or Print): a. (First) DARLENE; b. (Middle) JANE; c. (Last) STONE

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 20, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 26; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Glen Stone — BIRTHPLACE: Blackfoot, Idaho.
14. MOTHER'S MAIDEN NAME: Ruth McWherter — BIRTHPLACE: St. Anthony, Idaho.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Glen Stone — ADDRESS: Rt. 1 Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Collapsed Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Meconium Plug

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) (b) Minutes (c)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1951, *to* Jan. 16, 1952, *that I last saw the deceased alive on* May 14, 1952, *and that death occurred at* 4:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 1/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/18/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan. 18-1952
REGISTRAR'S SIGNATURE: Mrs Helen E Paterson
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 115
Local Reg. No. 14
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Basalt
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbon
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): Sheridan
c. (Last): Hatley

4. DATE OF DEATH (Month) (Day) (Year): 1 - 19 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 14, 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Wheat-Cattle
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Barnett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ester Bailey — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Philip Hatley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-8, 1950 *to* 11-19, 1951 *that I last saw the deceased alive on* 11-19, 1951, *and that death occurred at* 4:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dale L. Smith M.D.
23b. ADDRESS: Shelley, Ida
23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-23-52
24c. NAME OF CEMETERY OR CREMATORY: American Falls
24d. LOCATION (City, town, or county) (State): Power County, Idaho

DATE REC'D BY LOCAL REG.: Jan. 26 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patine
25. FUNERAL DIRECTOR: Anthony M. Hall — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 116
Local Reg. No. 12
Reg. Dist. No. 601

BIRTH NO.

RECEIVED
JAN 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 13yr, 9mo, 13da

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVUE

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HSSPITAL SOUTH
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) COREY

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 20 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN

8. DATE OF BIRTH: JUNE 23, 1864

9. AGE (In years last birthday): 88 Yrs
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): CRESTAN, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uknown): UNKNOWN
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH
ADDRESS: BLACKFOOT, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Hypertrophy — 20 "

DUE TO (c) Arteriosclerosis — 30 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Arteriosclerotic — 28 "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 7, 19 38, *to* JAN. 20, 19 52, *that I last saw the deceased alive on* JAN. 20, 19 52, *and that death occurred at* 2:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Grayson (Degree or title) M.D.

23b. ADDRESS: State Hosp. So., Blackfoot

23c. DATE SIGNED: 1.22.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 24 1952

24c. NAME OF CEMETERY OR CREMATORY: State Hospital South Cem.

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22-1952

REGISTRAR'S SIGNATURE: Mrs Hallie G. Patrick

25. FUNERAL DIRECTOR ADDRESS: Howard Packham Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 117
Local Reg. No. 17
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: BINGHAM — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT — c. LENGTH OF STAY (in this place): 1mo. 17da — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: IDAHO — b. COUNTY: BONNEVILLE — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS, RURAL — d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AMMI	B.	HEATH	JANUARY 25 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	Apr. 2, 1873	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRY FARMING — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): MANTI, UTAH — 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: WILLIAM HEATH — BIRTHPLACE: UTAH

14. MOTHER'S MAIDEN NAME: CLARISSA FARBUSH — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: Informant — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Apoplexy	3 mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Arteriosclerosis	30 yr.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	5 "

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 7, 1951, *to* JAN. 25, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague M.D.	State Hosp. So. Blackfoot	1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 28, 1952	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 27-1952 — REGISTRAR'S SIGNATURE: Mrs Hales E. Patrick — 25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 7 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. 118
Local Reg. No.
Reg. Dist. No. 602

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, Idaho
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Albert c. (Last) Slaugh.

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.

8. DATE OF BIRTH: July 19, 1900

9. AGE (In years last birthday): 51 IF UNDER 1 YEAR Months: 6 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer. 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John H. Slaugh BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Eleanor Backus BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-1

17. INFORMANT'S OWN SIGNATURE: Frank E Slaugh ADDRESS: Aberdeen Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficience — 6 Mo
DUE TO (c) Cardiovascular Sclerosis 6 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19 49 *to* Jan. 27 19 52, *that I last saw the deceased alive on* Jan 29 19 52, *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harris, M.D.

23b. ADDRESS: Aberdeen, Idaho

23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-31-52

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen

24d. LOCATION (City, town, or county) (State): Aberdeen Idaho.

DATE REC'D BY LOCAL REG.: 1-31-52

REGISTRAR'S SIGNATURE: F. L. Harris

25. FUNERAL DIRECTOR ADDRESS: H. H. Davis Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 119
Local Reg. No. 2
Reg. Dist. No. 410

BIRTH NO. FEB 4 1952

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 9 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) TIMOTHY b. (Middle) NEAL c. (Last) LANMAN

4. DATE OF DEATH: (Month) I (Day) 17 (Year) 52

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, (NEVER MARRIED), WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: 6-25-1950

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR — Months: 6 Days: 22
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairfield Idaho

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Erwin E. Lanman — BIRTHPLACE: Fairfield Ida

14. MOTHER'S MAIDEN NAME: Barbara Johnson — BIRTHPLACE: Telmo Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Erwin E Lanman — ADDRESS: Hailey.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia (Virus) — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/17, 1952, *to* 1/17, 1952, *that I last saw the deceased alive on* 1/17, 1952 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. Johns M.D.

23b. ADDRESS: Hailey, Idaho

23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 1-19-52

24c. NAME OF CEMETERY OR CREMATORY: Hailey Idaho

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Jan 30 1952

REGISTRAR'S SIGNATURE: Robert H. Wright

25. FUNERAL DIRECTOR: Ray Mc Goldrick

ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021 Revised

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 4 1952

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 1
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Ketchum -
c. LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): Baldy Mountain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Victor
b. (Middle):
c. (Last): Gottschalk

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19. 52.

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 16. 1910
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months 10 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ski-instructor
10b. KIND OF BUSINESS OR INDUSTRY: S-V RESORT,
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gottschalk - BIRTHPLACE: Bavaria
14. MOTHER'S MAIDEN NAME: ✓ BIRTHPLACE: Bavaria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II.
16. SOCIAL SECURITY NO.: 712-07-7721
17. INFORMANT'S OWN SIGNATURE: Karl H. Gilbert ADDRESS: Sun Valley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries and suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Baldy Mountain
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ketchum Blaine Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 19. 52. 2pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Avalanche -while ski-instructing

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:30P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Moritz M.D.
23b. ADDRESS: Sun Valley, Ida.
23c. DATE SIGNED: Jan. 22. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23. 52.
24c. NAME OF CEMETERY OR CREMATORY: Ketchum
24d. LOCATION (City, town, or county) (State): Ketchum-Blaine- Ida.

DATE REC'D BY LOCAL REG.: Jan 26-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per le Br.
25. FUNERAL DIRECTOR: Ray W. Goldrick ADDRESS: Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 4 1952

Certificate of Death

STATE OF IDAHO

State File No. 121
Local Reg. No. 3
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WONG b. (Middle) YEN c. (Last) ON

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Chinese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 48

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): China

12. CITIZEN OF WHAT COUNTRY?: China

13. FATHER'S NAME: unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 163 X YES

17. INFORMANT'S OWN SIGNATURE: Eddie Chen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked Anemia - asthenia

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6/1- 1951, *to* 1/21 1952, *that I last saw the deceased alive on* 1/21 1952, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D. — **23b. ADDRESS**: Hailey, Idaho — **23c. DATE SIGNED**: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) — **24b. DATE**: 1-24-52 — **24c. NAME OF CEMETERY ~~OR CREMATORY~~**: County plot — **24d. LOCATION** (City, town, or county) (State): Hailey Ida-Ho

DATE REC'D BY LOCAL REG.: Jan. 30-1952 — REGISTRAR'S SIGNATURE: Robert H. Wright Reg. — **25. FUNERAL DIRECTOR** — ADDRESS: Ray McGoldrick Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 122
Local Reg. No. 4
Reg. Dist. No. 410

FEB 21 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): HAILEY CLINICAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) EDWIN c. (Last) DAVIS

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ROSELYN

8. DATE OF BIRTH: Oct 15, 1926

9. AGE (In years last birthday): 25
IF UNDER 1 YEAR — Months: 3 Days: 10
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER 8Y

10b. KIND OF BUSINESS OR INDUSTRY: LEAD-SILVER

11. BIRTHPLACE (State or foreign country): Altamont, Mo,

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George M. Davis
BIRTHPLACE: ALTAMONT MO.

14. MOTHER'S MAIDEN NAME: GLADYS I. BARRATT
BIRTHPLACE: OBERLIN, KANS,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W. 2
(If yes, give war or dates of service): W. W. 2

16. SOCIAL SECURITY NO.: 908-2

17. INFORMANT'S OWN SIGNATURE: George M Davis
ADDRESS: Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemothorax - Crushing injury to chest — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs. (20)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about the home, farm, factory, street, office bldg., etc.): Triumph Mine

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Triumph (Hailey) Blaine Idaho

21d. TIME OF INJURY (Month) 1 (Day) 24 (Year) 52 (Hour) 8 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fell 80 feet in shaft.

22. *I hereby certify that I attended the deceased from* 1/24, 19 52 *to* 1/25, 19 52, *that I last saw the deceased alive on* 1-25, 19 52, *and that death occurred at* 3:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E.W. Jones M.D.

23b. ADDRESS: Hailey Idaho

23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 1-28-52

24c. NAME OF CEMETERY OR CREMATORY: Bellevue

24d. LOCATION (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: Feb-10-1952

REGISTRAR'S SIGNATURE: Robert H. Wright per LeBr.

25. FUNERAL DIRECTOR: Ray Goldrick

ADDRESS: Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 493
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED
JAN 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Atlanta
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles N. Twin Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Atlanta
d. STREET ADDRESS (If rural, give location): 4 miles N. Twin Springs

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) L. c. (Last) Russell

4. DATE OF DEATH: (Month) (Day) (Year) Jan 2 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sherburn Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren Russelll
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Laura Southerland
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Y es
(If yes, give war or dates of service): 1923-1925

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X John R Good
ADDRESS: Kuna

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progress to death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Exhaustion.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 miles N. of Twin Springs, Elmore, Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): Jan. 2 1952 — m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Reginald John Nellor (Degree or title) Coroner

23b. ADDRESS: Idaho City. Boise County.

23c. DATE SIGNED: Jan 8th 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 8 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-8-'52

REGISTRAR'S SIGNATURE: Mrs E. S. Robison

25. FUNERAL DIRECTOR / ADDRESS: Schreiber-McCann-Gibson--Boise

J S McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 124
Local Reg. No. 1
Reg. Dist. No. 2

RECEIVED
JAN 11 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 818½ Maple

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	William	Diedrick	1/2/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	1/26/1881	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Power Company	Menominee, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
		Catherine Hissong	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-01-6561	Mrs. Mary Diedrick	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis —
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 17, 1951, *to* Jan 2, 1952, *that I last saw the deceased alive on* Dec. 28, 1951, *and that death occurred at* ____ p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helen E. Peterson	M.D.	Sandpoint, Idaho	1/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-7-1952	Lakeview Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 8-1952	Merlin [illegible]	F. G. Moon Jr.	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 243
Reg. Dist. No.

BIRTH NO.

RECEIVED
JAN 1 1 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 5 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Yustan Old Folks Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Nordman Route

3. NAME OF DECEASED (Type or Print): a. (First) Permillia b. (Middle) B. c. (Last) Kryns

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/6/1908

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hensley
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. Kryns
ADDRESS: Colbert, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* Jan 2, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 7 40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm F Tyler (Degree or title): MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 1-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-5-1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L. L. Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 3
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 South Lake Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Walter	Eugene	Robinson	1-7-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 30, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section Hand ?	Railroad	Union Town, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Newton Robinson	Missouri	Jane Davis	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Nell E Robinson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile dementia malnutrition	1 yr. 8 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feby 1, 1951, *to* Jan 7, 1952, *that I last saw the deceased alive on* Dec 15, 1951, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Tyler MD	Sandpoint Idaho	Jan 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-10-1952	Evergreen	Priest River, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 12-1952	Marlene H. Miley	Moon Funeral Home, Sandpoint	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 127
Local Reg. No. 6
Reg. Dist. No. 110

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 7 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 602 North Fourth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Vogel

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3/7/1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lockport, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Doyle — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Bridgett Doyle — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Herman Vogel — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): malnutrition – Cachexia

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1, 1951, *to* January 6, 1952, *that I last saw the deceased alive on* January 6, 1952, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank N Siemsen, M.D.
23b. ADDRESS: 109 1/2 N First, Sandpoint Id
23c. DATE SIGNED: January 13, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/11/1952
24c. NAME OF CEMETERY OR CREMATORY: Clark Fork Cemetery
24d. LOCATION (City, town, or county) (State): Clark Fork, Idaho

DATE REC'D BY LOCAL REG.: Jan. 17-1952
REGISTRAR'S SIGNATURE: Merlene W. Miley
25. FUNERAL DIRECTOR — ADDRESS: [signature] Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 128
Local Reg. No. 8
Reg. Dist. No. 11a

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-00367

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 9 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Starr Route

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Bessemer

4. DATE OF DEATH (Month) (Day) (Year): 1/19/1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 10, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 9 days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Bessemer
BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Norma Musch Bessemer
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Norma Bessemer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PREMATURITY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1952, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank H. Sremsen, M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 2/5/52
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Feb. 4-1952
REGISTRAR'S SIGNATURE: Merlene W. Miley
25. FUNERAL DIRECTOR: L. F. Moore
ADDRESS: Moon Funeral Home, Sandpoint, I

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 129
Local Reg. No. 11
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 1 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Earl; b. (Middle) Patrick; c. (Last) Graves

4. DATE OF DEATH (Month) (Day) (Year): 1/22/52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/25/1892

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Morton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry L. Graves
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Mary Campbell
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Lenora C. Graves
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, [illegible] means the disease or complication caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H.T. Disease — Mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1952, to 1/22, 1952 *that I last saw the deceased alive on* 1/22, 1952, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold L. Lawon, M.D. (Degree or Title)
23b. ADDRESS: Forest River Ida
23c. DATE SIGNED: 2/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Authority MUST sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 130
Local Reg. No. 10
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandy Point Near NP Ruby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Alto

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Approximately + 60 yrs
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cedar Maker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber industry
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? Finland

13. FATHER'S NAME: Unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Bonner County Records
ADDRESS: L.G.M.S.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism by railroad train — 802X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed skull multiple fractures.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Railroad Right of Way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 27 1952 ? m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Walking on railroad track hit by train.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at unknown from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence [signature] (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Jan. 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-5-52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cem
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

State File No. 131
Local Reg. No. 7
Reg. Dist. No. 110

BIRTH NO.

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Los Animas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kim
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hattie	Dorrinda	Bailey	1/29/52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	12/18/1870	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Milan Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morlack — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Dolly Randall — ADDRESS: Salt Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 17, 1952, *to* Jan 29, 1952, *that I last saw the deceased alive on* Jan 29, 1952, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. C. Rudeen	M D	Sandpoint Idaho	1/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1/30/52	Peacock Funeral Home	La Junta Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 30. 1952	Merlene H. Miley	L. L. Moon Jr	Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

State File No. 132
Local Reg. No. 5
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Old Town
c. LENGTH OF STAY (in this place) 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Pend Oreille
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Camden
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) Oberlin c. (Last) GILBERT

4. DATE OF DEATH (Month) (Day) (Year) Jan - 4 - 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Dec 7 - 1910
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Benjamin F. Gilbert BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Sadie Dunbar BIRTHPLACE S. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 536-03-1935
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS Camden, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH expired Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Laurence [illegible] Moon (Degree or title) Coroner
23b. ADDRESS Sandpoint, Idaho.
23c. DATE SIGNED Jan. 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 1-8-52
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Newport, Wash.

DATE REC'D BY LOCAL REG. Jan. 15-1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR Sherman Funeral Home, ADDRESS Newport, Wn.
L G Moon Inc

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 133
Local Reg. No. 12
Reg. Dist. No. 112

FEB 1 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Priest River
c. LENGTH OF STAY (in this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At White Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Priest River
d. STREET ADDRESS (If rural, give location) No Street address

3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Gertrude c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8/15/1888

9. AGE (In years last birthday) 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY own Home

11. BIRTHPLACE (State or foreign country) Colfax, Wn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unobtainable
BIRTHPLACE —

14. MOTHER'S MAIDEN NAME Unobtainable
BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-10-5856

17. INFORMANT'S OWN SIGNATURE Tom White ADDRESS Priest River Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thromboangeitis — 1 year
DUE TO (c) arterial Sclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1951, *to* Jan 21, 1952; *that I last saw the deceased alive on* Jan. 21, 1952, *and that death occurred at* 9:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE Leslie J. Stauffer (Degree or title) M.D.

23b. ADDRESS Priest River, Idaho

23c. DATE SIGNED 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 25 1952

24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.

24d. LOCATION (City, town, or county) (State) Priest River, Idaho

DATE REC'D BY LOCAL REG. 1/25/52

REGISTRAR'S SIGNATURE F. A. Worch

25. FUNERAL DIRECTOR L. B. Mason Jr. ADDRESS Priest River Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 134
Local Reg. No. 11
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 462 10th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 462 10th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): C.
c. (Last): Bitter

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warmstrup, Denmark
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Ericksen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Andersen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph Bitter — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility age 86

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Jan 3, 1952, *that I last saw the deceased alive on* Jan 3, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D.
23b. ADDRESS: 148 N. Corner Idaho Falls, Ida.
23c. DATE SIGNED: Jan 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Jack H. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 1
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 283 4th Street

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) WEIR; c. (Last) Mc CRACKEN

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, retired
10b. KIND OF BUSINESS OR INDUSTRY: Retail shoes
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Gordon Ewing McCracken — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lida Jones — BIRTHPLACE: No record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: L. W. McCracken, Jr. — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gen A.S.H.D. & coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Primary atypical~~

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Primary atypical pneumonia — 3 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Dec, 1951, *to* 6 Jan, 1952, *that I last saw the deceased alive on* 6 Jan, 1952, *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland F. Kranz MD.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 8, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leland C. Rich
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Smith

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 12
Reg. Dist. No. 610

RECEIVED FEB 6 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 215 E 22nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Marie
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1952

5. SEX: FEmale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 27, 1950
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack E. Hansen — BIRTHPLACE: Idaho Falls
14. MOTHER'S MAIDEN NAME: Gennevieve Merrill — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Jack Hansen — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ether Anesthesia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 1-9, 1952, *that I last saw the deceased alive on* 1-9, 1952, *and that death occurred at* 10:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David H. Smith, M.D. 374
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4800

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 10
Reg. Dist. No. 610

BIRTH NO. 111-52-00384

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 466 1st. Street

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): HAROLD
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): January 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: January 6, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harold G. Bailey — BIRTHPLACE: Arnold, Nebraska
14. MOTHER'S MAIDEN NAME: Ruby Ritchie — BIRTHPLACE: Ucon, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harold G. Bailey — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH 053.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Jan, 1952 *to* 10 Jan, 1952, *that I last saw the deceased alive on* 9 Jan, 1952 *and that death occurred at* 1:21 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 306 — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 13-1952
24c. NAME OF CEMETERY OR CREMATORY: Ucon
24d. LOCATION (City, town, or county): Ucon — (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 15-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 138
Local Reg. No. 13
Reg. Dist. No. 610

Certificate of Death

RECEIVED FEB 6 1952 DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 269 - S. Water

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 269 - S. Water

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): L.
c. (Last): Rowberry

4. DATE OF DEATH (Month) (Day) (Year): Jan 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Rowberry — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah Jane Lee — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO:
17. INFORMANT'S OWN SIGNATURE: Violet Rowberry — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio-sclerotic Heart disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 July, 1951, *to* 12 Jan, 1952, *that I last saw the deceased alive on* 12 Jan, 1952, *and that death occurred at* 4:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leland K. Kraus (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Anna Budjes
25. FUNERAL DIRECTOR: Jack A. Wood Jr. — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 139
Local Reg. No. 3
Reg. Dist. No. 6/b

BIRTH NO.

RECEIVED JAN 21 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 475 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Fink

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 7 1880

9. AGE (Last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gentile Valley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Toone — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Amy P. Johnston — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Pearl Johnston — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 14, 1952 *to* Jan 14, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hatch MD — **23b. ADDRESS**: Idaho Falls Idaho — **23c. DATE SIGNED**: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1/20/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Thatcher — **24d. LOCATION** (City, town, or county) (State): Thatcher, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19-1952 — REGISTRAR'S SIGNATURE: Emma Budge

25. FUNERAL DIRECTOR — ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Ellsworth

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

State File No. 140
Local Reg. No. 14
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1201 - Canyon

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Ida Brammer
c. (Last) Torp

4. DATE OF DEATH (Month) (Day) (Year): Jan 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1881
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Miles City, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milton Bean — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Henrietta Sprague — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Delmar Brammer — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3, 1951, *to* Jan. 15, 1952, *that I last saw the deceased alive on* Jan. 15, 1952, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Blair Ellsworth MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 111
Local Reg. No. 2
Reg. Dist. No. 610

BIRTH NO.

FEB 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) S. c. (Last) Burrup

4. DATE OF DEATH (Month) (Day) (Year) Jan 16, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct 29, 1851

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James S. Burrup BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Julia Helewell BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ted Burrup ADDRESS Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH 5-6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (aleukemic form)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Jan 16, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Harvey G. Hatch (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Ida.

23c. DATE SIGNED Jan. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Interment

24b. DATE 1/20/52

24c. NAME OF CEMETERY OR CREMATORY Ogden Cemetery

24d. LOCATION (City, town, or county) Ogden (State) Utah

DATE REC'D BY LOCAL REG. Jan. 19-1952

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Jack G. Wood ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Ellsworth

Certificate of Death

STATE OF IDAHO

State File No. 142
Local Reg. No. 15
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 776 I Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Russell	Ping	Harris	Jan 16 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 8, 1868	083		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer		Clarkston, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Harris, Jr.	Utah	Nancy Ann Homer	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Alfred Harris	Lewisville Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) degenerative Cardio-Vascular disease
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-2, 1952 *to* 1-16, 1952 *that I last saw the deceased alive on* 1-16, 1952, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Blair Emmett M.D.	Idaho Falls Idaho	1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/19/52	Lewisville Cemetery	Lewisville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 1-1952	Verna Bridges	Jack A. Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 143
Local Reg. No. 20
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 387 - First Street

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Grant c. (Last) Young

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1 1903

9. AGE (In years last birthday): 48 IF UNDER 1 YEAR Months: 7 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iona, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Young
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Delight McConnell
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) at War I Peace time

16. SOCIAL SECURITY NO.: 241X

17. INFORMANT'S OWN SIGNATURE: Mrs. Grant Young
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cor pulmonale -
INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Bronchial asthma and
DUE TO (c): amphysema -
INTERVAL BETWEEN ONSET AND DEATH: 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* 19 Jan, 1952, *that I last saw the deceased alive on* 18 Jan, 1952, *and that death occurred at* 12:47A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland F. Fronmo
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/22/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 4-1952
REGISTRAR'S SIGNATURE: Dena Bridges
25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 144
Local Reg. No. 16
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

REC FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
d. STREET ADDRESS (If rural, give location): 135 E 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): LaRue
b. (Middle): Del Mar
c. (Last): Merrill

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 18, 1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot
10b. KIND OF BUSINESS OR INDUSTRY: aircraft
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.R.

13. FATHER'S NAME: L. H. Merrill — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ida K. — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown): Yes. (If yes, give war or dates of service): World War II 164X
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: L. H. Merrill — ADDRESS: Idaho Falls, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of mediastinum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Choriocarpithetioma
DUE TO (c): Choriocarpithetioma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: above — Biopsy
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1951, *to* Jan 19, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch (Degree or title): MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood Jr.
ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 35
Local Reg. No. 7
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 130 W. 14th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): M.
c. (Last): BURNETT

4. DATE OF DEATH (Month) (Day) (Year): January 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 26, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister, retired 61
10b. KIND OF BUSINESS OR INDUSTRY: Christianity
11. BIRTHPLACE (State or foreign country): Sheakleyville, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Mexican Border
16. SOCIAL SECURITY NO.: 542-24-8015
17. INFORMANT'S OWN SIGNATURE: Eliza A. Burnett — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — ?
DUE TO (c): Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Jan 20, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David H. Smith (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 29, 1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 146
Local Reg. No. 17
Reg. Dist. No. 616

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL STA.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 403 Maple Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 403 - Maple Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jerusha
c. (Last): Preece

4. DATE OF DEATH (Month) (Day) (Year): Jan 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 17, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. A. Bair — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Marie Brower — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: B. W. Preece — ADDRESS: Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 5-6 years
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1949, *to* Jan 21, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Aldon Hall M.D. (Degree or title)
23b. ADDRESS: Rigby, Ida
23c. DATE SIGNED: 1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1. 1952
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

State File No. 147
Local Reg. No. 18
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 317 - 6th St

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Clifton
c. (Last): Whitmill

4. DATE OF DEATH (Month) (Day) (Year): Jan 21 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Gosser — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Emma E. McCracken — BIRTHPLACE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rex A. Lee — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerosis

DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1951, *to* Jan 21, 1951, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hatch MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 118
Local Reg. No. 5
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 71 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 344 Basalt Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) JOSEPH c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): January 23 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: February 29, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles J. Miller
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Margaret Jane Oley
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-12-7318

17. INFORMANT'S OWN SIGNATURE: Marion Christensen
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia Left — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1952, to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE: A. R. Sodiquist (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 26-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland E. Beck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 149
Local Reg. No. 6
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-01512

RECEIVED FEB 1 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Poplar
d. STREET ADDRESS (If rural, give location): ½ mile East of Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): M.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): January 24 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: January 24, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Max Smith — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Artella Hammer — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Max Smith — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity 5½ mo —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): unknown.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Jan, 1952, *to* 24 Jan, 1952, *that I last saw the deceased alive on* 24 Jan, 1952, *and that death occurred at* 6:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph M Hatch (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Jan 28-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48022

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 150
Local Reg. No. 4
Reg. Dist. No. 610

BIRTH NO.

FEB 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 300 E. 13th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Retta	Ballif	Squires	Jan 24 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 3, 1870	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Logan Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lewis Ballif — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Henrietta Maffey — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Hazel B. Hadley — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility age 82
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Jan 24, 1952, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fulton T. Reed	M.D	Idaho Falls, Ida	1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 26, 1952	Logan Cemetery	Logan Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 25-1952	Lena Rudges	Jack A. Hooley	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 151
Local Reg. No. 19
Reg. Dist. No. 611

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parker's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 308 G St.

3. NAME OF DECEASED (Type or Print): a. (First) Hyrum b. (Middle) c. (Last) Halverson

4. DATE OF DEATH: (Month) Jan (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9, 1869

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: H. Halverson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mary Anderson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Helen Rush
ADDRESS: Sima, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): General deterioration of age — Senility

INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* January 20, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M D
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-1952
REGISTRAR'S SIGNATURE: Irma a Rudges

25. FUNERAL DIRECTOR: Jack A. Rood Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 152
Local Reg. No. 9
Reg. Dist. No. 611

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hall's Rest Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ammon, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Waters

4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 23 1872

9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reuben Waters
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Mary Smith
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Reuben Waters
ADDRESS Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170 Carcinoma of left breast — INTERVAL BETWEEN ONSET AND DEATH 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 30, 1951, *to* Jan 27, 1952, *that I last saw the deceased alive on* Jan 17, 1952 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Vaughn Bingel (Degree or title) M.D.

23b. ADDRESS 385 F St. Idaho Falls Ida

23c. DATE SIGNED 1/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 30, 1952

24c. NAME OF CEMETERY OR CREMATORY Riverdale

24d. LOCATION (City, town, or county) Riverdale (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 30-1952

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Jack A. Hoost Jr.

ADDRESS Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 153
Local Reg. No. 8
Reg. Dist. No. 610

Certificate of Death

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1146 Idaho Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1146 Idaho Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Stuart

4. DATE OF DEATH (Month) (Day) (Year) Jan-27-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 19, 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 2 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. Road Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Ogden - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Edward Stuart Sr. BIRTHPLACE Georgia
14. MOTHER'S MAIDEN NAME Frances Murphy BIRTHPLACE Fayette Co Georgia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Laurence Smyth ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Saw him at time of death, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 1:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Steven Hatch, MD
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED Jan 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 29, 1952
24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery
24d. LOCATION (City, town, or county) (State) Ogden, Utah

DATE REC'D BY LOCAL REG. Jan 29-1952
REGISTRAR'S SIGNATURE Anna Bridger
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Idaho

Certificate of Death

RECEIVED
FEB 19 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 154
Local Reg. No. 21
Reg. Dist. No. 615

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Virginia b. (Middle) Rivers c. (Last) O'Donnell

4. DATE OF DEATH (Month) (Day) (Year): Jan 27, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 2-1912

9. AGE (If over 1 year last birthday): 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nashville Tenn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Rivers
BIRTHPLACE: Nashville - Tenn

14. MOTHER'S MAIDEN NAME: Lilly Parson
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 012-20-6381

17. INFORMANT'S OWN SIGNATURE: Jon M O'Donnell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis Secondary to — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — 12 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 21, 1951, *to* Jan 27, 1952 *that I last saw the deceased alive on* Jan 27, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Weldon Call M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 2/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Hem & Burr

24b. DATE: 1/31/52

24c. NAME OF CEMETERY OR CREMATORY: Ririe Cemetery

24d. LOCATION (City, town, or county) (State): Ririe - Idaho

DATE REC'D BY LOCAL REG.: Feb. 4-1952

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 155
Local Reg. No. 23
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 20 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rex Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	F.	Fugate	Jan	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	Feb. 8, 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Storekeeper-Plumber		Mattoon, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen Fugate	Virginia	Maggie Currey	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no.	518-18-4651	Mrs George Fugate Jr.	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertension, A-S-N-D. -	unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 26 Jan, 1952, *to* Jan 28, 1952, *that I last saw the deceased alive on* Jan 28, 1952, *and that death occurred at* 6:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Idaho Falls, Idaho	1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-2-52	Rosehill Cemetery	Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 4-1952	Emma Bridges	John C. Sandberg	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 156
Local Reg. No. 1-52
Reg. Dist. No. 5

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): XXXX

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Susan	Catherine	Richardson	1/8/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem.	White	Widowed	3/17/1862	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Virginia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas H. Spratt	Virginia	Catherine Ganaway	Virginia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
No	No	x W H Richardson Portunity, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec., 1951, *to* Jan 6, 1952, *that I last saw the deceased alive on* 1/6, 1952, *and that death occurred at* 5:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E W Hanson	M.D.	Bonners Ferry, Idaho	1/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/10/52	Grandview	Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 6-1952	R. M. Bonner	Frank Hare	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 157
Local Reg. No. 2-52
Reg. Dist. No. [illegible]

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Rural N. Bench.

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Ellen
c. (Last): Knox

4. DATE OF DEATH (Month) (Day) (Year): 1/22/52

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/15/1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ulysses, Neb.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jackson M. Hardin — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Lydia Hohamer — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Everett H. Knox — ADDRESS: Clarkston Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Breast &
INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized carcinomatosis — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Radical Breast amputation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1948 *to* Jan 22, 1952, *that I last saw the deceased alive on* Jan 22, 1952, *and that death occurred at* 6:45P *m. from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Bowell — (Degree or title): M.D
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/25/52
24c. NAME OF CEMETERY OR CREMATORY: Kearney Cem.
24d. LOCATION (City, town, or county) (State): Kearney, Nebraska.

DATE REC'D BY LOCAL REG.: 1-28-52
REGISTRAR'S SIGNATURE: R. M. Bowell
25. FUNERAL DIRECTOR: Frank Moore — ADDRESS: Bonners Ferry, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 25 1952 DIVISION OF

Certificate of Death

STATE OF IDAHO

State File No. 158
Local Reg. No. 1
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pennington Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Loretta
c. (Last): Ramsey

4. DATE OF DEATH (Month) (Day) (Year): January 4-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 2-1891

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR — Months: 11 — Days: 2
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamstown, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: James William Ramsey, Bunker Hill, Missouri

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Dustin Athey, Fairmont, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Merle H. Jenkins — ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

#464X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): phlebothrombosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 4, 1952 *to* Jan 4, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton J. Johnson, M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Jan 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 8-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 1/14/52
REGISTRAR'S SIGNATURE: Agnes M Lenman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 159
Local Reg. No. 4
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 823 So. 6th Ave., Caldwell

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Emerson; c. (Last) Paine

4. DATE OF DEATH: (Month) (Day) (Year): January 10-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 6-1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 11; Days: 4
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orchardist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madelia, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emerson Paine,
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Abbie Robison,
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Jessie Paine
ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 6 & 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 2 years
DUE TO (c) Congestive heart failure — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 13, 1951, *to* Jan 10, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Warner MD
23b. ADDRESS: Caldwell
23c. DATE SIGNED: Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14-1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 1/18/52
REGISTRAR'S SIGNATURE: agnes m Denman
25. FUNERAL DIRECTOR: Peckham-Dekan Chapel
E. L. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

JAN 3 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 150
Local Reg. No. 6
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1124 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Maggie
b. (Middle): Carr Brown
c. (Last): Underkofler

4. DATE OF DEATH (Month) (Day) (Year): January 14-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 24-1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shellsburg, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamine Brown — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Clendening — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Miss Ruth Underkofler — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of Caecum — 3 weeks

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1951, *to* Jan 14, 1951, *that I last saw the deceased alive on* Jan 13, 1952, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester Shupe (Degree or title)
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 1/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/18/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: C. V. Peckham — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 151
Local Reg. No. 8
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 28 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 121 W.Hazel St.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Phillip
c. (Last): Schmidt

4. DATE OF DEATH (Month) (Day) (Year): January 15-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10-1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Decorator & Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Harlem, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Schmidt Sr. — BIRTHPLACE: Frankfort, Germany
14. MOTHER'S MAIDEN NAME: Bertha Bruns — BIRTHPLACE: Concordia, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs H.P. Schmidt Sr. — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

600.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral Pyronephritis — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinomatosis of abdomen — 1 year.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1952, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 14, 1952, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/25/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 152
Local Reg. No. 1
Reg. Dist. No. 960

BIRTH NO. FEB 5 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 206 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Gainey Sr.

4. DATE OF DEATH (Month) (Day) (Year): January 26-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10-1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 6 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middleton, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Mahalia Ann Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-36-0395

17. INFORMANT'S OWN SIGNATURE: Donald L Gainey ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-15-52 *to* 1-26-52, *that I last saw the deceased alive on* 1-26-52, *and that death occurred at* 6:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Clark

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 29-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/1/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 12 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 163
Local Reg. No. 11
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Box 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rosie		Trunnell	January 26-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 11-1893	58	9	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Oakland, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Perry Smith Turner	Lexington, Kentucky	Johanna Neville,	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Loyd Trunnell	Wilder

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Embolism	1 day.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	15 days
DUE TO (c)	Arteriosclerotic Cardio-vascular disease.	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 16 Jan, 1952, *to* 26 Jan, 1952, *that I last saw the deceased alive on* 26 Jan, 1952, *and that death occurred at* 1235 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. B. Simpson MD	Caldwell	1 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 29-1952	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/7/52	Agnes M Denman	E. P. Packham	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 154
Local Reg. No. 2
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Rt.1

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Caldwell

4. DATE OF DEATH (Month) (Day) (Year): January 2-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 30-1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Golden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: M.L. Sipe, BIRTHPLACE: Lake Branch, Arkansas
14. MOTHER'S MAIDEN NAME: Jane Addington, BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruth C. Cannish — ADDRESS: Klamath Falls, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C-V disease
DUE TO (c): Auricular fibrillation
Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jos Baltzo (Degree or title): 361
23b. ADDRESS: Nampa
23c. DATE SIGNED: 1/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Jan 14, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Tuck
25. FUNERAL DIRECTOR: G. V. Peckham — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 165
Local Reg. No. 3
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Marian b. (Middle) D. c. (Last) Stafford

4. DATE OF DEATH (Month) (Day) (Year): January 6-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 2-1904

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months: 11 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho City, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown BIRTHPLACE: Hancock

14. MOTHER'S MAIDEN NAME: Cora Murall, BIRTHPLACE: Idaho City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H. Ray Stafford ADDRESS: Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Breast — INTERVAL BETWEEN ONSET AND DEATH: 2½ Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1950

19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast with metastasis

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec., 1949, *to* July, 1951, *that I last saw the deceased alive on* July 15, 1951, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred M. Popma M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Jan 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 166
Local Reg. No. 1
Reg. Dist. No. 36-2

BIRTH NO.

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 127 Northside Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 127 Northside Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) ISAAC b. (Middle) W. c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	April 30, 1852	99		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York County, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Jones — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Ann Patton — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. J. K. [illegible], Nampa, Idaho — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1951, *to* Jan 6, 1952, *that I last saw the deceased alive on* Jan 5, 1952, *and that death occurred at* 7:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesch M.D
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan 11 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 167
Local Reg. No. 17
Reg. Dist. No. 362

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Logston Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 318 9th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPHINE b. (Middle) c. (Last) CAYWOOD

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 26, 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vincent, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Cavender
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Martha
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl F Caywood
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis C-V Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — INTERVAL BETWEEN ONSET AND DEATH: yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10- , 1947, *to* 1-6 , 1952 *that I last saw the deceased alive on* 1-5 , 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest E Wrench MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1 C8
Local Reg. No. 4
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) Box 82

3. NAME OF DECEASED (Type or Print)
a. (First) Alice
b. (Middle) Fern
c. (Last) Creley

4. DATE OF DEATH (Month) (Day) (Year) January 7-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 12-1895
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 11 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Portland, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Norris, BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Adelaide Carter, BIRTHPLACE Ottawa, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Claude Creley, ADDRESS Homedale

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenzal Pneumonia — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart disease — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* Jan 7, 1952, *that I last saw the deceased alive on* Jan 7, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B Mangum Jr MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 11-1952
24c. NAME OF CEMETERY OR CREMATORY Wilder
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. Jan 15, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR C. V. Peckham
ADDRESS Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 169
Local Reg. No. 5
Reg. Dist. No. 34

BIRTH NO.

1. PLACE OF DEATH — JAN 21 1952
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) Orlando; c. (Last) Whitted

4. DATE OF DEATH (Month) (Day) (Year): January 8-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 15-1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months: 8; Days: 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nance Co., Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Whitted
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Butterfield
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 532-22-2238

17. INFORMANT'S OWN SIGNATURE: Richard Whitted
ADDRESS: Caldwell Rt. 6

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 21, 1951, *to* Jan 8, 1952, *that I last saw the deceased alive on* Jan 7, 1952, *and that death occurred at* 6:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. [illegible] (Degree or title): M.D.

23b. ADDRESS: Homedale

23c. DATE SIGNED: 1/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 11-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Jan 15, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Beckham Oakin Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 170
Local Reg. No. 9
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #7 Delaware

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 575 Canyon

3. NAME OF DECEASED (Type or Print): a. (First) HUBERT b. (Middle) ROSS c. (Last) NEWMAN, JR.

4. DATE OF DEATH: (Month) (Day) (Year) January 12, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Febr. 14, 1919

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: Amalagamated Sugar

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hubert Ross Newman — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Bertha Mammen — BIRTHPLACE: Roswell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yew — (If yes, give war or dates of service): W.War #2 976X

16. SOCIAL SECURITY NO.: 518-12-8204

17. INFORMANT'S OWN SIGNATURE: Mrs. Bertha L. Newman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound to Brain

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) entering right temporal region.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): #7 Delaware

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/12/52 12:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: gunshot in head with 12 ga. shotgun

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip, Jr Coroner

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/15/52

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Jan 26, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR — **ADDRESS**: John F. Alsip, Jr. Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 171
Local Reg. No. 21
Reg. Dist. No. 362

BIRTH NO.

FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1607½ 2nd St No.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) C c. (Last) Hansen

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 1- 1869

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY: "

11. BIRTHPLACE (State or foreign country): Lancaster Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Hospital Records By Geo N. Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 24, 1950, *to* Jan 15, 1952, *that I last saw the deceased alive on* May 24, 1950 *and that death occurred at* 7:A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/21-52

24c. NAME OF CEMETERY OR CREMATORY: Mt Calvary

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb 8, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steele

25. FUNERAL DIRECTOR — ADDRESS: George N. Walker Nampa Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 172
Local Reg. No. 72
Reg. Dist. No. 362

BIRTH NO.

FEB 3 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 247 Davis Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 247 Davis Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SARAH	B.	BEAN	January 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	married	Mar. 20, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Muscatine, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Merrdink	Iowa	Bessie Schfletzel	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	[illegible]	[illegible], Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1945 *to* Jan 16, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W C. Holbrook M.D.	Nampa Ida	1/25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/19/52	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 2, 1952	Mrs. Jane Stucki	Wm F Alsip, Jr	Nampa, Idaho
		Alsip Funeral Chapel	

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 173
Local Reg. No. 12
Reg. Dist. No. 362

BIRTH NO. 111-52-00 545

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 11th Ave. So. Ext.

3. NAME OF DECEASED (Type or Print): a. (First) JAKE b. (Middle) c. (Last) WOLFE

4. DATE OF DEATH: (Month) (Day) (Year) January 17, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: January 15, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: | Days: 2 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob M. Wolfe — BIRTHPLACE: Farmington, Ia.

14. MOTHER'S MAIDEN NAME: Virginia Anderson — BIRTHPLACE: Randolph, Ia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity Twin Pregnancy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 7½ mos. Gestation

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/15, 1952, *to* 1/17, 1952, *that I last saw the deceased alive on* 1/17, 1952, *and that death occurred at* 1:30a m *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Rose MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/21/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stark

25. FUNERAL DIRECTOR: John F. Weis — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 174
Local Reg. No. 13
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-00546

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 11th Ave. So. Ext.

3. NAME OF DECEASED (Type or Print)
a. (First): GINNY
b. (Middle):
c. (Last): WOLFE

4. DATE OF DEATH (Month) (Day) (Year): January 19, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 1/15/52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 5; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob M. Wolfe — BIRTHPLACE: Farmington, Ia.
14. MOTHER'S MAIDEN NAME: Virginia Anderson — BIRTHPLACE: Randolph, Ia.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jacob M. Wolfe — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurely Twin Pregnancy

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): 7 1/2 Mos gestation
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: —

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/15, 1952, *to* 1/19, 1952, *that I last saw the deceased alive on* 1/19, 1952, *and that death occurred at* 8:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Ross Jr
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/21/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 175
Local Reg. No. 19
Reg. Dist. No. 362

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 412 Juniper

3. NAME OF DECEASED (Type or Print)
a. (First): ESTHER
b. (Middle): H.
c. (Last): FLEMING

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 27, 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Martin Co., Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles I. Hill — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Annie Green — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-8196
17. INFORMANT'S OWN SIGNATURE: Thos. M. Fleming — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1947, *to* Jan 20, 1952, *that I last saw the deceased alive on* Jan 20, 1952, *and that death occurred at* 8:02p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 1-25-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/24/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6, 1952
REGISTRAR'S SIGNATURE: Mrs. Jack Steck
25. FUNERAL DIRECTOR: Phil F. Ross, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 176
Local Reg. No. 18
Reg. Dist. No. 362

BIRTH NO. FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 326 Yale

3. NAME OF DECEASED (Type or Print): a. (First) ISABEL b. (Middle) EWING c. (Last) CURTIS

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 29, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Clayton Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Ewing — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Clarence Fisher — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
glaucoma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 19, 1947, *to* Jan 20, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 9:22a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wessels M.D
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 1-25-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb 6 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steele
25. FUNERAL DIRECTOR ADDRESS: John F. Alsip, Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 177
Local Reg. No. 10
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523 11th Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Daniel; b. (Middle) Leeper; c. (Last) McBane

4. DATE OF DEATH: (Month) (Day) (Year): January 20-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 27-1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sec-Treasurer, Nampa Milling & Elevator Co.

10b. KIND OF BUSINESS OR INDUSTRY: Grain

11. BIRTHPLACE (State or foreign country): Bergholz, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lauchlin McBane, BIRTHPLACE: Jefferson Co., Ohio

14. MOTHER'S MAIDEN NAME: Janet Shaw, BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-6658

17. INFORMANT'S OWN SIGNATURE: x J. Ethel McBane, ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lupus Erythematosus with Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 4-5 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pemphigus Erythematodes (Probably variant of Lupus) — 4-5 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

705.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: biopsy report

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D

23b. ADDRESS: Nampa

23c. DATE SIGNED: 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 23-1952

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan 31, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Stock

25. FUNERAL DIRECTOR: Beckham-Dakan Chapel, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 26
Reg. Dist. No. 362

BIRTH NO. 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 356 - Sugar Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Harriet; b. (Middle) Mildred; c. (Last) Moore

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 52

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 22 - 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 0, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Titusville Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gorsuch — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Ann Alcorn — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Family Records By Geo. N. Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis & Edema Lungs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Elkins
23b. ADDRESS: Nampa
23c. DATE SIGNED: 1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/24/52
24c. NAME OF CEMETERY OR CREMATORY: Rohlerlown
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb. 8 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: George N. Walker — ADDRESS: Nampa Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 179
Local Reg. No. 28
Reg. Dist. No. 362

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1223 Schley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1223 Schley

3. NAME OF DECEASED (Type or Print): a. (First) EDGAR; b. (Middle) GRANT; c. (Last) STARK

4. DATE OF DEATH: January 23, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 14, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarksville, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Riley Douglas Stark — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Harriett Fitzgerald — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl E. Stark — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudde

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:00am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD — **23b. ADDRESS**: Nampa — **23c. DATE SIGNED**: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1/26/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Kohlerlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 11, 1952 — **REGISTRAR'S SIGNATURE**: Mrs. Jane Stuck — **25. FUNERAL DIRECTOR** — **ADDRESS**: Alsip Funeral Chapel, Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 190
Local Reg. No. 14
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 420 Elder

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 420 Elder

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) A. c. (Last) EMMERSON

4. DATE OF DEATH (Month) (Day) (Year): January 23, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 8, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Competition, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Emmerson — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Louiza Doris — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-24-4986
17. INFORMANT'S OWN SIGNATURE: Mrs. Joy Summers — ADDRESS: Cascade, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carbon Monoxide Poisoning 892.6 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): found 1/24/52 10:30am
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? monoxide poisoning - faulty Chimney

22. *I hereby certify that I attended the deceased from* found *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:30am *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 24 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/29/52
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: Feb 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Sleek
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 181
Local Reg. No. 12
Reg. Dist. No. 362

BIRTH NO.

FILED FEB 6 1952 VITAL STATISTICS DIVISION STATE

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 420 Elder St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 420 Elder

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) ELLEN; c. (Last) EMMERSON

4. DATE OF DEATH (Month) (Day) (Year): January 23, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 23, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Competition, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Garrett
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Martha Hudsell
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. [illegible] Summers
ADDRESS: Cascade, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Carbon monoxide poisoning. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): found 1/28/52 10:30a. m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: monoxide poisoning - faulty chimney

22. *I hereby certify that I attended the deceased from* found, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 24 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/29/52

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1952

REGISTRAR'S SIGNATURE: Mrs. Janet Stark

25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
(Alsip Funeral Chapel)

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 182
Local Reg. No. 16
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): ZEYER
c. (Last): ALDER

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug. 31, 1939
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Owen Alder — BIRTHPLACE: Logan, Utah
14. MOTHER'S MAIDEN NAME: Freda Zeyer — BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Melba, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm Basal Artery (Ruptured) Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27-, 1952, *to* 1-27-, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wasche M.D. (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 193
Local Reg. No. 27
Reg. Dist. No. 362

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1003 Elder

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1003 Elder

3. NAME OF DECEASED (Type or Print): a. (First) LYDIA b. (Middle) c. (Last) BOLD

4. DATE OF DEATH (Month) (Day) (Year): January 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Dec. 15, 1884	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Newulm, Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Krause	No Record	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	[illegible]	Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 9, 1952, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D	Nampa Idaho	2-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1/31/52	Garrison Cemetery	Garrison, No. Dak.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 10, 1952	Mrs. Jane Stuck	Tom F. Alsip, Jr.	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 184
Local Reg. No. 6
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH JAN 21 1952
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa Rt.#2
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Rt.#2

3. NAME OF DECEASED (Type or Print) a. (First) Elva b. (Middle) Carl c. (Last) Perry

4. DATE OF DEATH (Month) Jan. (Day) 8, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 23, 1881
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rich Hill, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Pleasant Perry BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Sarah Harris BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Everett Perry ADDRESS Nampa Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 151X Acute Cancer liver & Stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Dilatation heart

DUE TO (c) Primary site - Stomach

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Jan 8, 1952, *that I last saw the deceased alive on* Jan 8, 1952, *and that death occurred at* 2:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE H P Belknap (Degree or title) MD
23b. ADDRESS Nampa Ida
23c. DATE SIGNED 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/11/52
24c. NAME OF CEMETERY OR CREMATORY Meridian
24d. LOCATION (City, town, or county) (State) Meridian Idaho

DATE REC'D BY LOCAL REG. Jan 16 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR B W Robison ADDRESS Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4-95
Local Reg. No. 7
Reg. Dist. No. 362

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Stoddard
b. (Middle):
c. (Last): Campbell

4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 4, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- 05
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Bear Lake, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Not known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.11

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of the right heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1/, 1950, *to* 1/10/, 1952, *that I last saw the deceased alive on* 1/10/, 1952, *and that death occurred at* 1:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 1/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlenlawn Cemetery
24d. LOCATION (City, town, or county): Nampa — (State): Idaho

DATE REC'D BY LOCAL REG.: Jan 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: George N. Walker — ADDRESS: Nampa Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 186
Local Reg. No. 8
Reg. Dist. No. 36 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nez Perce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) G ertrude
b. (Middle)
c. (Last) Robertson

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 52

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 1894
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — —
10b. KIND OF BUSINESS OR INDUSTRY — —
11. BIRTHPLACE (State or foreign country) Not known
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Not known — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Not known — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

309 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme deterioration psychosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition
DUE TO (c) Insane - confined here 32 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1/, 1950, *to* 1/11/, 1952, *that I last saw the deceased alive on* 1/11/, 1952, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. W. Wentworth, M. D. (Degree or title) 473
23b. ADDRESS Box 531, Nampa, Idaho
23c. DATE SIGNED 1/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/12/52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Jan 26, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. [illegible] — ADDRESS Nampa, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 25 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 187
Local Reg. No. 3
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rosella	Williana	Haskins	January 13-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	March 23-1858	93	9	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marshalltown, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Carson — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John A Haskins — ADDRESS: Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic pneumonia — 7 days
DUE TO (c) Chronic nephritis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 13 Jan, 1952, *that I last saw the deceased alive on* 13 Jan, 1952, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Reed B Jedd MD	Wilder Idaho	15 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 16-1952	Greenleaf	Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 1/18/52
REGISTRAR'S SIGNATURE: Agnes M Kenman
25. FUNERAL DIRECTOR: Lockham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 198
Local Reg. No. 10
Reg. Dist. No. 363

BIRTH NO.

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Melba

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	SOPHIA	SLONECKER	January 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
fem.	white	widowed	May 23, 1880	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Staplehurst, Nebr.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter C. Nelson	Denmark	No Record	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embulus.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-14-, 1951, *to* 1-16-, 1952, *that I last saw the deceased alive on* 1-4-, 1952, *and that death occurred at* 11:30 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel A. Swayne MD	Nampa Idaho	2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/20/52	Melba Cemetery	Melba, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 2, 1952	Mrs. Jane Stuck	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9 [illegible]
Local Reg. No. 9
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) P.O. Box 145

3. NAME OF DECEASED (Type or Print)
a. (First) Nellie
b. (Middle) Gammel
c. (Last) Harris

4. DATE OF DEATH (Month) (Day) (Year) January 18-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 6-1890
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 9 Days 12 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known
BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Not Known
BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Martha A. Welker
ADDRESS LaJolla, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE H. M. Mitchell M.D. (Degree or title)
23b. ADDRESS Parma Idaho
23c. DATE SIGNED 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 22-1952
24c. NAME OF CEMETERY OR CREMATORY Parma
24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 1/25/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS [signature] Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 190
Local Reg. No. 1
Reg. Dist. No. 520-55

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chesterfield Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Ralph
c. (Last) Thornock

4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 5, 1899
9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington Ida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William M Thornock BIRTHPLACE Farmington Ut
14. MOTHER'S MAIDEN NAME Rachel Elvira Hulme BIRTHPLACE Bloomington Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-4280
17. INFORMANT'S OWN SIGNATURE Ross Thornock ADDRESS Cokeville Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Intestinal Tract — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Dec, 1951, *to* 23 Jan, 1952, *that I last saw the deceased alive on* 23 Jan, 1952, *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tiger, M.D. (Degree or title) 427
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 23 1952
24c. NAME OF CEMETERY OR CREMATORY Bancroft Cemetery
24d. LOCATION (City, town, or county) (State) Bancroft Idaho

DATE REC'D BY LOCAL REG. Jan. 29 1952
REGISTRAR'S SIGNATURE Donna E. Ellis
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 191
Local Reg. No. 52
Reg. Dist. No. 51

BIRTH NO.

FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bancroft LDS Ward Chapel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location): Bancroft City limits

3. NAME OF DECEASED (Type or Print): a. (First) Ivar b. (Middle) Sophus c. (Last) Skougaard

4. DATE OF DEATH: (Month) (Day) (Year): 1-29-52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 28, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Professor

10b. KIND OF BUSINESS OR INDUSTRY: School teacher

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Morten Jorgen Skougaard
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Marie Petersen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951 *to* Jan 29, 1952, *that I last saw the deceased alive on* Dec, 1952, *and that death occurred at* 9 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen N. Tigert (Degree or title) M.D.

23b. ADDRESS Soda Springs, Idaho

23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2-2-52

24c. NAME OF CEMETERY OR CREMATORY: Bancroft

24d. LOCATION (City, town, or county) (State): Bancroft, Idaho

DATE REC'D BY LOCAL REG.: Feb 7, 1952

REGISTRAR'S SIGNATURE: Josie D. Powell

25. FUNERAL DIRECTOR Anthony W. Hall ADDRESS Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 11 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 192
Local Reg. No. 2
Reg. Dist. No. 470

BIRTH NO. 111-51-11856

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): Water Street

3. NAME OF DECEASED (Type or Print): a. (First) Dennis b. (Middle) Wyman c. (Last) Port

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 28, 1951
9. AGE (In years last birthday): - IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: William R. Port, BIRTHPLACE: Oakley, Idaho
14. MOTHER'S MAIDEN NAME: Doris LaRae Peterson, BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT'S OWN SIGNATURE: William R Port ADDRESS: Oakley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital heart disease — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 Dec, 1951, *to* 31 Dec, 1951, *that I last saw the deceased alive on* 31 Dec, 1951, *and that death occurred at* 3:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. Cennett (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 1-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county): Oakley (State) Idaho

DATE REC'D BY LOCAL REG.: Jan. 8 1952
REGISTRAR'S SIGNATURE: B.A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 28 1952
DIVISION OF VITAL STATISTICS

State File No. 133
Local Reg. No. 3
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1401 Malta Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Laverna b. (Middle) E c. (Last) Anderson

4. DATE OF DEATH: (Month) Jan. (Day) 11, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 12, 1867

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months: 11 Days: 29 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Tooele, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Orlando Gee BIRTHPLACE: Quincy, Illinois

14. MOTHER'S MAIDEN NAME: Mary E. Bates --Hendricks BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Eugene Anderson ADDRESS: 1401 Malta Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — P

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to Jan 11, 1952 that I last saw the deceased alive on Jan 7, 1952 and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county): Burley, (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 18 1952
REGISTRAR'S SIGNATURE: B F Nielson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-00594

BIRTH NO.

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 34
Local Reg. No. 4
Reg. Dist. No. 470

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: —
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): —
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Jan. 12, 1952
9. AGE (In years last birthday): --
IF UNDER 1 YEAR: Months -- Days --
IF UNDER 24 HRS.: Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin H. Miller BIRTHPLACE: Burley, Idaho
14. MOTHER'S MAIDEN NAME: Natalie Alice Elmer BIRTHPLACE: Indianola, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Edward H. Miller ADDRESS: 1711 Occidental Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

761.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth (5 mo)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Separation of

DUE TO (c) Placenta

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 12, 1952, *to* Jan 12, 1952, *that I last saw the deceased alive on* Jan 12, 1952, *and that death occurred at* 2045P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E. Dean M.D.
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan 18 1952
REGISTRAR'S SIGNATURE: 2 B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 95
Local Reg. No. 2
Reg. Dist. No. 470

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Milton c. (Last) Parkhurst

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH Aug. 9-1864
9. AGE (If years last birthday) 87 IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Matune (?) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert M. Parkhurst BIRTHPLACE U.S.
14. MOTHER'S MAIDEN NAME BIRTHPLACE U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bob Parkhurst ADDRESS Shoshone Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) none (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Jan 9, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Sutton (Degree or title) M.D.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 1-15-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan-15-1952
24c. NAME OF CEMETERY OR CREMATORY Shoshone Cem.
24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 18 1952
REGISTRAR'S SIGNATURE R. T. Wilson
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 0 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 7
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1628 Albion Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1628 Albion Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Patrick b. (Middle) c. (Last) Carroll

4. DATE OF DEATH (Month) Jan. (Day) 25, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Jan. 2, 1878

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months — Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) .. Cromwell, Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Carroll, BIRTHPLACE ----- Ireland

14. MOTHER'S MAIDEN NAME Horonia Power, BIRTHPLACE ------, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Dale Lodge.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

784.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemmorrhage.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1951, *to* Nov 22, 1952, *that I last saw the deceased alive on* Nov. 20, 1952 *and that death occurred at* 2:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D. 23b. ADDRESS Burley, Idaho 23c. DATE SIGNED Jan 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 29, 1952 24c. NAME OF CEMETERY OR CREMATORY ---- Declo Cemetery 24d. LOCATION (City, town, or county) Declo, (State) Idaho

DATE REC'D BY LOCAL REG. Feb 4 1952 REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 197
Local Reg. No. 8
Reg. Dist. No. 478

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Inv Home

FEB 1 1952 DIVISION OF VITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	B	Kimball	Jan	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 26. 1883	68	6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Herder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Duf Valley Penn
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Not Known — BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 157.X Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 4, 1951, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 25, 1952, *and that death occurred at* 3:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE James R Tucker (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED Jan 31-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 2. 1952
24c. NAME OF CEMETERY OR CREMATORY Jerome
24d. LOCATION (City, town, or county) Jerome (State) Idaho

DATE REC'D BY LOCAL REG. Feb 4 1952
REGISTRAR'S SIGNATURE R. E. Wilson
25. FUNERAL DIRECTOR J R Wiley
ADDRESS Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 198
Local Reg. No. 5
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Hyrum
c. (Last) Knight

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 16, 1886
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Slaterville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Knight — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sarah Taylor — BIRTHPLACE Nauvoo, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE — ADDRESS Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

421.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patient seen 3 mths prior to death Endocarditis - decompensating

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic endocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Cromwell M.D. (Degree or title)
23b. ADDRESS Goodrich Ida
23c. DATE SIGNED 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/21/52
24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery
24d. LOCATION (City, town, or county) (State) Ogden, Utah

DATE REC'D BY LOCAL REG. Jan 23 1952
REGISTRAR'S SIGNATURE B. F. Wilson
25. FUNERAL DIRECTOR J. Garth Sayer — ADDRESS Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 199
Local Reg. No. 1
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 3 yrs 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Horne
4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1952
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 22, 1880
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Cook
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Steelwater Minn.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Clara Atwine BIRTHPLACE Minn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. L. Berry MD ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis (arteriosclerotic) — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

446 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 21, 1948, *to* Jan 7, 1952, *that I last saw the deceased alive on* Jan 7, 1952, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-8-52
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery
24d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. 1/7/52
REGISTRAR'S SIGNATURE Joel E. Farley
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 14 1952 DIVISION OF VITAL STATISTICS

State File No. 200
Local Reg. No. 2
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1yr.3mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clear water
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Katherine	Arth	1-7-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	3-15-1875	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Belleville, Ill.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Lanners	Germany	Elizabeth Flair	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Mrs. Herman Moore	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — Indeterminate

DUE TO (c) Arterial sclerosis — Indeterminate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 17, 1950 *to* June 7, 1952, *that I last saw the deceased alive on* October, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. J. Hopkins M.D.	Orofino, Ida.	1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-10-1952	Weippe cemetery	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/9/52	Joel E Fairley	W. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 001
Local Reg. No. 3
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North
d. STREET ADDRESS (If rural, give location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Culdesac

3. NAME OF DECEASED (Type or Print)
a. (First) Nellie
b. (Middle) J
c. (Last) Mallott

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 52

5. SEX 7

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 15 1882

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sheburne Co Minn

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Samuel Knight
BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME Mary Knutsen
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry M.D. ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetis — ? yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1951, *to* Jan 9, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 12:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. L. Berry M.D.

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-9-52

24c. NAME OF CEMETERY OR CREMATORY Vineland Cem. Assn

24d. LOCATION (City, town, or county) (State) Clarkston Wash.

DATE REC'D BY LOCAL REG. 1-9-52

REGISTRAR'S SIGNATURE Elsie C. Fairley

25. FUNERAL DIRECTOR W. C. Merchant

ADDRESS Clarkston, Wash.

Dep.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 202
Local Reg. No. 4
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 5 yrs 11 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Christine
b. (Middle)
c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year) Jan 18-52

5. SEX F
6. COLOR OR RACE Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec 20 1874
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prince Edward Island Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME John Kennedy BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Sarah ? BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. L. Burry MD ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

309X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic psychosis — 6 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1946, *to* Jan 18, 1952, *that I last saw the deceased alive on* Jan 18, 1952, *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-12-52
24c. NAME OF CEMETERY OR CREMATORY Wards Fun. Home
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 1/12/52
REGISTRAR'S SIGNATURE Joel E. Fairley
25. FUNERAL DIRECTOR W. E. Gilfert ADDRESS Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 203
Local Reg. No. 5
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 22 ... VITAL

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 17 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Nordman Route

3. NAME OF DECEASED (Type or Print)
a. (First): Delia
b. (Middle): G.
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Jan 11-52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Fetter — BIRTHPLACE: Wis
14. MOTHER'S MAIDEN NAME: Barbara Geese — BIRTHPLACE: Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. L. Barry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

304X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Involutional psychosis, senile type — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition (psychotic) — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1950, *to* 1-11, 1952, *that I last saw the deceased alive on* 1-11, 1952, *and that death occurred at* 11:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barry MD
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-13-52
24c. NAME OF CEMETERY OR CREMATORY: Cassidy Fun. Home
24d. LOCATION (City, town, or county) (State): Rathdrum Idaho

DATE REC'D BY LOCAL REG.: 1/12/52
REGISTRAR'S SIGNATURE: Joel E Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 204
Local Reg. No. 6
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 22 1952 VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print): a. (First) Valentine b. (Middle) E c. (Last) Hughes

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 15 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Laborer

10b. KIND OF BUSINESS OR INDUSTRY: washman

11. BIRTHPLACE (State or foreign country): Calif

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wheeler J Hughes
BIRTHPLACE: mich

14. MOTHER'S MAIDEN NAME: Blanche Amore Sav
BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Berry M D
ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chron myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerotic psychosis — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* Jan 12, 1952, *that I last saw the deceased alive on* Jan 12, 1952 *and that death occurred at* 11 55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Berry (Degree or title): M D
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 1-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-19-52
24c. NAME OF CEMETERY OR CREMATORY: TENOA CEMETERY
24d. LOCATION (City, town, or county) (State): TENOA WASH

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Elsie C. Fairley Dep.

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 7
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 22 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) F.; c. (Last) Pulliam

4. DATE OF DEATH: (Month) (Day) (Year): 1-12-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-30-1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Winfield Kan.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James H. Pulliam
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Viola Hosmer
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-5252

17. INFORMANT'S OWN SIGNATURE: James a Clingenpeel
ADDRESS: Ahsahka

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1936, 19__, *to* Jan 12, 1952, *that I last saw the deceased alive on* 1-12-, 1952, *and that death occurred at* 12:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Pappenhagen
(Degree or title): M.D

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-15-1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 1/14/52

REGISTRAR'S SIGNATURE: Joel E. Bailey

25. FUNERAL DIRECTOR: W E Gilbert
ADDRESS: Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 216
Local Reg. No. 8
Reg. Dist. No. 210

BIRTH NO. JAN 31 1952

JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): White Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ole b. (Middle) c. (Last) Hede

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 14 1952

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 7, 1888

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 7 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unk
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: M. E. Gilbert ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at 11:30 PM from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: 1/17/52
REGISTRAR'S SIGNATURE: Joel E. Ousley

25. FUNERAL DIRECTOR: M. E. Gilbert ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO JAN 31 1952

State File No. 207
Local Reg. No. 9
Reg. Dist. No. 210

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): Leroy
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): 1-16-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 9-10-1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Hamburg N.Y.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Geo. Walker — BIRTHPLACE: Buffalo, N.Y.
14. MOTHER'S MAIDEN NAME: Josephine Lechard — BIRTHPLACE: Buffalo, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocarditis — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1938, 19__, *to* 1-16, 1952, *that I last saw the deceased alive on* 1-3, 1952, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Rappenhagen 304 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 1/17/52
REGISTRAR'S SIGNATURE: Joel E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO JAN 31 1952

State File No. 208
Local Reg. No. 10
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 yrs 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Jennie
b. (Middle): H.
c. (Last): Pallack

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 10 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Fox — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. L. Barry M.D. — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes — 3 yrs +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 8, 1949, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 18, 1952, *and that death occurred at* 8 40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barry M.D.
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: Jan 19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-20-52
24c. NAME OF CEMETERY OR CREMATORY: Louis Fun. Home
24d. LOCATION (City, town, or county) (State): Craigmont Idaho

DATE REC'D BY LOCAL REG.: 1-20-52
REGISTRAR'S SIGNATURE: Elsie C. Fairley Dep.
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

JAN 31 1952

State File No. 209
Local Reg. No. 11
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater Nat'l For.
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dinwiddie camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater Nat'l Forest
d. STREET ADDRESS (If rural, give location): Dinwiddie camp

3. NAME OF DECEASED (Type or Print): a. (First) Josef b. (Middle) c. (Last) Rasmussen

4. DATE OF DEATH: (Month) (Day) (Year): 1-21-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never married	12-31-1881	~~69~~ 70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Lumber	Veavaag Norway	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518036181	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------- *19--, to* ---------- *19--, that I last saw the deceased alive on* ---------- *19--, and that death occurred at* 11:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 470	Coroner	Orofino Idaho	1-25-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-26-1952	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/25/52	Goal E Barkley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

JAN 31 1952

STATE OF IDAHO

State File No. 210
Local Reg. No. 12
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Michagan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Lee
c. (Last): Freeman

4. DATE OF DEATH (Month) (Day) (Year): 1-24-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 7-21-1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Roanoke Va.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Freeman — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Sally Baker — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert F. Freeman — ADDRESS: Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Probable Carcinoma of
DUE TO (c): Prostate with metastase involvement of liver

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1957, *to* 1-26-, 1952, *that I last saw the deceased alive on* Dec 31, 1957, *and that death occurred at* 3:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.B. Pappenhagen 304 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 1/21/52
REGISTRAR'S SIGNATURE: Joel E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 19..

Certificate of Death

JAN 31 19..

STATE OF IDAHO

State File No. 211
Local Reg. No. 13
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 17 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Wilfong

4. DATE OF DEATH (Month) (Day) (Year): 1-25-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-4-1863
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Fred Grasser — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred Wilfong — ADDRESS: Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile arthritis sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): gangrene of left foot
DUE TO (c): cerebral Hemorrhage several years ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1936, *to* 1-25-, 1952, *that I last saw the deceased alive on* 12-31-57, 19__, *and that death occurred at* 5:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Rappenhagen M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-1952
24c. NAME OF CEMETERY OR CREMATORY: Hill cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 1/28/52
REGISTRAR'S SIGNATURE: Joel E Sawley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 210
Local Reg. No. 19
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Stafford c. (Last)

4. DATE OF DEATH: (Month) Jan (Day) 27. (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 17 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U S ?

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Barney ADDRESS: Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 8
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile Dementia — 2 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 18, 19 52, *to* Jan 27 19 52, *that I last saw the deceased alive on* Jan 26, 19 52, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barney MD

23b. ADDRESS: Orofino Ida

23c. DATE SIGNED: Jan 27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1-27-52

24c. NAME OF CEMETERY OR CREMATORY: McGlade Fun. Home

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 1-27-52

REGISTRAR'S SIGNATURE: Joel E Darley

25. FUNERAL DIRECTOR: Mc Glade ADDRESS: Kellogg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 448
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) E.; c. (Last) McKee

4. DATE OF DEATH: (Month) (Day) (Year): January 17, 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days: 17
IF UNDER 24 HRS.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Forest Service

10b. KIND OF BUSINESS OR INDUSTRY: Supervisor

11. BIRTHPLACE (State or foreign country): Gunnison, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Clark McKee — BIRTHPLACE: not known

14. MOTHER'S MAIDEN NAME: Isabelle Wilson — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-32-1900

17. INFORMANT'S OWN SIGNATURE: Ethel McKee — ADDRESS: Challis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina Pectoris — 4 years
DUE TO (c): Arteriosclerosis & Coronary A. ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1952, *to* Jan 17, 1952, *that I last saw the deceased alive on* Jan - 14, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Porter (Degree or title): MD
23b. ADDRESS: Mackay
23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pinedale
24d. LOCATION (City, town, or county) (State): Pinedale, Wyoming

DATE REC'D BY LOCAL REG.: Jan. 17 1952
REGISTRAR'S SIGNATURE: Edna McKenney
25. FUNERAL DIRECTOR: Betty J. Mansel — ADDRESS: Arco
F.D. # 19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 214
Local Reg. No. 1
Reg. Dist. No. 380

BIRTH NO. RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aircraft parking ramp USAF Hosp, Mt. Home AFB, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Jersey
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Arlington
d. STREET ADDRESS (If rural, give location): 8 Ridge Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL		TURNBULL,	Jan	12	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	20 June 1929	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF Airman	USAF	Elizabeth, New Jersey	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	England	Marion Shields	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Aug 1950 - to present 861X	Unknown		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Decapitation — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Flying Field	Mt Home AFB,	Elmore	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Jan	12	52	1:45 A m.		Walked into B-29 Propeller

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE, DEGREE OR TITLE	23b. ADDRESS	23c. DATE SIGNED
George D. Schmitt GEORGE D. SCHMITT, Capt, USAF (MC)	USAF Hosp, Mt Home AFB, Idaho	12 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan 15, 52		Kearny, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 15, 1952	H. H. Anderson	Felix J. Bey	Mt. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 215
Local Reg. No. 2
Reg. Dist. No. 380

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 50yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stump Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): RAY
b. (Middle): L.
c. (Last): HAYWARD

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 2, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 7, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Shoshone Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank Hayward — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Claude Mast. — ADDRESS: Mountain Home Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastric Ulcers.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1952, *to* Jan 17, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. Weber M.D.
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Jan 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Jan 19, 1952
REGISTRAR'S SIGNATURE: A. F. Anderson
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 216
Local Reg. No.
Reg. Dist. No.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenn Ferry
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenn Ferry
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) FLO
b. (Middle) EMMA
c. (Last) BACON

4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 10, 1890
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Cobden Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles C. Summer BIRTHPLACE Cobden Ill.
14. MOTHER'S MAIDEN NAME Nellie Minkler BIRTHPLACE Cobden Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Robert D. Bacon ADDRESS Glenn Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23, 1951, *to* Jan 22, 1952, *that I last saw the deceased alive on* Jan 22, 1952, *and that death occurred at* 5:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Ward A. Richer (Degree or title) MD
23b. ADDRESS Glenn Ferry Ida.
23c. DATE SIGNED Jan 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY Glenn Rest Cemetery
24d. LOCATION (City, town, or county) Glenn Ferry (State) Idaho

DATE REC'D BY LOCAL REG. Jan 25-52
REGISTRAR'S SIGNATURE Mary Sullivan
25. FUNERAL DIRECTOR Felix G. Bey Mountain Home Idaho ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 017
Local Reg. No. 1
Reg. Dist. No. 540

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 240 South 1st East St.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 240 South 1st East St.

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREA
b. (Middle): GEORGINA
c. (Last): HANSEN GUNDESEN

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 15, 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 25, 1861.

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months: 11 Days: 20
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Skyodstrop All Sogn, Denmark.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hans Gregerson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Marie D. Jensen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Christian Gundesen
ADDRESS: Preston Ida

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 11, 1952, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 14, 1952, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Cutler M D (Degree or title)
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 1-16-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-18-52
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 1-18-1952
REGISTRAR'S SIGNATURE: Effie W. Brannen

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman G. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 218
Local Reg. No. 2
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 153 East 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 153 East 1st North

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) John c. (Last) Webster

4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 21, 1866
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 01
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm L Webster BIRTHPLACE Barton England
14. MOTHER'S MAIDEN NAME Mary Whaley BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Theron H Webster ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1952 *to* Jan 19, 1952 *that I last saw the deceased alive on* Jan 19, 1952 *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler 064 (Degree or title) MD
23b. ADDRESS Preston Ida
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 Jan. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY Franklin
24d. LOCATION (City, town, or county) Franklin (State) Idaho

DATE REC'D BY LOCAL REG. 1-21-1952
REGISTRAR'S SIGNATURE Effie W. Brower
25. FUNERAL DIRECTOR Atherton Webb ADDRESS Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 919
Local Reg. No. 4
Reg. Dist. No. 540

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 324 South 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Phillip; b. (Middle) Smith; c. (Last) Evans

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 14, 1894

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Riverdale, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David P. Evans — BIRTHPLACE: Woods Cross, Utah

14. MOTHER'S MAIDEN NAME: Sarah Smith — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Blaine H. Evans — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Rheumatoid Arthritis — 16 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 24, 1952, *to* Jan 25, 1952, *that I last saw the deceased alive on* Jan 25, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Smith 396 — (Degree or title): M.D. — **23b. ADDRESS**: Preston, Idaho — **23c. DATE SIGNED**: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 1-28-1952

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Ackerman Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 220
Local Reg. No. 5
Reg. Dist. No. 540

BIRTH NO.

RECEIVED
FEB 20 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South 4th West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): South 4th West

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Lorenzo c. (Last) Hansen

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 31 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 10, 1901
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hans P. Hansen — BIRTHPLACE: Denmark Kyetting Blaster
14. MOTHER'S MAIDEN NAME: Inger Thompson — BIRTHPLACE: Bloomington, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-12-6411
17. INFORMANT'S OWN SIGNATURE: Mrs. P. T. Hansen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 1 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo R. Hawker M.D. (Degree or title)
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 1/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 2-4-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Atherton Mortuary
ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 221
Reg. Dist. No. 340

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Frank
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Dayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Verle b. (Middle) Thomas c. (Last) Mickelson

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 20 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 25, 1916

9. AGE (In years last birthday): 35
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: General Carpen

11. BIRTHPLACE (State or foreign country): Dayton, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John G. Mickelson
BIRTHPLACE: Dayton, Idaho

14. MOTHER'S MAIDEN NAME: Lucy Godfrey
BIRTHPLACE: Clarkston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Howard Mickelson R.F.D. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

919.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gun Shot wound in temple - accidental

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3/4 mile West of Dayton Depot

21c. (CITY, TOWN, OR TOWNSHIP) Dayton **(COUNTY)** Franklin **(STATE)** Idaho

21d. TIME OF INJURY: (Month) 1 (Day) 19 (Year) 52 (Hour) 4:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Gun accidentally discharging

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Deputy Sheriff

23b. ADDRESS: Preston, Idaho

23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Dayton

24d. LOCATION (City, town, or county) (State): Dayton Idaho

DATE REC'D BY LOCAL REG.: 1-24-1952

REGISTRAR'S SIGNATURE: Effie W. Brewer

25. FUNERAL DIRECTOR: Atherton Wells
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 209
Local Reg. No. 3
Reg. Dist. No. 650

BIRTH NO. 111-52-00679

RECEIVED JAN 1 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) GIRL c. (Last) SMITH

4. DATE OF DEATH: (Month) Jan., (Day) 2, (Year) 1952

5. SEX: Feamle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan., 1, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Clayton Smith — BIRTHPLACE: St. Anthony, Idaho

14. MOTHER'S MAIDEN NAME: Lena Walker — BIRTHPLACE: Shelley, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clayton Smith — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cord around neck - strangulation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with atelectasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Jan, 1952, *to* 2 Jan, 1952, *that I last saw the deceased alive on* 1 Jan, 19 52, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Brunton 052 — (Degree or title): MD

23b. ADDRESS: St. Anthony

23c. DATE SIGNED: 2 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan., 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Wilford,

24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 2 Jan 52

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 223
Local Reg. No. 1
Reg. Dist. No. 650

BIRTH NO.

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony Rural
d. STREET ADDRESS (If rural, give location) R D# 2

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) NIELD c. (Last) HIBBERT

4. DATE OF DEATH (Month) Jan., (Day) 9, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept., 1, 1886

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and cattleman

10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Dingle, Bear Lake County, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ambrose Hibbert

BIRTHPLACE

14. MOTHER'S MAIDEN NAME Sarah Nield

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Anthony, RED#2, Fremont, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan.,9, 1952 9A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Jan., 1952, to only, 19___, *that I last saw the deceased alive on* 9 Jan, 1952, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE 1952 (Degree or title) J O Brinton M D

23b. ADDRESS St anthony Idaho

23c. DATE SIGNED 10 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11 Jan 52

24c. NAME OF CEMETERY OR CREMATORY Parker

24d. LOCATION (City, town, or county) (State) Parker, Idaho.

DATE REC'D BY LOCAL REG. 10 Jan 52

REGISTRAR'S SIGNATURE M L Hansen

25. FUNERAL DIRECTOR M L Hansen

ADDRESS St. Anthony, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 2
Reg. Dist. No. 650

111-51-14400
BIRTH NO.

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) KAY b. (Middle) LORRAINE c. (Last) WELKER

4. DATE OF DEATH: (Month) (Day) (Year) January 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 19, 1951
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Fay Welker — BIRTHPLACE: St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME: Elsie Branson — BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fay Welker — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov., 19, 1951, *to* Jan 10, 1952, *that I last saw the deceased alive on* Jan., 9, 1952 *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Brinton 052 (Degree or title) MD
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 10 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 Jan 52 01
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 10 Jan 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 5
Reg. Dist. No. 651

BIRTH NO.

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 37 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph.
b. (Middle) Joseph.
c. (Last) Klamt

4. DATE OF DEATH (Month) (Day) (Year) Jan. 6th 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Dec. 7th 1872
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. Carpenter.
10b. KIND OF BUSINESS OR INDUSTRY General Building.
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph. Klamt — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Dont Know — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-20-8789.
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Ashton Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 12 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 19 52 *to* 19 ___, *that I last saw the deceased alive on* Jan 19 52 *and that death occurred at* 12:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 213
23b. ADDRESS Ashton Ida
23c. DATE SIGNED 8 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-10-52
24c. NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] — ADDRESS Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 6
Reg. Dist. No. 651

RECEIVED
JAN 23 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Medie b. (Middle) Zenita Hughes c. (Last) Schwendiman

4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1952

5. SEX Female

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 26, 1881

9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Meeden, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry H. Hughes
BIRTHPLACE Wales

14. MOTHER'S MAIDEN NAME Agnes Gardner
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Lavell Schwendiman
ADDRESS Newdale Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 yrs.

DUE TO (c) Chronic Myocarditis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify, that I attended the deceased from* 1942, 19__, *to* 1949, 19__, *that I last saw the deceased alive on* 1/15, 1952, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. F. Rigby (Degree or title) M.D.

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED 1/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/20/52

24c. NAME OF CEMETERY OR CREMATORY Teton

24d. LOCATION (City, town, or county) (State) Teton City, Idaho

DATE REC'D BY LOCAL REG. 19 Jan 52

REGISTRAR'S SIGNATURE M. L. Hansen

25. FUNERAL DIRECTOR Russell Adamson
ADDRESS Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 027
Local Reg. No. 7
Reg. Dist. No. 650

BIRTH NO.

RECEIVED FEB 9 1952 OF VITAL

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial. Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): Effie.
b. (Middle): Harris.
c. (Last): McArthur.

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: May 20th 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. & Nurse.
10b. KIND OF BUSINESS OR INDUSTRY: Household & Nurseing
11. BIRTHPLACE (State or foreign country): Marysville. Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Eli. Harris. — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Elizabeth Cammil. — BIRTHPLACE: Salt Lake City Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: Verna Reynolds — ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 6 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* Jan 27, 1952, *that I last saw the deceased alive on* Jan 27, 1952, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lamande C Larsen M.D
23b. ADDRESS: Ashton Idaho
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30th 1952
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: 2-2-52
REGISTRAR'S SIGNATURE: L Larsen
25. FUNERAL DIRECTOR: Lewis Kiser — ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 619 So. Commercial

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Windsor c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 21, 1871

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months 11 Days 11
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY lumber

11. BIRTHPLACE (State or foreign country) Ellenwood, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dryas Jones BIRTHPLACE Jamestown, New York

14. MOTHER'S MAIDEN NAME Margaret B. Cowan BIRTHPLACE Quebek, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 16 1747

17. INFORMANT'S OWN SIGNATURE Mrs W W Jones ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Apoplexia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 19__, *to* Jan 2nd, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* Night *m., from the causes and on the date stated above.*

23a. SIGNATURE J K Reynolds (Degree or title) 331

23b. ADDRESS Emmett Idaho

23c. DATE SIGNED Jan 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Jan. 7 1952

24c. NAME OF CEMETERY OR CREMATORY Riverside

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Jan. 7, 1952

REGISTRAR'S SIGNATURE Jean A. Beatty

25. FUNERAL DIRECTOR Glenn W Beatty ADDRESS Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 229
Local Reg. No. 2
Reg. Dist. No. 340-34

BIRTH NO.

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Leslie b. (Middle) Benjamin c. (Last) Leonard

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 4, 1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 6, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Red Cloud, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin F. Leonard — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Anna M. Woods — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 540 28 4044A

17. INFORMANT'S OWN SIGNATURE: x George B Leonard — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): ~~Coronary Arteriosclerosis~~ Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~ One month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1952 *to* Jan 7, 1952, *that I last saw the deceased alive on* Jan 7, 1952 *and that death occurred at* 7:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald F. Rawlinson MD

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: Jan 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 10, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 3
Reg. Dist. No. 340-361

BIRTH NO.

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Circle Addition

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Grothy; c. (Last) Chambers

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 8, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 22, 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months: 8; Days: 16
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Bloomington, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Chambers
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Mary Jane Crouch
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Mary J. Pisbey
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 8 Jan., 1952, *that I last saw the deceased alive on* 8 Jan., 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 10 Jan. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 10, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty [signature] ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Rawlinson

BIRTH NO.

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 231
Local Reg. No. 4
Reg. Dist. No. 340-341

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 216 East 2nd St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Jacob c. (Last) Burkhard

4. DATE OF DEATH (Month) (Day) (Year): JAN. 10, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 11, 1875

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 11 Days 29
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 63

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Bitzfeild, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Burkhard
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Wolf
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Katherine Burkhard
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with terminal uremia

DUE TO (c) Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH
(a) 3 days
(b) 3-4 days
(c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1952 *to* Jan 11, 1952 *that I last saw the deceased alive on* Jan 11, 1952, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD 325
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 1/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 17 1952
REGISTRAR'S SIGNATURE: Jean M. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Kansas

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 732
Local Reg. No. 5
Reg. Dist. No. 340-341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Robert c. (Last) Johnson

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 3 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): oiler

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Johnson BIRTHPLACE: Burkshire, Eng.

14. MOTHER'S MAIDEN NAME: Eliza Wigmore BIRTHPLACE: Burkshire, Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: L H Packer ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension C.V. disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct., 1951, *to* Jan, 1952, *that I last saw the deceased alive on* 15 Jan, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 18 Jan 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan 18, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn A. Beatty ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 233
Local Reg. No. 6
Reg. Dist. No. 340-381

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Barrett	Davies	Jan. 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	August 21, 1861	90	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sexton	Retired	Racine, Wiss.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Davies	Wales	Margaret Williams	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	X Margaret Mabe	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — 422.2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arnold P. Faulkner 325	Emmett	1/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 18, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 22, 1952	Jean A. Beatty	Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

111-52-00705

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 9
Reg. Dist. No. 340-341

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 618 So Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Basabe

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 17, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): enfant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Basabe — BIRTHPLACE: Emmett, Ida.
14. MOTHER'S MAIDEN NAME: Elsie May Powell — BIRTHPLACE: Canon City? Colo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: George Basabe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 30 wks — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1952, *to* Jan 17, 1952, *that I last saw the deceased alive on* Jan 17, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson (Degree or title) 325
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: Jan 28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 28, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar, and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Raw [illegible]

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 235
Local Reg. No. 7
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Milton
c. (Last): Hoover

4. DATE OF DEATH (Month) (Day) (Year): Jan 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Montpelier, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clayton R. Hoover — BIRTHPLACE: Maryland
14. MOTHER'S MAIDEN NAME: Claxton — BIRTHPLACE: Washington D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: x Owen S. Merrill — ADDRESS: 626 East 2nd Emmett Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Deaf on Arrival
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawhouse 325
23b. ADDRESS: Emmett
23c. DATE SIGNED: 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 21 01 -52
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 236
Local Reg. No. 10
Reg. Dist. No. 340-341

Tentative

111-52-00708
BIRTH NO.

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cheri b. (Middle) Irene c. (Last) Crosby

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 23, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Jan. 23, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): enfant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Crosby — BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Delores Fulgham — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Mr Floyd Fulgham — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic cancer undetermined 32 weeks — INTERVAL BETWEEN ONSET AND DEATH: last day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

776X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 23 *19*52, *to* Jan 23, *19*52, *that I last saw the deceased alive on* Jan 22, *19*52, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rhuald P. Lawlun M.D.

23b. ADDRESS: Emmett

23c. DATE SIGNED: Jan 28 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 28, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 237
Local Reg. No. 11
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 710 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Hyrum b. (Middle) Obed c. (Last) Despain

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 23, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 7, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months: 1 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: mining

11. BIRTHPLACE (State or foreign country): Granite Garnet, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hyrum S. Despain
BIRTHPLACE: Calhoon Co. Ill

14. MOTHER'S MAIDEN NAME: Ruth Griffith
BIRTHPLACE: Calhoon Co. Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-2623A

17. INFORMANT'S OWN SIGNATURE: Rosa M. Despain
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure (Decompensation) — INTERVAL BETWEEN ONSET AND DEATH: 2 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due to Chronic myocarditis — 1 year
DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic nephritis — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1937, 19__, *to* Jan 23, 1952, *that I last saw the deceased alive on* Jan 23, 1952, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold F. Rawlinson M.D.

23b. ADDRESS: Emmett

23c. DATE SIGNED: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 28, 1952

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

The BEATTY

GLENN AND JEAN BEATTY
PHONE 4

Chapel . . . . . Emmett, Idaho

Dear Sirs:

On the death certificate for Hyrum Obed Despain, who died Jan. 23, 1952 in Gem County, Mrs. Despain has requested that his birthplace be corrected to read Granite, Utah, instead of Jarrett, Utah.

Thank you.

Jean A. Beatty,
Registrar

APR 25 1952

Certificate of Death

STATE OF IDAHO

State File No. 238
Local Reg. No. 12
Reg. Dist. No. 340-341

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 38yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 East 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 514 East 5th St

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Conrad

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 24, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 4 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Odessa, Russia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Conrad — BIRTHPLACE: Odessa, Russia

14. MOTHER'S MAIDEN NAME: Rosina Lutz — BIRTHPLACE: Odessa, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Marie Hereth — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heard and age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocardial Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 , 19 50 , *to* Jan 28 , 19 52 , *that I last saw the deceased alive on* Jan 28 , 19 52 , *and that death occurred at* 11-25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.H. Reynolds 331 — (Degree or title): M.D. — **23b. ADDRESS**: Emmett Ida — **23c. DATE SIGNED**: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan 31 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 239
Local Reg. No. 43
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
FEB 13 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Russell Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Alexander; b. (Middle) Underwood; c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	never married	Dec. 16, 1884	67	1	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	lumber	Missoula, Montana	usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-03-2988	Maggie Secor	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pneumonia / Thrombosis	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral accident (hemiplegia)	2 months
DUE TO (c)	Coronary thrombosis	3 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 49, *to* Jan 31, 1952, *that I last saw the deceased alive on* Jan 31, 1952, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald P. Rawlinson MD	Emmett Ida	2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 6, 1952	Garden Valley	Crouch, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 6, 1952	Jean A. Beatty	Glenn W. Beatty	Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 240
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles No. East of Emmett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) Blake c. (Last) Blackburn

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: May 27, 1903

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 8 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Loa, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Blackburn
BIRTHPLACE: Minersville, Utah

14. MOTHER'S MAIDEN NAME: Emily A. Fordham
BIRTHPLACE: Pine Valley Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 20 1007

17. INFORMANT'S OWN SIGNATURE: x Marion E Blackburn
ADDRESS: Santa Ana Utah.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronal hemorrhage of Brain
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laceration Pericardium
DUE TO (c) ascending vena cava. Rupture aorta, pulmonary veins and pericardium abound, stomach & left Kidney

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Surgical wound. Entrance between 2nd & 3rd rib 2" from mid line sept.

INTERVAL BETWEEN ONSET AND DEATH: Immediately

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett Gem Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Heart, an, Accident *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Lawlinson M.D. (Degree or title)
23b. ADDRESS: Emmett
23c. DATE SIGNED: 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 6 1952
REGISTRAR'S SIGNATURE: Jesse A. Batty

25. FUNERAL DIRECTOR: Glenn W Batty
ADDRESS: Batty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

State File No. 211
Local Reg. No. 15-21
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 Wyoming

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 222 Wyoming

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) F. c. (Last) MINK

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 8, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Big Wood Canal Co.

11. BIRTHPLACE (State or foreign country): Grayson County, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. H. Mink
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Amanda Perkins
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-1770

17. INFORMANT'S OWN SIGNATURE: Robert W. Mink
ADDRESS: Gooding Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gun shot wound
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): self inflicted
DUE TO (c): Instant death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Gooding (COUNTY) Gooding (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell
(Degree or title): Coroner
23b. ADDRESS: County Gooding Ida
23c. DATE SIGNED: 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/8/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 1-5-52
REGISTRAR'S SIGNATURE: J. H. Cromwell

25. FUNERAL DIRECTOR: Geo. Jones Jr.
ADDRESS: CHAPEL [illegible] IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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State File No. 242
Local Reg. No. 1522
Reg. Dist. No. 420

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 622 1st Ave E.

3. NAME OF DECEASED (Type or Print)
a. (First): CORNELIOUS
b. (Middle): MARRION
c. (Last): CHEEVER

4. DATE OF DEATH (Month) (Day) (Year): Jan 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 12, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith-Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Central City, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Staughton Cheever — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Curtis — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Pearl Barkwell — ADDRESS: Gooding

18. CAUSE OF DEATH 433.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-renal failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic decompensation — 7 yrs.
DUE TO (c): Auricular fibrillation — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Jan, 1952, *that I last saw the deceased alive on* Jan 12, 1952, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.
23b. ADDRESS: Gooding, Ida
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial
24b. DATE: 11/17/52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Jan 16-52
REGISTRAR'S SIGNATURE: J H Cornwall
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

State File No. 213
Local Reg. No. 1820
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) G ooding
d. STREET ADDRESS (If rural, give location) 434 4th Ave. W.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GUY c. (Last) BISSELL

4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH June 6, 1876
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Phillipsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Bissell
BIRTHPLACE Indiana

[redacted] BIRTHPLACE Gooding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE [redacted] ADDRESS Unknown
Mothers Maiden Name Unknown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946 *to* Jan 13, 1952 *that I last saw the deceased alive on* Jan 13, 1952, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE L. E. Smith (Degree or title) M.D.
23b. ADDRESS Gooding Ida.
23c. DATE SIGNED 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/15/52
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 16-52
REGISTRAR'S SIGNATURE J. H. Cammell
25. FUNERAL DIRECTOR Geo. Jerread Jr. ADDRESS [redacted]

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 214
Local Reg. No. 1824
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 201 Arizona

3. NAME OF DECEASED (Type or Print)
a. (First): AARON
b. (Middle): BURR
c. (Last): MULL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 4, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Mull — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Hester Whelan — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Jos C Mull — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Complications of a fractured right hip.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fell in home
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding Gooding Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 4 1952 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Slipped on floor.

22. *I hereby certify that I attended the deceased from* Mar. *19*51*, to* Jan *, 19*52*, that I last saw the deceased alive on* Jan 13 *, 19*52 *and that death occurred at* 1:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson MD
23b. ADDRESS: Gooding, Ida
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/16/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Jan 16-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerreal Jr. — ADDRESS: THOMPSON [illegible] GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 1829
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1305 California St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 1305 California St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLIE	BLANCHE	STRICKLING	Jan. 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 26, 1876	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Mansfield, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Logan Scott	Ohio	Mary Purdy	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Forest Strickling	Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7220

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephrosis - Aortic — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid arthritis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Confined to wheel chair + bed for 10 yrs —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. H. Cromwell MD	Gooding Ida	Jan 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/18/52	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 16-52	J. H. Cromwell	Geo. Jerred Jr.	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 246
Local Reg. No. 1527
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 40 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T-B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts, Idaho
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs Margaret
b. (Middle): —
c. (Last): Dutson

4. DATE OF DEATH (Month) (Day) (Year): Jan 20 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Nov 18, 1875
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pleasant Grove, ~~Idaho~~ Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: —
BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: —
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: E. H. Brady MD
ADDRESS: Gooding Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Adv. Pul. Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1951, *to* Jan 20, 1952 *that I last saw the deceased alive on* Jan 20, 1952, *and that death occurred at* 5.45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin H Brady MD 047
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-20-52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): Pleasant Grove Utah

DATE REC'D BY LOCAL REG.: 1-30-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr.
ADDRESS: Gooding Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 247
Local Reg. No. 349
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
c. LENGTH OF STAY (in this place): 20 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) A c. (Last) PORTER

4. DATE OF DEATH: (Month) (Day) (Year) 1/5/1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 2/3/1871

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): PORTERVILLE UTAH.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: # WARNER A PORTER NEB.

14. MOTHER'S MAIDEN NAME: MARY NARWOOD SALT LAKE CITY UTAH
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: ✓ Martha Porter
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchiectasis — 15 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1942, 19___, *to* death, 19___, *that I last saw the deceased alive on* 12/22, 1951, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carol [illegible] Dr. Osteopathic Phy

23b. ADDRESS: Wendell, Ida

23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 1/7/1951

24c. NAME OF CEMETERY OR CREMATORY: HAGERMAN

24d. LOCATION (City, town, or county) (State): CITY IDAHO.

DATE REC'D BY LOCAL REG.: 1-7-52

REGISTRAR'S SIGNATURE: Dorothy Dudley

25. FUNERAL DIRECTOR: J. Forrest Weaver
ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 348
Local Reg. No. 348
Reg. Dist. No. 421

RECEIVED JAN 9 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 44 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST VALENTINE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle):
c. (Last): GRATZER

4. DATE OF DEATH (Month) (Day) (Year): 1/5/1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT.17,1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ALBERT SEYER — BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: FRANCIS GEKLE — BIRTHPLACE: GERMANY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: William Gratzer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5513

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated omental hernia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ventral hernia — 20 yrs.
DUE TO (c) Post-operative wound disruption

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — 10 yrs
Myocardial Weakness — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1942, *to* death, 19___, *that I last saw the deceased alive on* 1-5, 1952, *and that death occurred at* 2:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Lounger M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/10/1952
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO:

DATE REC'D BY LOCAL REG.: 1-7-52
REGISTRAR'S SIGNATURE: Dorothy Dudley
25. FUNERAL DIRECTOR: J. Forrest Weaver — ADDRESS: Wendell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

PHONE 4141

Weaver Mortuary

J. FORREST & NELLIE H. WEAVER, OWNERS
WENDELL, IDAHO
QUIET, DEPENDABLE, EFFICIENT SERVICE

RECEIVED
JAN 22 1952
DIVISION OF VITAL STATISTICS

Jan 21 1952

Dear Sir;

Would you please change the name of Mary Gratzer to Marie Gratzer and mail me a photo static copy of the Death certificate.

I will have the registar change her records.

This was my mistake when I made out the certificate.

Inclosed please find 50¢.

Yours Truly

J Forrest Weaver

MAR 16 1979

"One Friend Tells Another"

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 249
Reg. Dist. No. .....

BIRTH NO.

RECEIVED
JAN 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (In this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StValentines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 208 West Ave E

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Clifford	C	Jones	Jan	14	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 17.1891	60	00	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Shell City Missouri	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Jones	Missouri	Mary Ann Miller	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes War 1	725-01-7698	X Ira Burl Jones	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lower lobe, either lung, coalescing

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary atelectasis
DUE TO (c) Acute Alcoholism

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed, MD	Twin Falls, Ida.	1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 17.1952	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 16, 1952	Dorothy Dudley	J R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 250
Local Reg. No. 351
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StValentines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 400 7th Av E

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Eugene
c. (Last): Beck

4. DATE OF DEATH (Month) (Day) (Year): Jan 19. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 7.1928
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 4 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garden City Kansas
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Charles Beck — BIRTHPLACE: Sedalia, Mo
14. MOTHER'S MAIDEN NAME: Mattie Sullivan — BIRTHPLACE: Bowie Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Navy
16. SOCIAL SECURITY NO.: 519-28-5083
17. INFORMANT'S OWN SIGNATURE: X M. M. Beck — ADDRESS: Wendell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199H Carcinoma liver & head pancreas c̄ metastases to lungs — INTERVAL BETWEEN ONSET AND DEATH: 4-5 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-29-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma liver & head pancreas.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1951, *to* 1-19, 1952 *that I last saw the deceased alive on* 1-18, 1952, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 21 52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 21, 1952
REGISTRAR'S SIGNATURE: Dorothy Dudley
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form IDPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1952
DIVISION OF VITAL

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 351
Local Reg. No. 352
Reg. Dist. No. 421

1. PLACE OF DEATH

a. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell

c. LENGTH OF STAY (in this place): 43yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Gooding

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Harry	A	Frith	Jan	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 14. 1880	71	11	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Beloit Wisconsin	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John James Frith	Ireland	Sarah English	Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-3788	Tom C Frith	Wendell. Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Decompensation

DUE TO (c) Central Sclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 2, 1949, *to* Jan 21, 1952, *that I last saw the deceased alive on* Jan 2, 1952 *and that death occurred at* 6:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James G Frost MD	Jerome Idaho	1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 25. 1952	Wendell	Wendell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 23 1952	Dorothy Dudley	J R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 353
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StValentines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charlie	M	Powers	Jan 22 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug. 3 . 1879	72	5	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Nebraska	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse Powers	Iowa	Sadelia Kessler	Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		X Vern Buckles	Jerome, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma r Kidney — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

180 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-22-52	Huge retro-peritoneal tumor mass	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-2 , 1951, *to* 1-22- , 1952, *that I last saw the deceased alive on* 1-22- , 1952, *and that death occurred at* 10 45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. K. Peterson M.D.	Jerome	1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 24, 52	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 29, 1952	Dorothy Dudley	J R Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form PHS-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 253
Local Reg. No. 354
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Valintines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 3 North - 3 East of Jerome

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle):
c. (Last): Kulm

4. DATE OF DEATH (Month) (Day) (Year): Jan 26 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1898-7-20
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacab Kulm — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Dorathy Buder — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Russell Kulm — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Broncho-Pneumonia — 6 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis Inferior Vena Cava

491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30, 1951, *to* 1-26-, 1952, *that I last saw the deceased alive on* 1-26-, 1952, *and that death occurred at* 10 45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Jerome
23c. DATE SIGNED: 1-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Jan. 30, 1952
REGISTRAR'S SIGNATURE: Dorothy Dudley
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 2 1952 OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 251
Local Reg. No. 1528
Reg. Dist. No. 426

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding Rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	SYLVESTER	COARDEN	MINK

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed	Oct. 27, 1864	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Volney, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Mink — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Amanda M. Perkins — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy Mink — ADDRESS: Rt. 1 Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1951, *to* Jan 29, 1952, *that I last saw the deceased alive on* Jan 29, 1952 *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Barnett M.D.
23b. ADDRESS: Gooding Ida.
23c. DATE SIGNED: 1/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: J. H. Emmons
25. FUNERAL DIRECTOR: Geo. Jerad Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 255
Local Reg. No. 355
Reg. Dist. No. 421

REC FEB 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 26 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Valintine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 309 E. 4 Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): James
c. (Last): Holtry

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 1 - 1927
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Mine
11. BIRTHPLACE (State or foreign country): Vale S. Dak
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis C. Holtry — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ruth Curtis — BIRTHPLACE: Rapid City S.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N. (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 539-20-4465
17. INFORMANT'S OWN SIGNATURE: Boyd D. Caudill — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot (.22 cal.) wound of head.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 29 hrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Jerome — (COUNTY): Jerome — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 28 52 9 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gunshot

22. *I hereby certify that I attended the deceased from* 1/28, 1952, *to* 1/29, 1952, *that I last saw the deceased alive on* 1/29, 1952, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Carlyle Smail, M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Bremerton — (State): Wash

DATE REC'D BY LOCAL REG.: Feb. 1, 1952
REGISTRAR'S SIGNATURE: Dorothy Dudley
25. FUNERAL DIRECTOR: LeRoy L. Frazier — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 956
Local Reg. No. 64
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sareta	Marleen	Slichter	Jan	6	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Infant	Sept 28, 1950	1	3	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sam Slichter
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Melva Lanningham
BIRTHPLACE Grangeville, I

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. otitis media left

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6 Jan, 1952, *to* 6 Jan, 1952, *that I last saw the deceased alive on* 6 Jan, 1952, *and that death occurred at* 11 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald K Altman M.D	Grangeville Idaho	8 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 10, 1952	Prairieview	Grangeville, Ida Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 10, 1952	Irma Cone	[illegible]	[illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 257
Local Reg. No. 257
Reg. Dist. No. 2-4B

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lucile
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSIE	FREMONT	BAKER	Jan. 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Feb. 6, 1857	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home	Madison Co. Wisc.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James C. Carr,	New York	Mary Crocker,	U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Emma Davis	Whitebird, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

493 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 Jan, 1952 *to* 7 Jan, 1952 *that I last saw the deceased alive on* 7 Jan, 1952 *and that death occurred at* 8:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Fallman M.D	Grangeville, Idaho	7 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1952	John Day, Lucile,	Lucile, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 8, 1952	Irma Conner	Jackson	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 66
Reg. Dist. No. 240

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hattie	L	Eaton	Jan 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 30, 1860	91	9	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rochester, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Moses Fay — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Hattie Stevens — BIRTHPLACE Boston

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bruce Campbell — ADDRESS [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec, 1951, to 7 Jan, 1952 that I last saw the deceased alive on 29 Dec, 1951, and that death occurred at about 5A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald K. Eltzroth	M.D	Grangeville, Idaho	8 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/10/52	Prairie View	Grangeville Ida

DATE REC'D BY LOCAL REG. Jan. 10, 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Glenn Miller — ADDRESS Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 259
Local Reg. No. 67
Reg. Dist. No. 240

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Idaho

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camas Prairie Railroad

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: NezPerce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 0124- 22nd St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Bryan	Frank	Trail		Jan	11	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	May 5 1895	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Railroad	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C.L. Trail	No Record	Nettie Wilson	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.I.			

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture,

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Internal Hemorrhage, Chest,

DUE TO (c) Locomotive turned over.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: caught underneath, between locomotive and rail track

1st degree steam burns on hands and legs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Railriad	Grangeville, Idaho, Ida ho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Jan. 11 1952 2:15		Locomotive turned over.

22. *I hereby certify that I attended the deceased from* NEVER, 19___, *to* Jan.11,1952, 19___, *that I last saw the deceased alive on* never 19___, *and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Grangeville, Idaho.	Jan.11,1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	Jan12,52	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 11, 1952	Irma Cone	Andrew F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 260
Local Reg. No. 68
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
c. LENGTH OF STAY (in this place) 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hi Way Inn.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location) Elk Creek.

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Jack c. (Last) Derrick

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 1879
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Tender
10b. KIND OF BUSINESS OR INDUSTRY Live Stock
11. BIRTHPLACE (State or foreign country) Tenn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Not Known — BIRTHPLACE Wh
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE Wh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Mary Megorden — ADDRESS Riggins

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 31, 1951, *to* Jan-8, 1952, *that I last saw the deceased alive on* Jan 7, 1952 *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bernard P. Brigwood
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 12 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-11-52
24c. NAME OF CEMETERY OR CREMATORY Riggins
24d. LOCATION (City, town, or county) Riggins (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 12, 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Joe Robertson — ADDRESS Orangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 261
Local Reg. No. 1
Reg Dist. No. 2-2

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 54 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERALD	HAYNES	SMITH	January 10 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 19 1896	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Farming Tractor Repr. Shop
11. BIRTHPLACE (State or foreign country): Leslie, Iowa.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Ezra H. Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eva Goin — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 518-18-8173
17. INFORMANT'S OWN SIGNATURE: Lula M. Smith — ADDRESS: Craigmont Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-26, 1951, *to* 1-10, 1952, *that I last saw the deceased alive on* 1-10, 1952, *and that death occurred at* 2:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Collins	M. D.	Craigmont, Idaho.	1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-10-1952	Craigmont I.O.O.F.	Craigmont, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-11-1952	Wesley J. Orr MD with	T. E. Lowry	Craigmont, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 2
Reg. Dist. No. 242

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Gertrude's Convent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Gertrude's Convent
d. STREET ADDRESS (If rural, give location): Cottonwood 3 miles West

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Sister Mary Placida Fox

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Mar. 14, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edina, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Fox — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Catherine Ries — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Sister Mary Anna, O.S.B. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 18, 1952, *to* Jan. 19, 1952, *that I last saw the deceased alive on* Jan. 18, 1952, *and that death occurred at* 7:40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 1-21-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-1952
24c. NAME OF CEMETERY OR CREMATORY: St. Gertrude's
24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho

DATE REC'D BY LOCAL REG.: 1-21-1952
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by T.B.
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Cottonwood Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1152
Local Reg. No. 3
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALEX b. (Middle) c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 25, 1864

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): St. Paul, Minn.

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lita L. Harris
ADDRESS: Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Thyroid & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1, 1951, *to* Jan. 25, 1952, *that I last saw the deceased alive on* Jan. 25, 1952, *and that death occurred at* 8:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley J. Orr, M.D.

23b. ADDRESS: Cottonwood, Idaho

23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grangeville

24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 1-26-52

REGISTRAR'S SIGNATURE: Wesley J. Orr M.D. by TB

25. FUNERAL DIRECTOR: Clifton Ahlborn
ADDRESS: Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 640

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 139 East Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 139 East Main

3. NAME OF DECEASED (Type or Print)
a. (First): Anesia
b. (Middle): Marie
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 4, 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Para Belem Brazil.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jule Fredrick Tiedman. BIRTHPLACE: Iowa.
14. MOTHER'S MAIDEN NAME: Helene Stricker BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Rheumatic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocarditis, Chronic — 8 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Jan. 1, 1952, *that I last saw the deceased alive on* Jan. 1, 1952, *and that death occurred at* 1:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 1/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 1/2/52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Memorial Maus.
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 1/2/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A. B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 265
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 391 W. 1st No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 391 W. 1st No.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ALICE
c. (Last): CLEVELAND

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 20, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pendlebury, England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Walton — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Ann Sharples. — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: Mrs Sarah A. Barney — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis, Chronic — 6 yrs.
DUE TO (c): Arteriosclerosis — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1951, *to* Jan. 2, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: Jan 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 1/2/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 000
Local Reg. No. 3
Reg. Dist. No. 640

BIRTH NO.

JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Rigby
c. LENGTH OF STAY (in this place): 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1 Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Rigby
d. STREET ADDRESS (If rural, give location): Rte. #1 Rigby

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): ADALINE WINAFRED McCULLOUGH

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 31, 1877	74	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Homemaker	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl L. Erickson	Sweden	Nellie Bengstore	Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Gerald McCullough	Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause Undetermined

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August, 1946, *to* 1/7, 1952, *that I last saw the deceased alive on* 1/7, 1952, *and that death occurred at* 1:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eldon Hall M.D.	Rigby, Idaho	1/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 10, 1952	Rigby Pioneer Cemetery	Rigby, Jefferson, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/11/52	Mrs A B Eckersell	Bruce A. Eckersell	Rigby Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 227
Local Reg. No. 4
Reg. Dist. No. 6-4P

BIRTH NO.

JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lorenzo
d. STREET ADDRESS (If rural, give location): Rte. #1 Lorenzo

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) FRANCIS c. (Last) PERRY

4. DATE OF DEATH: (Month) (Day) (Year): January 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1859

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months: 3 Days: 15
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13 FATHER'S NAME: William Howard Perry
BIRTHPLACE: New Hampshi

14. MOTHER'S MAIDEN NAME: Alice Stowell
BIRTHPLACE: Utah.

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16 SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wm H Perry
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis, Chronic — 12 years +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 10, 1952, *to* Jan. 15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 6:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-19-1952

24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery

24d. LOCATION (City, town, or coun'y) (State): Rigby, Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 1/18/52

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. ...
Local Reg. No. ...
Reg. Dist. No. ...

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 15 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Crystal Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Jim
b. (Middle):
c. (Last): Holden

4. DATE OF DEATH (Month) (Day) (Year): Jan 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 5. 1887
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 4 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sheep herder
11. BIRTHPLACE (State or foreign country): Whitney Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Holden
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Rampton
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mike Swanson
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

156X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 3-4 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1951, *to* 1-6-, 1952, *that I last saw the deceased alive on* 1-1-, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 11.1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 1-9-52
REGISTRAR'S SIGNATURE: Irvin L Mabe
25. FUNERAL DIRECTOR: J B Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No.
Reg. Dist. No.

BIRTH NO. 111-51-15635

RECEIVED JAN 23 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 228 3rd Ave East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 228 - 3rd Ave E

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Johnnie	-	Magnelli	1	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Dec 22 1951			29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wendell Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Magnelli	Jerome Idaho	Jennie Mae Darnell	Filer Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: John A Darnell ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-, 1951, *to* 1-21-, 1952, *that I last saw the deceased alive on* 1-14-, 1952, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Parker M.D.	Jerome Idaho	1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-23 1952	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG. 1-21-52
REGISTRAR'S SIGNATURE: Irvin L Mabe
25. FUNERAL DIRECTOR'S ADDRESS: Temple Mortuary Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 120
Reg. Dist. No. 1

BIRTH NO.

1. PLACE OF DEATH — JAN 11 1952
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 3

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Murphy

4. DATE OF DEATH: (Month) Jan. (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 5, 1864

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teamster

10b. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Vina Shorey — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. F. Murphy — ADDRESS: C'd'a Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 15 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, *19*51, *to* 1-1, *19*52, *that I last saw the deceased alive on* 12-31, *19*51 *and that death occurred at* 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D. — 23b. ADDRESS: Coeur d'alene, C'da — 23c. DATE SIGNED: 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 1-3-52 — 24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery — 24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-3-52 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — 25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 Wallace ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 123 Wallace

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	John	Ortman	Jan	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Unkown	Jan 4 1873	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Mich	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Idaho Dept of Public Asst.	Office

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conflagration. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Smothered.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	Coeur d'alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Bed caught fire & smoldered.

22. *I hereby certify that I attended the deceased from* Said Not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 12:08 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene, Idaho	1-8-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 8 1952	Forest Cemty	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-8-52	Lorraine K. Brush	Gilbert Gale	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Barclay

BIRTH NO.

RECEIVED

JAN 18 1952

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 279

Local Reg. No. 4

Reg. Dist. No. 120

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

d. STREET ADDRESS (If rural, give location): Stanley Hill

3. NAME OF DECEASED (Type or Print)

a. (First): Irving

b. (Middle): H.

c. (Last): Morse

4. DATE OF DEATH (Month) (Day) (Year): 1-1-52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1876

9. AGE (In years last birthday): 75

IF UNDER 1 YEAR Months / Days

IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant operator

10b. KIND OF BUSINESS OR INDUSTRY: W.W.P.

11. BIRTHPLACE (State or foreign country): Nova Scotia, Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Morse

BIRTHPLACE: NovaScotia

14. MOTHER'S MAIDEN NAME: Emma Dimock

BIRTHPLACE: Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 533-01-8252

17. INFORMANT'S OWN SIGNATURE: X Stanley A. Morse

ADDRESS: Cd'A, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic heart

DUE TO (c): disease & hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-27, 1951, *to* 1-1, 1952, *that I last saw the deceased alive on* 12-31, 1951, *and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Barclay M.D.

23b. ADDRESS: Coeur d Alene, Ida

23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-4-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-8-52

REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Don English

ADDRESS: Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. R. Henson

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 275
Local Reg. No. 6
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Larson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sadie		Arnold	Jan. 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Unknown	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Alpena, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknonwn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Martha Wendler	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hemorrhage from bowels — 2 wks; Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* Jan 1, 1952, *that I last saw the deceased alive on* Dec 31, 1951, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Henson, M.D.	Coeur d'Alene Idaho	Jan 3/1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-4-52	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-4-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 120
Reg. Dist. No. 2

BIRTH NO. JAN 11 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) L. c. (Last) Capellen

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Married	Aug 16 1916	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Coeur d'Alene Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willis Keller — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Bertha Blagrove — BIRTHPLACE: Kans

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond E Capellen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) nephritis-chronic — years
DUE TO (c) hypertensive cardiovascular renal disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-28, 1948, *to* 1-3-, 1952, *that I last saw the deceased alive on* 1-3 1952, *and that death occurred at* 8:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Barlow (Degree or title) M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeurd'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-5-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 7
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 6-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 201-Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): Dana
b. (Middle): W
c. (Last): Maryott

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forester
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Forest Service
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Anson Maryott — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Penn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-6606-A
17. INFORMANT'S OWN SIGNATURE: T. C. Maryott — ADDRESS: Cda Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1951, *to* 1-5, 1952, *that I last saw the deceased alive on* 1-5, 1952, *and that death occurred at* 12:30 P., *from the causes and on the date stated above.*

23a. SIGNATURE: O. H. Husted (Degree or title): M.D — 23b. ADDRESS: Coeur d'Alene Idaho — 23c. DATE SIGNED: 1/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-8-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 1-8-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Rex Henson

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 276
Local Reg. No. 5
Reg. Dist. No. 120

BIRTH NO.

JAN 18 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 48-Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls,
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle): Josphine
c. (Last): McEachran

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Loup, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Karl Kupkue
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: R. E. McEachran
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Chronic Myocarditis — 5 years
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/22, 1951, *to* 1/9, 1952, *that I last saw the deceased alive on* 1/9, 1952, *and that death occurred at* 8:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben Henderson M. D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 1/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Lorraine K. Brueck

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 77
Local Reg. No. 13
Reg. Dist. No. 120

Certificate of Death

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1225 Lincoln Way

3. NAME OF DECEASED (Type or Print)
a. (First): Mikal
b. (Middle):
c. (Last): Axness

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 27 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nels Gregoriusen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Kari Tisdrater — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Coeur d'Alene Homes Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Melitus — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1945, *to* 1/10, 1952, *that I last saw the deceased alive on* 1/10, 1952, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Coeur d'Alene Id
23c. DATE SIGNED: 1/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-12-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemty
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. A. Bardlay

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 278
Local Reg. No. 3
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1702-Front Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1702-Front Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ezra		Cochran	Jan. 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1873	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass Blower
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO. 518-06-4178
17. INFORMANT'S OWN SIGNATURE: X Harry Albertson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis — " "

DUE TO (c) Art. sclerotic heart disease — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Jan 10, 1952, *that I last saw the deceased alive on* 1-10, 1952, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank Bardlay M.D	Coeur d' Alene Ida	1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or County) (State)
Burial	1-14-52	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-14-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 279
Local Reg. No. 11
Reg. Dist. No. 120

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1404 E Mapel

3. NAME OF DECEASED (Type or Print): a. (First) Lulu; b. (Middle) Sarah; c. (Last) Tanner

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 52

5. SEX: F.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 19 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Red Cloud Neb.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jamse Crawford
BIRTHPLACE: Pa

14. MOTHER'S MAIDEN NAME: Rhoda Atkens
BIRTHPLACE: Pa.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles Tanner
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerotic cardio vascular disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 1-13-52, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Don Moody MD.
23b. ADDRESS: Coeur d'alene
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25 FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 280
Local Reg. No. 16
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt # 1.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Cleve
c. (Last): Howell

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 3 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Howell — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Sarah Johnson — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ernest C. Howell — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerotic cardio vascular disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1-14-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M.D.
23b. ADDRESS: Coeur d'alene
23c. DATE SIGNED: 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-18-52
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Rathdrum Idaho

DATE REC'D BY LOCAL REG.: 1-18-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gate — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 951
Local Reg. No. 10
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 19 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1813 Govt Way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1813 Govt Way

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) H c. (Last) Wilson

4. DATE OF DEATH (Month) 1 (Day) 15 (Year) 52

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 9 1874

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Auroa Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Bong
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Unkown
BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE E A Wilson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 2 Da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auric. fibrillation, and
DUE TO (c) decompensation. Art. sclerotic } 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950 *to* 1-15, 1952, *that I last saw the deceased alive on* 1-14 1952, *and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE Alexander Barclay (Degree or title) M.D. 23b. ADDRESS Coeur d'Alene Ida 23c. DATE SIGNED 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-18-52 24c. NAME OF CEMETERY OR CREMATORY Forest 24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. 1-18-52 REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Gilbert Yates ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No. 15
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY in this place 18 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockford Bay
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Harry	M	Sampson		1	16	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	May 7 1883	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME August Omar — BIRTHPLACE Kty
14. MOTHER'S MAIDEN NAME Clara Dell Ferguson — BIRTHPLACE Kans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give dates of service)
16. SOCIAL SECURITY 531-03-9503
17. INFORMANT'S OWN SIGNATURE Mrs. Violet Sampson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma Kidney rt
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) w/ Th hepatic & pulmonary metastases
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION as above 2 yrs ago Kettle Work
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 51, *to* Jan, 19 52, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard D Hughes MD	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	1-18-52	Hazen Jaeger	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-18-52	Lorraine K. Brush	Rivert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 663
Local Reg. No. 9
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cd'A Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Cd'A Homes

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) F. c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) Jan 17, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 21, 1871

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid

10b. KIND OF BUSINESS OR INDUSTRY Private Homes

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? Not Known

13. FATHER'S NAME Ander Flyen
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Beret Hansen
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Harry J Bonner ADDRESS Libby Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 2-3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1944, *to* 1/17, 1952, *that I last saw the deceased alive on* 1/17, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O M Winston MD
23b. ADDRESS
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. 1-21-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 54
Local Reg. No. 8
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 61 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Dalton Gardens

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maria		Brandt	Jan 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan 27, 1861	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Sweden	Unknown	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	x Corinne Downing	1109 - 3rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Did days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of R Hip. — 11/24/51
DUE TO (c): Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or conditon causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/26/51	Fracture of hip	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Coeur d'Alene Home	Coeur d'Alene Kootenai Ida

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
11	24	51	m.		

22. *I hereby certify that I attended the deceased from* 11/24, 1951, *to* 1/21, 1952, *that I last saw the deceased alive on* 1/17, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene	1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 23, 1952	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2 5
Local Reg. No. 21
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Nth 15th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 2, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Marquand Mo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Mauser — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Corintha Kelly — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Knights Nursing Home Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artesio-sclerotic Cardio vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1-21, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, MD.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-25-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 336
Local Reg. No. 22
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt#2 Box 239

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Pfitzenmaier

4. DATE OF DEATH: (Month) 1- (Day) 23 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8 1873

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Neb.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war in which or dates of service)

16. SOCIAL SECURITY NO.: 470-26-0622

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Anna Pfitzenmaier

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Starvation — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of esophagus — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 1-23, 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Mowbray, M.D. — **23b. ADDRESS**: Coeur d'Alene Idaho — **23c. DATE SIGNED**: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 1-24-52 — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State): Dulth Minn.

DATE REC'D BY LOCAL REG.: 1-24-52 — **REGISTRAR'S SIGNATURE**: Lorraine K. Brush

25. FUNERAL DIRECTOR / **ADDRESS**: Gilbert Gates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 227
Local Reg. No. 18
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 841 N 9th St

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): F.
c. (Last): Reid

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 15, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging Supt
10b. KIND OF BUSINESS OR INDUSTRY: Winton Lmb. Co
11. BIRTHPLACE (State or foreign country): Onterio Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Reid — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Violet Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Richard T. Reid — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Severe Cold — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1934, to Jan 23, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 1:10 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton H. Greenwood M.D.
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-25-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 20
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1201 Harrison Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): (Andreen)
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): Jan 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosuewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sundberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Tumberg — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Joe Strom — ADDRESS: Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Multiple hemorrhages — 2 wks
DUE TO (c): Acute Lymphatic Leukemia — 6 mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1-29, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H Don Moseley MD
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-1-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 289
Local Reg. No. 19
Reg. Dist. No. 120

BIRTH NO.

REGISTRATION FEB 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 223 Locust Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): H.
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): Jan 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 21, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Laffert Co.
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Edwards — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Fisher — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-0313
17. INFORMANT'S OWN SIGNATURE: Mrs Effie M Edwards — ADDRESS: Cd'A, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by firearms

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gunshot wound thru Head
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Coeur d'alene — (COUNTY): Kootenai — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner
23b. ADDRESS: Coeur d'alene, Idaho
23c. DATE SIGNED: 2-1-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-1-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 290
Local Reg. No. 24
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 211 Indiana Ave

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): E.
c. (Last): Gray

4. DATE OF DEATH (Month): 1 (Day): 30 (Year): 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 30 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Commercial
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-12-3676
17. INFORMANT'S OWN SIGNATURE: Dept Idaho Public Asst. — ADDRESS: Office

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio vascular disease Arterio-sclerotic Hypertensive — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 1-30-52, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-2-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-2-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 28 1952 DIVISION OF VITAL STATISTICS

State File No. 91
Local Reg. No. 12
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Matilda		Meyers	Jan	10	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 DAY Hours / Min.
F	W	Married	Nov 28 1885	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Romania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Sept — BIRTHPLACE: Romania
14. MOTHER'S MAIDEN NAME: Carey Fussler — BIRTHPLACE: Romania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Adam A Meyers — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure — 1/year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* January, 1952, *that I last saw the deceased alive on* January 3, 1952, *and that death occurred at* 11:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Fredrickson MD.	Spirit Lake, Idaho	1/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 16 1952	Pine Grove	Rathdrum Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-15-52	Lorraine K. Brush	Gilbert Gates	Council Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No. 23
Reg. Dist. No. 1920

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum

c. LENGTH OF STAY (in this place): 59 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Edward c. (Last) Finney

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 22 1893

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY: Rathdrum Schools

11. BIRTHPLACE (State or foreign country): Rathdrum Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ezekial Finney — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Rebbecca Howel — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-8703

17. INFORMANT'S OWN SIGNATURE: Mrs. Beatrice Creature — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronay occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10-15 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) High Blood Pressure — 6-8 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept., 1951, *to* January 12, 1952, *that I last saw the deceased alive on* January, 19 9, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Dickinson MD — **23b. ADDRESS**: Spirit Lake, Idaho — **23c. DATE SIGNED**: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1-15-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Pine Grove — **24d. LOCATION** (City, town, or county) (State): Rathdrum Idaho

DATE REC'D BY LOCAL REG.: 1-24-52 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — **25. FUNERAL DIRECTOR** — ADDRESS: Gilbert Yates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 203
Local Reg. No. 17
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) Carl c. (Last) Winsky

4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 26 1868

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Minn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilhilm Winsky BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Minnie Goede BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mildella Turing ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from did not, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D. Coroner

23b. ADDRESS Coeur d'alene, Idaho

23c. DATE SIGNED 1-22-'52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-22-52

24c. NAME OF CEMETERY OR CREMATORY Mennonite Church

24d. LOCATION (City, town, or county) (State) New Port Wash

DATE REC'D BY LOCAL REG. 1-24-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Litchfield Gates ADDRESS Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO. ayers

1. PLACE OF DEATH — JAN 21 1952
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Moscow~~ Harvard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rhoda	Ladew	Canfield	Jan 1 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept 10, 1864	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newport, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruby Wheeler — ADDRESS: Moscow

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip — 18 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-17-51	Fracture of right hip (intertrochanteric)	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	home	Moscow	Latah	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec.	13	1951	4p m.		Fell in home

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 1 January, 1952, *that I last saw the deceased alive on* 31 Dec., 1951 *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. Ayers	M.D.	Moscow, Idaho	1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Jan 5, 1952	Freeze Cemetery	Latah Co.	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/14/52	Louise E. Engel	J.R. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 4
Reg. Dist. No. 200

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uniontown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Miss. b. (Middle) Catherine c. (Last) S. Jacobs

4. DATE OF DEATH: (Month) Jan (Day) 5, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug, 28, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Nick Jacobs — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Sneider — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. N. Jacobs — ADDRESS: Uniontown Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial failure — 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 8 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-4-, 1952, *to* 1-5-, 1952, *that I last saw the deceased alive on* 1-4-52, 19___, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Jenstad M.D. — **23b. ADDRESS**: Genesee, Idaho — **23c. DATE SIGNED**: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: Jan, 5, 1952 — **NAME OF CEMETERY OR CREMATORY**: Uniontown Catholic Cemt — **24d. LOCATION** (City, town, or county) (State): Uniontown, Wash.

DATE REC'D BY LOCAL REG.: 1/14/52 — **REGISTRAR'S SIGNATURE**: Lois E. Angell

25 FUNERAL DIRECTOR: Andrew F. Vassar — **ADDRESS**: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 206
Local Reg. No. 6
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): few min.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 525 Spotswood St.

3. NAME OF DECEASED (Type or Print)

a. (First): Ida

b. (Middle):

c. (Last): Johnson

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Unknown 1885

9. AGE (In years last birthday): 67

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mc Clain Co. Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Peasly

BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Unknown

BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Roy Johnson

ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH: 8 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cachexia & asthenia — 5 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 19 49, *to* 1-11, 1952, *that I last saw the deceased alive on* 1-11, 1952, *and that death occurred at* 2:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M Lyons M.D.

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-14-52

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Latah Idaho

DATE REC'D BY LOCAL REG.: 1/23/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H R Short

ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 227
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO. wilson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rural Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emanuel	Paul	Daniels	Jan	17	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 7, 1881	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Daniels — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Betsy Iverson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Gritman Hospital — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bowl Carcinoma of Colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

153X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-46	Carcinoma of left descending Colon	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-7-44 *to* 1-17-52, *that I last saw the deceased alive on* 1-16-52, *and that death occurred at* 6:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Wilson MD	Moscow, Idaho	1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-19-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/22/52	Lois E. Angell	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 8
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard Rural T 41 N
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard Rural T 41 N
d. STREET ADDRESS (If rural, give location): On Bear Creek Road

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) A.; c. (Last) Merritt

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan 27, 1903

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Forestry

11. BIRTHPLACE (State or foreign country): Granite, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Merritt — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Katie J. Deardorff — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No record

17. INFORMANT'S OWN SIGNATURE: Donald Ward — ADDRESS: Harvard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): shotgun wound in left breast below heart — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): H — Latah — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 2 1952 p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: self inflicted

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Short — (Degree or title): Latah Co. Coroner

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: Jan 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-7-1952

24c. NAME OF CEMETERY OR CREMATORY: Unknown

24d. LOCATION (City, town, or county) (State): Portland — Ore.

DATE REC'D BY LOCAL REG.: 1/14/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 209
Local Reg. No. 1
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH — JAN 21 1952
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
c. LENGTH OF STAY (in this place): 6 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA	J	CHAPMAN	Jan 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	12/31/1878	73	-	-	-	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 04
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper
11. BIRTHPLACE (State or foreign country): Waitsburg, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J A Hubbard	Arkansas	Corrinah A King	Arkansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	None	Corrinah Roberts	Kendrick, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile dementia — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis — 2 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Oct, 1951, to _____, 19____, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D C Christensen MD	Kendrick Ida	Jan 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1/7/52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/9/52	Lois E. Angel	W C Merchant	Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No. 5
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy Route 1
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Everett Littler home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Reid

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 9, 1859

9. AGE (In years last birthday): 92 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bryan, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jerimiah Reid BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Navina Patree BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harlan Reid ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complications of age — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 1950, *to* ——, 1951, *that I last saw the deceased alive on* June, 1951, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Omer A Drury (Degree or title): M.D. **23b. ADDRESS**: Troy Idaho. **23c. DATE SIGNED**: 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Jan 16, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/21/52 REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H R Swart ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1
Local Reg. No. 9
Reg. Dist. No. 280

BIRTH NO. B 11 [illegible]

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary Route 1
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary Route 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) H. c. (Last) Head

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 21, 1864

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Head
BIRTHPLACE: Pa.

14. ~~MOTHER'S MAIDEN NAME~~ Informant: Warney Head
BIRTHPLACE: Deary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. ~~INFORMANT'S OWN SIGNATURE~~ Mother: Amanda Furneaure
ADDRESS: Unknown

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion — 1 hour

DUE TO (c) Coronary Sclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1947, *to* December, 1951, *that I last saw the deceased alive on* December, 1951, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Myers MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: 2/2/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: H R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

JAN 31 1952

State File No. 202
Local Reg. No. 8
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print): a. (First) Eskel; b. (Middle); c. (Last) Gord

4. DATE OF DEATH: (Month) Jan. (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 17, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Becker Co. Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John August Gord
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Gustava Larson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: * George Gord
ADDRESS: Troy

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion.
INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized.
INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c): Diabetes mellitus.
INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 1-12, 19 5?, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.

23b. ADDRESS: Troy

23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Jan. 28 1952

24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 1/29/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 203
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
JAN 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant: EACH item should be answered with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Hot Springs
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thermopolis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Willard b. (Middle) Francis c. (Last) Purvis

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1914

9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Operator

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Cody, Wyoming

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Roy Purvis — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Nora Hovel — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S OWN SIGNATURE: Mrs. W. F. Purvis — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9814 Homicide by Firearms — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Delbert C. Jones C/E
Lemhi Co. Coroner

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): by Firearms
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salmon Lemhi Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot by Salmon City Policeman

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mueller MD (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-10-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Thermopolis, Wyoming

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 304
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JAN 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Leadore
c. LENGTH OF STAY (in this place) accident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 384 W. 19th

3. NAME OF DECEASED (Type or Print)
a. (First) Ethel
b. (Middle) May
c. (Last) Lawyer

4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 29, 1888

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Junction, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Seagle Tobias
BIRTHPLACE Vermont

14. MOTHER'S MAIDEN NAME Mary Corton
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Ethel Lawyer ADDRESS Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Broken neck & laceration — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cervical cord — 0
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. OK. Delbert C. Jones Lemhi Co Coroner

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 28 Two miles

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) south Tendoy, Leadore, Lemhi, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 6 52 12:20 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* never, 19____, *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Walter L. Blackadar M.D.

23b. ADDRESS Salmon, Idaho

23c. DATE SIGNED 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-7-52

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. 1-12-52

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Delbert C. Jones
ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 305
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): nr. Leadore
c. LENGTH OF STAY (in this place): accident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 399 . 17th

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): Wood
c. (Last): Lawyer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 24, 1925
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Congress, Georgia
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Chrles L. Wood — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Edress Bybee — BIRTHPLACE: Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-yes 9037
17. INFORMANT'S OWN SIGNATURE: Jane Lawyer — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crush injuries Skull; chest
ANTECEDENT CAUSES — DUE TO (b): neck
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 0

OK, Delbert C Jones
Lemhi Co Coronor

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): High Way 28 Two miles South Leadore
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leadore, Lemhi, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 6 52 12:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* never *19___, to _____, 19___, that I last saw the deceased alive on* never *19___, and that death occurred at* 12:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter L. Blackadar M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 1-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-7-52 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 206
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Viola
c. (Last): Carman

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 16, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none, home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho City, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elias Baker — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown Hill — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Georg P. Shiedeling — ADDRESS: Clayton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Jan 12, 1952, *that I last saw the deceased alive on* Jan 12, 1952, *and that death occurred at* 12:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter L. Blackaday M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-52 01
24c. NAME OF CEMETERY OR CREMATORY: Clayton
24d. LOCATION (City, town, or county) (State): Clayton, Idaho

DATE REC'D BY LOCAL REG.: 1-28-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Toms — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 227
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 15yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Annie; b. (Middle) Quigley; c. (Last) Kilpatrick

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarkston, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Walker
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Lettley
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ernest A Kilpatrick
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis & hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: INSTANT

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1952, *to* Jan 23, 1952, *that I last saw the deceased alive on* Jan 23, 1952, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack W Clarke (Degree or title) M. D.
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 1-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 1-28-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 5 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 208
Local Reg. No. 348
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexander's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Paul
c. (Last): Hubbs

4. DATE OF DEATH (Month) (Day) (Year): Jan - 21 - 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: July-10-1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 6, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ? Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ? BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-5524
17. INFORMANT'S OWN SIGNATURE: Loren C. Hubbs — ADDRESS: Shoshone Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1947, *to* Jan, 1952, *that I last saw the deceased alive on* Jan 20, 1952 *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 24-52
24c. NAME OF CEMETERY OR CREMATORY: Shoshone - Idaho
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Jan 22-52
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 309
Local Reg. No. 32
Reg. Dist. No. 4-22

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Lincoln

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone

c. LENGTH OF STAY (in this place): 17

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Lincoln

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): James

b. (Middle): D.

c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25 - 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 2 - 1898

9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months: 2 | Days: 23 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Denver - Colo

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME:

BIRTHPLACE:

14. MOTHER'S MAIDEN NAME:

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 434-2

17. INFORMANT'S OWN SIGNATURE: Alice Frisk

ADDRESS: Jerome Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): natural causes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I ~~attended~~ did not attend the deceased from* —, 19—, *to* Jan. 25 - 52, 19—, *that I last saw the deceased ~~alive on~~* —, 19—, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Myrtle C. Burdett - Coroner

23b. ADDRESS: Shoshone Idaho

23c. DATE SIGNED: Jan. 25 - 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 31 - 1952

24c. NAME OF CEMETERY OR CREMATORY: Shoshone

24d. LOCATION (City, town, or county) (State): Shoshone - Idaho

DATE REC'D BY LOCAL REG.: Jan 26 - 52

REGISTRAR'S SIGNATURE: Myrtle C. Burdett

25. FUNERAL DIRECTOR: Myrtle C. Burdett

ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 210
Local Reg. No. 48
Reg. Dist. No. 630

BIRTH NO.

RECEIVED JAN 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 67 West 1st South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 67 W. 1st South Rexburg
d. STREET ADDRESS (If rural, give location) 67 West 1st South

3. NAME OF DECEASED (Type or Print) a. (First) Janet b. (Middle) Urquhart c. (Last) Spence Clements

4. DATE OF DEATH (Month) (Day) (Year) Jan. 2 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 7, 1874

9. AGE (In years last birthday) 77
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Wellsville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Leathem BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Jane Spence BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. W. Clements ADDRESS Rexburg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis & embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Right femoral artery thrombosis & gangrene of leg.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24, 1951 *to* Jan 2, 1952 *that I last saw the deceased alive on* Jan. 2, 1952 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE H. B. Bagley (Degree or title) M.D.

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/7/52

24c. NAME OF CEMETERY OR CREMATORY Rexburg

24d. LOCATION (City, town, or county) Rexburg (State) Idaho

DATE REC'D BY LOCAL REG. 1-7-52

REGISTRAR'S SIGNATURE Leona Flamm

25. FUNERAL DIRECTOR Holland & Reese ADDRESS Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 630

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City -Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fusajiro
b. (Middle):
c. (Last): Kubo

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25 1952

5. SEX: Male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5,1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Shinoyukosan Gunima, Japan
12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: unknown — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: M. Fujimoto — ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓ / /

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Jan 25, 1952 *that I last saw the deceased alive on* Jan 25, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Sutherland M.D.
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 2-4-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Roland G. Neus — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. [illegible]

Certificate of Death

STATE OF IDAHO

FEB 11 1952

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton - Route 1.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): Route 1.

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) c. (Last) Sharp.

4. DATE OF DEATH: (Month) Jan - (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed -

8. DATE OF BIRTH: Feb 17, 1868

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months: 11 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smithfield, Utah -

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Francis Sharp BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Dorothy Gill BIRTHPLACE: England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl Sharp ADDRESS: Thornton - R-1.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 v

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 25, 1952 *to* Jan 25, 1952, *that I last saw the deceased alive on* Jan 25, 1952 *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE O D Hoffman, MD (Degree or title)

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: 1/28/52

24c. NAME OF CEMETERY OR CREMATORY: Archer-Lyman

24d. LOCATION (City, town, or county) (State): Thornton - Idaho - R-1

DATE REC'D BY LOCAL REG.: 2/1/52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 46
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 905 E 8th.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) David c. (Last) Guyer

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 21 1878

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months 11, Days 13 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamsburg Penn

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Josiah B Guyer — BIRTHPLACE: unk.

14. MOTHER'S MAIDEN NAME: Rosanna Snowberger. — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-7122

17. INFORMANT'S OWN SIGNATURE: Dorothy Y. Pyke — ADDRESS: Van Nuys Calif.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 31, 1951, to Jan. 4, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Rupert Idaho.

23c. DATE SIGNED: 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-8-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 1-15-1952

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Rodney E Goodman — ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

m.

State File No. 314
Local Reg. No. 2
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Gottlieb b. (Middle) J. c. (Last) Martz

4. DATE OF DEATH (Month) (Day) (Year) Jan. 11. 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Aug. 4 1890
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 5 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hosmer South Dakota
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jake Klamm ADDRESS Paul Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate. INTERVAL BETWEEN ONSET AND DEATH 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 1-11, 1952 *that I last saw the deceased alive on* 1-11, 1952 *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-16-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 1-15-1952
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney S Goodman ADDRESS Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

P

111-52-00906

BIRTH NO.

RECEIVED
JAN 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

D.

State File No. 15
Local Reg. No. 6
Reg. Dist. No. 450

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Walter; b. (Middle) Sidney; c. (Last) Wodskow Jr.

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child.
8. DATE OF BIRTH: Jan 9 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Walter Sidney Wodskow. BIRTHPLACE: Idaho Decl.
14. MOTHER'S MAIDEN NAME: Emma Southern. BIRTHPLACE: Heyburn Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter S Wodskow. ADDRESS: Heyburn Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

761.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of fetal membranes
DUE TO (c) Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-9-, 1952, *to* 1-X, 1952 *that I last saw the deceased alive on* 1-12, 1956, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Walley M.D. (Degree or title)
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-52
24c. NAME OF CEMETERY OR CREMATORY: Heyburn Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 1-19-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney J. Gordman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 116
Local Reg. No. 4
Reg. Dist. No. 450

BIRTH NO.

JAN 24 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. LENGTH OF STAY (in this place) 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 710 - B. Stud.

3. NAME OF DECEASED (Type or Print) a. (First) Leroy b. (Middle) c. (Last) Badger.

4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 23 1882
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months 6 Days 22
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY 37
11. BIRTHPLACE (State or foreign country) Park Valley Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Badger. BIRTHPLACE Vermont.
14. MOTHER'S MAIDEN NAME Isabel Bunt. BIRTHPLACE Scotland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-10-2883
17. INFORMANT'S OWN SIGNATURE John L. Badger ADDRESS Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4423X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Myocardial Insufficiency

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1952, *to* 1-15, 1952, *that I last saw the deceased alive on* 1-15, 1952, *and that death occurred at* 12:40 Noon *on the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rupert Idaho.
23c. DATE SIGNED 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-18-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 1-19-1952
REGISTRAR'S SIGNATURE M J Johnson
25. FUNERAL DIRECTOR Godwin Boardman
ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 317
Local Reg. No. 5
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JAN 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 9 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Stinson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: May. 5 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier, Rancher.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cherry Creek Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Stinson — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Elvira Myers. — BIRTHPLACE: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: L.W. Stinson — ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Gastric hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1952, *to* Jan 17, 1952 *that I last saw the deceased alive on* Jan 17, 1952 *and that death occurred at* 6 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 1-19-52
REGISTRAR'S SIGNATURE: E.H. Elmore
25. FUNERAL DIRECTOR: Rodney G. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 3
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Henry	Warren	Jan. 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 3, 1927	24	3	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Instructor-Coach	School	North Ogden, Utah	U.S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas E. Warren	North Ogden, Ut.	Arvilla Taylor	Plain City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II		Cranie R. Warren	Paul, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Brain Trauma & Fractures — INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Eden Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
1 17 52 12 AM	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Car Accident

22. *I hereby certify that I attended the deceased from* 1 — 17, 1952, to 1 — 17, 1952 *that I last saw the deceased alive on* 1 — 17, 1952 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[redacted]	M.D.	Rupert Idaho	1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 20, 1952	North Ogden Cemetery	Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-19-1952	[redacted]	Kim B. McCulloch	Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

m.

State File No. 219
Local Reg. No. 7
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 402 - B Street

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): Amos
c. (Last): Mayes

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 17, 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 2, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blue Eye, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John C Mayes — BIRTHPLACE: Blue Eye Mo.
14. MOTHER'S MAIDEN NAME: Clarisa Emmert — BIRTHPLACE: Tenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-10-0253
17. INFORMANT'S OWN SIGNATURE: Mrs. Nellie C. Mayes — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means [illegible] cause, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Brain — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Ca of Colon — one year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1951, *to* 1-21, 1952 *that I last saw the deceased alive on* 1-21, 1952 *and that death occurred at* 1:47 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD.
23b. ADDRESS: Burial Idaho
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-1952
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2-7-1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 220
Local Reg. No. 9
Reg. Dist. No. 450

BIRTH NO. FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 1907
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) Martina c. (Last) Douglas

4. DATE OF DEATH (Month) (Day) (Year): Jan 24 1952

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8 1885
9. AGE (If years last birthday): 66 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Pilger Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob M Bailey — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lydia E Barnett — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: W L Douglas — ADDRESS: Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-carcinoma (Generalized) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary lesion in lower left lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8 1951, *to* Jan 24, 1952, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 335 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O F Johnson (Degree or title): MD
23b. ADDRESS: 5th & G Sts Rupert Ida
23c. DATE SIGNED: 2-2-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2-2-1952
REGISTRAR'S SIGNATURE: O F Johnson
25. FUNERAL DIRECTOR: Rodney G Gardner — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 221
Local Reg. No. 8
Reg. Dist. No. 450

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Rupert
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Waldron
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): Jan 31 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 14, 1876.
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stackman. 51
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sumari Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Thomas. BIRTHPLACE: England.
14. MOTHER'S MAIDEN NAME: Eliza Waldron. BIRTHPLACE: Sumari Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ann Gibbs — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 903.0 Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of right hip — 10 hours.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma - serious.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert, Minidoka co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 30, 1952 - 10pm m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on ice

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title): Rupert
23b. ADDRESS: [signature]
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-4-51
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho.

DATE REC'D BY LOCAL REG.: 2-7-1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney S. Goodman — ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. T 222
Local Reg. No. 74
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls.
d. STREET ADDRESS (If rural, give location) 165 Taylor

3. NAME OF DECEASED (Type or Print)
a. (First) Keith
b. (Middle) La Var
c. (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 20 1934
9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months 4 Days 16 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 77
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wayne F Bell BIRTHPLACE Hagerman
14. MOTHER'S MAIDEN NAME Lucile Barr BIRTHPLACE Rupert.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Terrell Bell ADDRESS Twin Falls Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919

MEDICAL CERTIFICATION 388 Van Buren

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in Chest

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Paul (COUNTY) Minidoka (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? accident while hunting

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Alan Goodman (Degree or title) Coroner
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-8-52
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 1-8-1952
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Rodney G Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 223
Local Reg. No. 4
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2508 - 6th ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PERCY	A.	GRIFFITH	Jan	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	March 4 1940	11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Telluride, Colo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Griffith — BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Mita Hook — BIRTHPLACE: Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Felix E. Shaver — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ruptured Stomach	7 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Peripheral Vascular Shock	7 hrs
DUE TO (c)	Auricular Fibrilation	30 min
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
JAN 1, 1952	Ruptured Stomach.	YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Lewiston Nez Perce, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
JAN	1	1952	12:39 p.m.		Fell off of steigh hitting edge of barrell

22. *I hereby certify that I attended the deceased from* JAN 1 1952, *to* JAN 1, 1952, *that I last saw the deceased alive on* JAN 1, 1952, *and that death occurred at* 9:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Braddock	M. D.	707-11th St. Lewiston	Jan 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 4, 1952	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 8, 1952	Jean Wegelius	Andrew F. Vassar	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No.
Reg. Dist. No. 10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 Bryden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 1205 Bryden

3. NAME OF DECEASED (Type or Print): a. (First) Sarah Katherine b. (Middle) c. (Last) Schumaker

4. DATE OF DEATH: (Month) (Day) (Year): 1-2-52

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 22, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): St. Marth, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Scully
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Katherine Wiley
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Helen E. Stanley
ADDRESS: Lewisont, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma of ovary.
INTERVAL BETWEEN ONSET AND DEATH: 3 mo.+

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cystic duct obstruction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1951, *to* Jan 2, 1952, *that I last saw the deceased alive on* Dec 27, 1951, *and that death occurred at* 3:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: B P Stern
(Degree or title): M D.
23b. ADDRESS: 307 St John Way Lewiston
23c. DATE SIGNED: Jan 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-5-52
NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 3 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: U. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No.
Reg. Dist. No. 22

BIRTH NO.

RECEIVED
JAN 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN: Lewiston
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1112 - 14th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) Daniel c. (Last) Woodruff

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1918

9. AGE (In years last birthday): 33
IF UNDER 1 YEAR — Months: 4 Days: 26
IF UNDER 24 HRS. — Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist & Bartender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy C. Woodruff
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Elmina Dyer
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Velma M. Woodruff
ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Leukemia — 2½ years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. *1949, to* Jan. 2 *1952, that I last saw the deceased alive on* Jan 1 *1952, and that death occurred at* 7:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald D. Roberts M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 7 1952

REGISTRAR'S SIGNATURE: Jean Wagelin

25. FUNERAL DIRECTOR: Brower-Wann Co., ADDRESS Lewiston, Idaho
By- K.H. Malcom

Federal Security Agency
United States Public Health Service

Form OPH-49021

McRoberts

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 3
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 2 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): Gilbert's Motel

3. NAME OF DECEASED (Type or Print)

a. (First): Patricia

b. (Middle):

c. (Last): Vercruysse

4. DATE OF DEATH: (Month) 1-5-52 (Day) (Year)

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-5-1909

9. AGE (In years last birthday): 43

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Kendrick, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Riley

BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: no record

BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE

ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina (coronary occlusion) — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) precordial pain. — 2 days.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-28, 1952, *to* 1-5, 1952, *that I last saw the deceased alive on* 5-28, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carson M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 1-5-52

24c. NAME OF CEMETERY OR CREMATORY: Spokane, Washington

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Jan 8, 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Vincent U. Jansen

ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 227
Local Reg. No. 10
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bollinger Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rauben
b. (Middle):
c. (Last): McGregor

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 10 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Windom Minn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-3998
17. INFORMANT'S OWN SIGNATURE: Papers found on him — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Commons of the Rt. Chest. — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1949, *to* Jan. 7, 1952, *that I last saw the deceased alive on* Jan. 5, 1952, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald W. McRoberts (Degree or title): M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Jan, 13, 52
NAME OF CEMETERY OR CREMATORY: ElkCity
24d. LOCATION (City, town, or county) (State): Elk City Idaho

DATE REC'D BY LOCAL REG.: Jan 28, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 8
Local Reg. No. 6
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Idaho~~ Washington b. COUNTY Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 1591 - Elm St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	P.	Lyons	1 - 8 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	4-8-1903	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rathdrum, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julius Lyons	Wisconsin	Clara Hmell	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		Mrs Zelma Lyons	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Atelectasis	2d.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Post operative ileus	1 week
DUE TO (c)	gastric resection	8 days.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-31-51.	Penetrating duodenal ulcer. c obstruction.	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November 1951, *to* January 8, 1952, *that I last saw the deceased alive on* January 8, 1952, *and that death occurred at* 5 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stites MD.	307 St Johns Way. Lewiston	1-9-52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-14-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 19 1952	Jean Wegelius	Vincent U Jaussaud	Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 229
Local Reg. No. 9
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 7 days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Culdesac

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) MERLE
b. (Middle) VAUGHT
c. (Last) MARTIN

4. DATE OF DEATH (Month) (Day) (Year) ~~12-2-1894~~ 1-13-52 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12-2-~~1894~~ 1896
9. AGE (In years last birthday) ~~57~~ 55 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Stepon Martin BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Bessie Vaught BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 513-03-3786
17. INFORMANT'S OWN SIGNATURE Hospital Records Atty. ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia (hypostatic)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 - 6, 1952, *to* 1 - 13, 1952, *that I last saw the deceased alive on* 1-13, 1952, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. J. White (Degree or title) M.D.
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 12-16-52
NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Jan 15, 1952
REGISTRAR'S SIGNATURE Joan Wegelius
25. FUNERAL DIRECTOR Vincent V. Vassar ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant, [illegible] sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as un[illegible] after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and [illegible] dress correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 7
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston,
d. STREET ADDRESS (If rural, give location): 408 Bridge St.

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle) F.; c. (Last) HEMMELMAN

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1899

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: David Hemmelman
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Jennie Marchant
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-3432

17. INFORMANT'S OWN SIGNATURE: Clara Hemmelman
ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Pulmonary hypertension — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insufficiency. — 8+ months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1952, *to* Jan. 13, 1952, *that I last saw the deceased alive on* Jan 12, 1952, *and that death occurred at* 4:05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Kline (Degree or title): M.D.
23b. ADDRESS: 307 St John Way, Lewiston
23c. DATE SIGNED: 1-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 14 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann K. H. Molyneux
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JAN 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8331
Local Reg. No.
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620-- 3 rd Ave. Apt. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 620-- 3rd Ave. APT. #2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): BERTRAM
c. (Last): WOLFE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 27, 1872
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 1 Days 17
IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber (PFI)
11. BIRTHPLACE (State or foreign country): Luzenne Co., Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hiram C. Wolfe
BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Vestine Franklin
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-1014
17. INFORMANT'S OWN SIGNATURE: Grace I Wolfe
ADDRESS: Lewiston, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4 50 0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized Arterio-Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1948, *to* Jan 14, 1952, *that I last saw the deceased alive on* Jan 6, 1952, *and that death occurred at* 8:30a m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W. Eastwood M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 14, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by- K. H. Melcom
ADDRESS: Lewist n Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 11
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 302 - 4 Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	C.	Bell	1 - 18 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	12-12-~~1892~~ 1879	~~72~~ 72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. 74
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grafford, County, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bell — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Louise Myers — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gertrude F. Bell — ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis, Left. — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 yrs
DUE TO (c) Hypertension — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Degeneration of Senility — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-14, 1949, *to* 1-18, 1952, *that I last saw the deceased alive on* 1-18, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Lewiston, Ida	1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-21-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 28, 1952	Jean Wegelius	O. Vasser	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 333
Local Reg. No. 12
Reg. Dist. No. 220

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle) John; c. (Last) Watson

4. DATE OF DEATH: (Month) (Day) (Year): January 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 7, 1913

9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Watson - Canada — BIRTHPLACE: [illegible]

14. MOTHER'S MAIDEN NAME: Alice Berry - Illinois — BIRTHPLACE: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-4910

17. INFORMANT'S OWN SIGNATURE: C Barnes & Watson — ADDRESS: Juliaetta, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of lung
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION: 1/23/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left lung

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/21/52, 19___, *to* 1-23, 19 52, *that I last saw the deceased alive on* 1-23, 1952, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes, M. D.

23b. ADDRESS: 307- St. Johns Way

23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 29 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Mann Co., by- K. K. Malcom — ADDRESS: Lewiston Idaho

Haury - Barnes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-43021

State File No. 334
Local Reg. No. 12
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 429-1st Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M.
c. (Last): Bonner

4. DATE OF DEATH (Month) (Day) (Year): 1-24-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 31, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): b
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Hugh Bonner — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Randall — BIRTHPLACE: Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Sally T. Bonner David — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic broncho-pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laennec's cirrhosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt. humerus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 21, 1951, *to* Jan 24, 1952, *that I last saw the deceased alive on* Jan 24, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Eastwood Jr. M.D. (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-28-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 28, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 335
Local Reg. No. 14
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1419-14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): MANFORD
b. (Middle):
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): 1-26-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9-18-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Savannah, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Miller — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-09-4163
17. INFORMANT'S OWN SIGNATURE: Kermit R Miller — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cellul hemorrhage — 5 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1951, *to* Jan 26, 1951, *that I last saw the deceased alive on* Jan 26, 1951, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Baudouin M.D.
23b. ADDRESS: 707 14th St.
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-28-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 29, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 336
Local Reg. No. 15
Reg. Dist. No. 220

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 917-14th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): B.
c. (Last): Hanover

4. DATE OF DEATH (Month) (Day) (Year): Jan 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct, 21. 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Seaforth Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Hanover — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 120-05-1898 A
17. INFORMANT'S OWN SIGNATURE: Anna K. Hanover — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension. — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage; — 36 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. June 26, 1951, *to* Sudg. Jan. 27, 1952, *that I last saw the deceased alive on* Jan 28, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jacob G. Bedard (Degree or title): M.D.
23b. ADDRESS: 707 14th St.
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 30 Jan, 52
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Jan 29, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 237
Local Reg. No. 18
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 15 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lewiston Orchards

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Olivesanas
c. (Last): Lantz

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 20, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Orchard
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Lantz — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Abbie Bonaba — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jan O Lantz Jr. — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Infirmities of old age.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Gastritis
DUE TO (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 29th

22. *I hereby certify that I attended the deceased from* 10-12, 1950, *to* Jan. 29th, 1952, *that I last saw the deceased alive on* Jan. 27, 1952, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover MD
23b. ADDRESS: 527 Burrell ave. LEWISTON
23c. DATE SIGNED: 1/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 31, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., By- K. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 238
Local Reg. No. 21
Reg. Dist. No. 220

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 6th & Bryden

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): G
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Writer
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George William Bailey — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sue Maude Garrett — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No available records
16. SOCIAL SECURITY NO.: 518-01-2619
17. INFORMANT'S OWN SIGNATURE: Robert G. Bailey — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocarditis — 1946
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Aug, 1939, *to* _____, 1948, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssowme
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius by C.M.S.
25. FUNERAL DIRECTOR: Brower-Wann Co., by- K. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 239
Local Reg. No. 20
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 726 26th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Erwin
c. (Last): Bracy

4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 13, 1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 57
10b. KIND OF BUSINESS OR INDUSTRY: Pulp Mill
11. BIRTHPLACE (State or foreign country): Commerce, Oklahoma
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Walter A. Bracy — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Dosha Crabtree — BIRTHPLACE: Trion Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 510-10-6741
17. INFORMANT'S OWN SIGNATURE: Ben Bacus — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

541.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Post operative pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Low Renal Reserve ~~Cardio Renal~~ — 10 days
DUE TO (c): anemia — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 22, 1952
19b. MAJOR FINDINGS OF OPERATION: Bleeding Duodenal Ulcer
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1951, *to* Jan 30, 1952, *that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 2 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carsson M.D. (Degree or title) 055
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 2/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 2/1/52
24c. NAME OF CEMETERY OR CREMATORY: Payette
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb 1, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 240
Local Reg. No. 22
Reg. Dist. No. 220

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2234-3rd Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2234-3rd Ave North

3. NAME OF DECEASED (Type or Print): a. (First) Eugene; b. (Middle); c. (Last) Elliott

4. DATE OF DEATH: (Month) Jan (Day) 31, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov.1,1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rochelle Ill

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Urban Elliott
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Hanna Bullis
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Elliott
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocated when bed clothing caught on

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fire . was burned on right side

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Idaho.

21d. TIME OF INJURY (Month) Jan (Day) 31, (Year) 52. (Hour) P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: In bed

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew H. Vassar
(Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb 1, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2/5/52

24c. NAME OF CEMETERY OR CREMATORY: Wild Rose

24d. LOCATION (City, town, or county) (State): Kendrick, Latah Idaho.

DATE REC'D BY LOCAL REG.: Feb 4, 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR ADDRESS: A. H. Vassar - Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 341
Local Reg. No. 5
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwick
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwick
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Leroy
b. (Middle) J
c. (Last) Southwick

4. DATE OF DEATH (Month) (Day) (Year) January 7, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 19, 1877

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months 11 Days 18
IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock

11. BIRTHPLACE (State or foreign country) Chetopa, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME S. R. Southwick
BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Martha Shay
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S OWN SIGNATURE Hattie E Southwick
ADDRESS Southwick, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic heart disease 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ———, 19—, *to* Jan 7, 19 52, *that I last saw the deceased alive on* Jan 4, 19 52, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D Christensen 057 M.D.

23b. ADDRESS Kendrick, Idaho

23c. DATE SIGNED Jan 7, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY Southwick

24d. LOCATION (City, town, or county) (State) Southwick, Idaho

DATE REC'D BY LOCAL REG. Jan 9 1952

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR Brower-Wann Co., By - H.K. Malcom

ADDRESS Lewiston, Ida o

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 242
Local Reg. No. 17
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Steigers

4. DATE OF DEATH (Month) (Day) (Year): January 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 19, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer, self employeed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Steigers — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: ? ? Van Boovan — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ernest A. Steigers — ADDRESS: Juliaetta, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic heart disease — 5 yr.

19a. DATE OF OPERATION: Nov. 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate with obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1935, *to* Jan ____, 1952, *that I last saw the deceased alive on* Dec 17, 1952, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Christensen M.D. .057
23b. ADDRESS: Kendrick Ida
23c. DATE SIGNED: Jan 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 29 1952
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Brower-Wann Co. K. H. Malcom — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 213
Local Reg. No. 19
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-204 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Lewiston (Rural)
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 195

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 12th and Highland

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE; b. (Middle) PERCY; c. (Last) ROWLAND

4. DATE OF DEATH: (Month) (Day) (Year): Jan 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months –; Days –
IF UNDER 24 HRS.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver 37

10b. KIND OF BUSINESS OR INDUSTRY: Public Bus

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Rowland
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – – – – – –

16. SOCIAL SECURITY NO.: 533 03 2193

17. INFORMANT'S OWN SIGNATURE: Evelyn Rowland
ADDRESS: Clarkston, Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bleed to death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bus and truck accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hy# 195

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jam 25, 1952 7:15 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Bus & Truck accident

22. *I hereby certify that I attended the deceased from* _____, 19___ *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar
~~(Degree or~~ title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Jan 26, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Jan 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Feb 1, 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: W. C. Merchant

ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form PHS-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 530

BIRTH NO. [illegible]

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 308 West 700 North Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Chester	Henry	Nieffenegger	January 2 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Oct 27 1906	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho (Rural)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Nieffenegger-	Idaho	Mabel Venetta Clark-	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Henry Nieffenegger	Malad Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General paralysis — 28 yrs
DUE TO (c) Encephalitis — 28 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Jan 2, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 5:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert R. Burgoyne M.D.	Malad city Idaho	Jan 3 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 6 1952	Malad City	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 7. 1952	J. Gary Henson	J. Gary Henson	Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 245
Local Reg. No. 3
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

BIRTH NO.

FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) Mary Jane
b. (Middle) Josephson
c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): January 11-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 5 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Malad Idaho Rtl
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Josephson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ellen Nelson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm J Reed — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation + Cardiac decompensation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis and Atheroschlerosis

DUE TO (c) Coronary

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1952 *to* ——, 19—, *that I last saw the deceased alive on* Jan 11, 1952, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Dowlethaw MD
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15 1952
24c. NAME OF CEMETERY OR CREMATORY: St John
24d. LOCATION (City, town, or county) (State): Malad Rtl, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Jan 15 1952
REGISTRAR'S SIGNATURE: J. Guy Henson
25. FUNERAL DIRECTOR: J. Guy Henson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]-5
Local Reg. No. 4
Reg. Dist. No. 530

BIRTH NO. 111-52-00978

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 395 North 400 West

3. NAME OF DECEASED (Type or Print): a. (First) Rickie b. (Middle) T. c. (Last) Atkinson

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Jan 11 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 6; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Keith N. Atkinson BIRTHPLACE: Malad Idaho

14. MOTHER'S MAIDEN NAME: LaJuana Thomas BIRTHPLACE: Malad Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ruth N. Atkinson ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature a twin — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 19 52 *to* Jan 17, 19 52, *that I last saw the deceased alive on* Jan 17, 19 52, *and that death occurred at* 12:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. A. Mabey (Degree or title): M. D.

23b. ADDRESS: Malad Ida

23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 19 1952

24c. NAME OF CEMETERY OR CREMATORY: Malad City

24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Jan. 18. 1952

REGISTRAR'S SIGNATURE: J. Berg Hansen

25. FUNERAL DIRECTOR: J. Berg Hansen ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 2e-7
Reg. Dist. No. 530

BIRTH NO.

RECEIVED 1952 VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Downey Route

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Rees c. (Last) Evans

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan 28 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Downey Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R. Evans
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margaret Evans
BIRTHPLACE: Malad Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: David R Evans
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c) Auto accident 191

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE?~~ ~~HOMICIDE~~:
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 191
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malad Oneida Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 - 18 - 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hit by Auto while walking

22. *I hereby certify that I attended the deceased from* 1-18, 1952 *to* 1-27, 1952 *that I last saw the deceased alive on* 1-27, 1952 *and that death occurred at* 2:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. Mabey M.D
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30 52
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Jan 29-1952
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: J. Guy Hansen
ADDRESS: Malad Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 248
Local Reg. No. 5
Reg. Dist. No. 530

BIRTH NO.

REC... FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samaria
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samaria
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): James
c. (Last): Mansfield

4. DATE OF DEATH (Month) (Day) (Year): January 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30 1915
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Welder
10b. KIND OF BUSINESS OR INDUSTRY: Casual
11. BIRTHPLACE (State or foreign country): Samaria Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel W. Mansfield — BIRTHPLACE: Samaria Ida.
14. MOTHER'S MAIDEN NAME: Mary Jane Williams — BIRTHPLACE: Samaria Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-3828
17. INFORMANT'S OWN SIGNATURE: Irene G. Mansfield — ADDRESS: Samaria Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead from gunshot wound. — INTERVAL BETWEEN ONSET AND DEATH: Instantly apparently

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident at home
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Samaria Oneida Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 22 1952, 100 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Was handling rifle in house.

22. *I hereby certify that I attended the deceased from* dead when seen from 22 1952 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.* rifle wound over rear.

23a. SIGNATURE (Degree or title): V. P. Garst M. D. Co Physician
23b. ADDRESS: Malad, Ida.
23c. DATE SIGNED: Jan 24 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 25 1952
24c. NAME OF CEMETERY OR CREMATORY: Samaria
24d. LOCATION (City, town, or county) (State): Samaria, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Jan-24-1952
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: J. Guy Hansen — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg Dist. No. .....

BIRTH NO.

RECEIVED
JAN 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moore Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bruneau
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) M. c. (Last) Buncel

4. DATE OF DEATH (Month) (Day) (Year) January 18-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH March 29-1866

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 9 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster & Stock raising

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tulaire, California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lewis Buncel, BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Not Known, BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Virl E. Hall ADDRESS Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture L. femoral neck — 4wks

19a. DATE OF OPERATION Dec 26 1951

19b. MAJOR FINDINGS OF OPERATION Fracture left femoral neck

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Homedale, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 18, 1951 - 1am m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Slipped and fell on floor

22. *I hereby certify that I attended the deceased from* Dec 21, 1951, *to* Jan 18, 1952, *that I last saw the deceased alive on* Jan 17, 1952, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Homedale Idaho

23c. DATE SIGNED Jan 22 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Jan. 22-1952

24c. NAME OF CEMETERY OR CREMATORY Bruneau

24d. LOCATION (City, town, or county) (State) Bruneau, Idaho

DATE REC'D BY LOCAL REG. Jan 26-52

REGISTRAR'S SIGNATURE Nina Frosig.

25. FUNERAL DIRECTOR Peckham-Pakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 14 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Homer	Paul	Owens	January 20-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	February 24-1903	48	10	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Davis County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Owens	Not Known	Cindella Bell Andrews	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 2	512-07-3887	W R Owens	Anatone, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Burned to death over heated stove		Homedale Owyhee Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
[illegible] m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. S. Allen M.D. (Coroner)	Marsing Idaho	1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 23rd 1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 30-52	Nina Young	C. V. Peckham	Peckham-Baker Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JAN 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2, New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. 2, New Plymouth

3. NAME OF DECEASED (Type or Print): a. (First) MARGUERITE b. (Middle) ONEAL c. (Last) COLE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 8, 1909

9. AGE (In years last birthday): 42 yrs
IF UNDER 1 YEAR: Months –, Days –
IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Surgoinsville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cornelius Watterson
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Marguerite Derrick
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – –

16. SOCIAL SECURITY NO.: 518-24-7860

17. INFORMANT'S OWN SIGNATURE: Richard Cole
ADDRESS: New Plymouth, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Pancarditis with heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bacterial endocarditis — 4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic passive congestion general. Uremia. Secondary anemia. — 2 mos.

430.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ———

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ———— m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 17, 1951, *to* Jan. 3, 1952, *that I last saw the deceased alive on* Jan. 3, 1952, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo E. Davis M.D.

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: Jan. 3 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 7, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Washington County, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3, 1952

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 4
Reg. Dist. No. 3-0

BIRTH NO.

RECEIVED
JAN 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1011 - 1st Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 229 No. 1st West

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) SHUMWAY c. (Last) FIFE

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 25, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mendon, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Shumway — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Jardine — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT'S OWN SIGNATURE: Basil Fife — ADDRESS: Brigham City Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured pelvis — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) - - - - m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1952, *to* Jan. 8, 1952, *that I last saw the deceased alive on* Jan. 8, 1952, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J. Kaiser (Degree or title) M.D. — 23b. ADDRESS: Payette, Idaho — 23c. DATE SIGNED: Jan. 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: Jan. 9, 1952 — NAME OF CEMETERY OR CREMATORY: Brigham City — 24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: 1/9/52
REGISTRAR'S SIGNATURE: Roberta E. Shaffer Deputy
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 253
Local Reg. No. 6
Reg. Dist. No. 330

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) RACHEL b. (Middle) MARGARET c. (Last) BOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) January 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 16, 1860

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months 6 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dresden, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Larrack
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Susanne Kaskley
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Lora Bowman
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation and failure — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute upper respiratory infection — 2 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1952, *to* Jan. 21, 1952, *that I last saw the deceased alive on* Jan. 21 1952, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo E. Davis, (Degree or title) M.D.

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: Jan. 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1952

REGISTRAR'S SIGNATURE: Bessie M. Woodward

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 34
Local Reg. No. 7
Reg. Dist. No. 330

BIRTH NO.

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): New Plymouth

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) HARVEY c. (Last) KREPS

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 14, 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): McPaul, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christopher P. Kreps
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nancy Jane Lowe
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fred A. Krepps
ADDRESS: Idaho New Plymouth

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute hepatitis and chronic alcoholism — one month

DUE TO (c): Tumor of pituitary, unknown type — one month or more

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

239X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 5, 1952, *to* Jan. 28, 1952, *that I last saw the deceased alive on* Jan. 28, 1952, *and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Davis (Degree or title) M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Jan. 30-52
REGISTRAR'S SIGNATURE: Bessie M. Woodward
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 255
Local Reg. No. 6
Reg. Dist. No. 33

RECEIVED JAN 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 - New Plymouth
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 - New Plymouth, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 - New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. 1 - New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Elsie	Crowther	January 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	January 22, 1863	88 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Jackson County, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Crowther	Pennsylvania	Caroline Newberry	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		424,3	Della M. Crowther	New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute cardiac failure — Interval between onset and death: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic cardiac disease with decompensation. — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute upper respiratory infection. — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 1, 1951, *to* Jan 2, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo E. Davis	MD	New Plymouth Ida.	Jan 2 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 4, 1952	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 2, 1952	Robert E. Shaffer Registrar	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

RECEIVED JAN 15 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 256
Local Reg. No. 3
Reg. Dist. No. 3-20

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birmingham
d. STREET ADDRESS (If rural, give location): 1622- 28th St. South

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) EDWARD c. (Last) SIRLES

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 3, 1932

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months 11 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cameraman

10b. KIND OF BUSINESS OR INDUSTRY: Photolithography

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Baford Sirles — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Thelma Gooding — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 8 Jan. 1951-6/1/52

16. SOCIAL SECURITY NO.: 418-38-2137

17. INFORMANT'S OWN SIGNATURE: [signature] Capt. USAF — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): multiple internal injuries with internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: external cuts and bruises, with severe shock

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 30

21c. (CITY, TOWN, OR TOWNSHIP) New Plymouth (COUNTY) Payette (STATE) Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) January 6, 1952 (Hour) 6:25 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I* ~~attended the deceased from~~ ~~, 19~~ ~~to~~ ~~, 19~~ made inquiry on Jan. 6, 1952, ~~and last saw the deceased on~~ ~~, 19~~, *and that death occurred at* 6:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer (Degree or title) Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan 6 1952

24c. NAME OF CEMETERY OR CREMATORY: Birmingham Alabama

24d. LOCATION (City, town, or county) (State): Birmingham Alabama

DATE REC'D BY LOCAL REG.: 1-6-1952

REGISTRAR'S SIGNATURE: Robert E. Shaffer Deputy

25. FUNERAL DIRECTOR: Tilly J. Bay — ADDRESS: Mountain Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar, and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 257
Local Reg. No. 5
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Payette
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): White Apts Payette, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Payette
d. STREET ADDRESS (If rural, give location): White Apts (Gen'l Delivery) Payette

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) E. c. (Last) Zinn

4. DATE OF DEATH: (Month) January (Day) 29, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: July 31, 1908

9. AGE (In years last birthday): 42 years — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Worker

10b. KIND OF BUSINESS OR INDUSTRY: Section worker

11. BIRTHPLACE (State or foreign country): Fremont, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alec Zinn — BIRTHPLACE: Butler, Missouri

14. MOTHER'S MAIDEN NAME: Cora Basham — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Flossie M. Thompson — ADDRESS: Anaheim Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inhalation of Smoke
DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Payette — Payette — Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) January 18, 1952 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? bed in which occupant was resting burned both bed and occupant.

22. *I hereby certify that I ~~attended the deceased from~~* performed Post-Mortem Examination ~~last saw the deceased alive~~ on Jan. 21, 1952, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] M.D. (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 21 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

24b. DATE: Jan 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Jan 26-52

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 258
Local Reg. No. 2
Reg. Dist. No. 50c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Am. Falls, Ida.
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Lem. Walker

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lake Channell (American Falls, Ida)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) Russell c. (Last) Hunt

4. DATE OF DEATH (Month) Jan. (Day) 3, (Year) 1952

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 12, 1890

9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattleman 51

10b. KIND OF BUSINESS OR INDUSTRY Ranch

11. BIRTHPLACE (State or foreign country) Redrock, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Liberty I. Hunt BIRTHPLACE Ogden, Utah.

14. MOTHER'S MAIDEN NAME Nettie Weaver BIRTHPLACE Paris, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Gilbert Hunt ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4-20-2 Angina Pectoris

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2nd, 1952, *to* Jan 3rd, 1952, *that I last saw the deceased alive on* Jan 3rd, 1952, *and that death occurred at* 4.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE V. G. Logan 129 (Degree or title) M. D.

23b. ADDRESS American Falls, Idaho

23c. DATE SIGNED 1-50 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 7, 1951

24c. NAME OF CEMETERY OR CREMATORY Fallsview

24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG. Jan 5-1952

REGISTRAR'S SIGNATURE Irene Young

25. FUNERAL DIRECTOR H. L. Davis

ADDRESS Am. Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48081

State File No. 59
Local Reg. No. 34
Reg. Dist. No. 511

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. Power County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bannock Creek
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Block from Day School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bannock Creek
d. STREET ADDRESS (If rural, give location) Block from Day School

3. NAME OF DECEASED (Type or Print) a. (First) Pambeyoka b. (Middle) Ute c. (Last) (Big)

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 52

5. SEX Female
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH ? 1861
9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Hall Reservation
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Tom Pocatello BIRTHPLACE Fort Hall, Idaho
14. MOTHER'S MAIDEN NAME Henry Woonsook BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE S Moninzie ADDRESS Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19-, 1952, *to* 1-19-, 1952, *that I last saw the deceased* ~~alive~~ dead *on* 1-19-, 1952, *and that death occurred at* 4-a *m., from the causes and on the date stated above.*

23a. SIGNATURE H. Davis (Degree or title) Coroner
23b. ADDRESS Am. Falls, Ida
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 1-22-52
24b. DATE Burial
24c. NAME OF CEMETERY OR CREMATORY Bannock Creek
24d. LOCATION (City, town, or county) Bingham County (State) Idaho

DATE REC'D BY LOCAL REG. 1-28-52
REGISTRAR'S SIGNATURE Jessie I. Powell
25. FUNERAL DIRECTOR Anthony W. Hall ADDRESS Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 260
Local Reg. No. 3
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Ida
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): –
c. (Last): Colline

4. DATE OF DEATH (Month) (Day) (Year): 1 – 28 – 52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: April 18-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher –
10b. KIND OF BUSINESS OR INDUSTRY: Schools.
11. BIRTHPLACE (State or foreign country): Cherokee County, Iowa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Colline 12 — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Sarah Lofgren — BIRTHPLACE: Sweden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No – (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: H. H. Knodel — ADDRESS: 1706 Stafford Houston Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary metastasis (lesion on back of shoulder) — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): malnutrition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac decompensation — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Jan 27, 1951, *that I last saw the deceased alive on* Jan 27, 1952, *and that death occurred at* 12:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harms, M.D. 149
23b. ADDRESS: Aberdeen, Idaho 1-28-52
23c. DATE SIGNED: 1-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal
24b. DATE: 1-29-52 31
24c. NAME OF CEMETERY OR CREMATORY: McPherson Cemetery.
24d. LOCATION (City, town, or county) (State): McPherson, Kansas

DATE REC'D BY LOCAL REG.: Jan 29 - 1952
REGISTRAR'S SIGNATURE: Irene Daling
25. FUNERAL DIRECTOR: H. Davis — ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 8
Reg. Dist. No. 142

BIRTH NO.

JAN 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 7 East Cameron

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Charles c. (Last) Tuttle

4. DATE OF DEATH (Month) (Day) (Year): January 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 1, 1896

9. AGE (In years last Birthday): 55 | IF UNDER 1 YEAR Months: 5 Days: 0 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Safety First Man

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Washington County Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Tuttle — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Elizabeth Ellsbity — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 518-03-7006

17. INFORMANT'S OWN SIGNATURE: Fannie Tuttle — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Nov, 1951, *to* 1 Jan, 1952, *that I last saw the deceased alive on* 1 Jan, 1952, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel — (Degree or title): M.D.

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 14 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-5-52

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 362
Local Reg. No. 1
Reg. Dist. No. 142

BIRTH NO.

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 70 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R.F.D #1
d. STREET ADDRESS (If rural, give location) Cataldo

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) M c. (Last) Tapper

4. DATE OF DEATH (Month) (Day) (Year) January 19, 1952

5. SEX F

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 22, 1913

9. AGE (In years last Birthday) 38 | IF UNDER 1 YEAR Months 9 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Palouse Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Harrocks BIRTHPLACE Michigan

14. MOTHER'S MAIDEN NAME Mabel Clatman BIRTHPLACE Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 534-22-7327

17. INFORMANT'S OWN SIGNATURE Clint Taffee ADDRESS Cataldo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/28/ *, 19*50*, to* 19 Jan *, 19*52*, that I last saw the deceased alive on* 19 Jan *, 19*52*, and that death occurred at* 12 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Cordwell (Degree or title) M.D.

23b. ADDRESS Kellogg, Idaho

23c. DATE SIGNED 31 Jan 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/22/52

24c. NAME OF CEMETERY OR CREMATORY Gateway

24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 1-22-52

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Gordon "Glade" Kellogg ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 263
Local Reg. No. 12
Reg. Dist. No. 142

BIRTH NO.

RECEIVED FEB 4 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltervill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Ellena c. (Last) Doane

4. DATE OF DEATH: (Month) January (Day) 23 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 29 1877

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Snyder — BIRTHPLACE: Montana

14. MOTHER'S MAIDEN NAME: Julia Mauck — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles McNeil — ADDRESS: Smeterville

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 days. Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4-37X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* 23 Jan, 1952 *that I last saw the deceased alive on* 23 Jan, 1952 *and that death occurred at* 6:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen M. Whitesel M.D.

23b. ADDRESS: Kellogg, Idaho

23c. DATE SIGNED: 29 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/26/52

24c. NAME OF CEMETERY OR CREMATORY: Hayes Park

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 1/29/52

REGISTRAR'S SIGNATURE: Joe Lamont

25. FUNERAL DIRECTOR: Thomas Ghode — **ADDRESS**: Kellogg Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 884
Local Reg. No. 13
Reg. Dist. No. 142

RECEIVED FEB 1 1952 OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 127 W Riverside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DOMINICK		Marra	January 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Feb. 18 1879	72		7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	Mining	Province of Italy	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bernardo Marra	Italy	Carolina Bove	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Ena Marra	Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Occlusion & Coronary Sclerosis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Gastritis
DUE TO (c) Heart Block.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Glomerulonephritis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1950, *to* Jan, 1952, *that I last saw the deceased alive on* 25 Jan, 1952, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O Nelson MD.	Kellogg Ida.	29 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
Removal	1/29/52	Riverside Park Mausoleum	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/29/52	Jal Lamme	Gustin Glady	Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 265
Local Reg. No. 14
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 West Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 435 W. Park

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): B.
c. (Last): Eva

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 20 1876
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: 1 | Days: 7 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Walter
BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Norma Ebel
ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* Jan, 1952, *that I last saw the deceased alive on* 15 Jan, 1952, *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel MD.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 2 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/4/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 2/9/52
REGISTRAR'S SIGNATURE: Joe Levine
25. FUNERAL DIRECTOR: Gene M. Gilbert
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 266
Local Reg. No. 3
Reg. Dist. No. 140

111-51-10343
BIRTH NO.

RECEIVED
FEB 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Placer Creek

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) NICKELS c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year) Jan 5, 1952

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 13-1951
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY infant
11. BIRTHPLACE (State or foreign country) Wallace Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Harris BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Donna Rich Boise BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Mrs Donna Harris ADDRESS Wallace Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bed sore from Bed Sore
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c) 924.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
few Min.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Placer Creek
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) Jan (Day) 5 (Year) 52 (Hour) P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Bed Sore

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on Jan 5, 1952 and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Physician
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 7-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. 1-8-1952
REGISTRAR'S SIGNATURE Dale T Cornell
25. FUNERAL DIRECTOR Dale T Cornell ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 367
Local Reg. No. 4
Reg. Dist. No. 140

RECEIVED FEB 2 1952 DIVISION OF VITA

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) c. (Last) ELFERS

4. DATE OF DEATH (Month) (Day) (Year) JAN 9 - 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov 27 - 1876

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Georgetown Colo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Nelson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Anna Toast BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Edmund L. Elfers ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hernia, Inguinal, Strangulated 72 hrs
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 1-6-52

19b. MAJOR FINDINGS OF OPERATION Hernia, Inguinal, Rt., Strangulated

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-52, 19__, *to* 1-9-52, 19__, *that I last saw the deceased alive on* 1-9-53, 19__, *and that death occurred at* 12-18 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lewis B. Hunter (Degree or title) M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Jan 12-1952

24c. NAME OF ~~CEMETERY~~ OR CREMATORY Smith & Co

24d. LOCATION (City, town, or county) (State) Spokane Wash

DATE REC'D BY LOCAL REG. Jan 12-1952

REGISTRAR'S SIGNATURE Dale S Connell

25. FUNERAL DIRECTOR Dale S Connell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 368
Local Reg. No. 6
Reg. Dist. No. 140

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JEAN b. (Middle) c. (Last) PIOTROWSKI

4. DATE OF DEATH (Month) (Day) (Year) JAN 14 - 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 4
9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Osburn Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Cash Patterson BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary Allan BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter Paul Piotrowski ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute 420.1 — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Disease
DUE TO (c) Massive Bronchopneumonia virus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23 *19*__, *to* 51-1-14 *19*52 *that I last saw the deceased alive on* Jan 12, *19*52, *and that death occurred at* 5:40 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] Mowery MD (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-17-1952
24c. NAME OF CEMETERY OR CREMATORY Osburn
24d. LOCATION (City, town, or county) Osburn (State) Idaho

DATE REC'D BY LOCAL REG. 1-16-1952
REGISTRAR'S SIGNATURE Dale T Cornell
25. FUNERAL DIRECTOR Dale T Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 369
Local Reg. No. 7
Reg. Dist. No. 140

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace District

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) EDWIN c. (Last) HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year) JAN 15 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 10 1910
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Canyon City Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Hoffman BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Ruth Taggard BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Betty L. Hoffman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 1-14-52
19b. MAJOR FINDINGS OF OPERATION Bowel Resection.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7-52, 19___, *to* 1-15-52, 19___, *that I last saw the deceased alive on* 1-15-52, 19___, *and that death occurred at* 12:20 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis A. Hunter M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 18-1952
24c. NAME OF CEMETERY OR CREMATORY ~~Unknown~~ Mountain View
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. Jan 16-1952
REGISTRAR'S SIGNATURE Dale F Cornell
25. FUNERAL DIRECTOR Dale F Cornell ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 976
Local Reg. No. 9
Reg. Dist. No. 1-7

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 417 Cedar St.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Costellano

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH July 12
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Arizo BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Margaret Arizo BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Martin R Costello ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Renal Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18, 1952 *to* 1-18, 1952 *that I last saw the deceased alive on* 1-18, 1952 *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 1-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 22-1952
24c. NAME OF CEMETERY OR CREMATORY Eagles
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Jan 30-1952
REGISTRAR'S SIGNATURE Dale F Cornell
25. FUNERAL DIRECTOR
ADDRESS Wallace, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No.
Reg. Dist. No. 1-10

111-52-01026
BIRTH NO.

RECEIVED
FEB 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Girl c. (Last) Bulat.

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Jan-24-52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wallace Idaho

12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME Matt Bulat. BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Frances Redmyer BIRTHPLACE Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Matt Bulat ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1952 *to* Jan 24, 1952 *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul M Ellis (Degree or title) MD
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 1-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 26-1952
24c. NAME OF CEMETERY OR CREMATORY Auburn
24d. LOCATION (City, town, or county) Auburn (State) Idaho

DATE REC'D BY LOCAL REG. Jan 26-1952
REGISTRAR'S SIGNATURE Dale F Cornell
25. FUNERAL DIRECTOR Dale F Cornell ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 372
Local Reg. No. 9
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Cataldo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R# Cataldo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Cataldo
d. STREET ADDRESS (If rural, give location): R#1 Cataldo

3. NAME OF DECEASED (Type or Print)
a. (First): Talmar
b. (Middle): J
c. (Last): Heikkila

4. DATE OF DEATH (Month) (Day) (Year): January 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 31, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: No Record — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hilga Heikkila — ADDRESS: Cataldo Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

001X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Dilatation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Silicio-Tuc-
DUE TO (c): Senile Dementia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 1-2-, 19 52, *that I last saw the deceased alive on* 1-2, 52, *and that death occurred at* 1-5-52 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Sexton (Degree or title):
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Lake
24d. LOCATION (City, town, or county) (State): Rose Lake Idaho

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Joe Lane
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 5
Local Reg. No. 1
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Hunter St.

3. NAME OF DECEASED (Type or Print) a. (First) MATT b. (Middle) c. (Last) PIIPPO

4. DATE OF DEATH (Month) (Day) (Year) Jan 9 - 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 22-1892
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 6 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Framer
10b. KIND OF BUSINESS OR INDUSTRY Hecla Mine
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Adolph G Piippo ADDRESS Page Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Apparently Heart failure as dropped over dead in automobile
DUE TO (b)
DUE TO (c) Coronary Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Indian
Severe Yoko

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-13-52
NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. 1-14-52
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 5
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) c. (Last) LAMBERT

4. DATE OF DEATH (Month) (Day) (Year) Jan 10 - 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 10 - 1858
9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months 3 Days 0 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emil Hawkanson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE O. E. Lambert ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis [illegible]
DUE TO (c) Carcinoma Cervix several years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Jan 10, 1952, *and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE H. Mowery (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-13-1952
24c. NAME OF CEMETERY OR CREMATORY Osburn
24d. LOCATION (City, town, or county) Osburn (State) Idaho

DATE REC'D BY LOCAL REG. 1-14-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 275
Local Reg. No. 10
Reg. Dist. No. 1421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 18 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print): a. (First) Percy b. (Middle) V c. (Last) Dunkle

4. DATE OF DEATH (Month) (Day) (Year): January 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 25, 1880
9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months: 4 Days: 16 IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forrest Service
10b. KIND OF BUSINESS OR INDUSTRY: Forrestry
11. BIRTHPLACE (State or foreign country): Clarion County Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter S Dunkle BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Clary White BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Gladys Dunkle ADDRESS: Pinehurst

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senile Shock Secondary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prov. Neck Sprung 3 wks
Previous Stroke

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cerebral
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Jan 11, 1952, *that I last saw the deceased alive on* Jan 11, 1952 *and that death occurred at* 2:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: To Place Idaho
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/13/52
24c. NAME OF CEMETERY OR CREMATORY: Hunts
24d. LOCATION (City, town, or county) (State): Kingston Idaho

DATE REC'D BY LOCAL REG.: 1-15-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Grandon Glade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 276
Local Reg. No. 1
Reg. Dist. No. 620

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) KRETCHMAN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Jan., 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept., 6, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 4 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Shitomor, Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William H. Helmold ADDRESS: Sumner Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 195 Gordon M Jensen MD

23b. ADDRESS: Driggs Idaho

23c. DATE SIGNED: 1/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 14 Jan 52

24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: Jan 26 - 52

REGISTRAR'S SIGNATURE: Stella Driggs

25. FUNERAL DIRECTOR: M L Hansen ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 377
Local Reg. No. 2
Reg. Dist. No. 6-2-D

BIRTH NO. FEB 1 1952

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHETSER b. (Middle) AUTHOR c. (Last) MARCUM

4. DATE OF DEATH: (Month) Jan., (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec., 31, 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 0, Days 21
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Cattleman

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Manchester, Kentucky

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Marcum — **BIRTHPLACE**: Big Creek, Kentucky

14. MOTHER'S MAIDEN NAME: Mary Lizabeth Gilbert — **BIRTHPLACE**: Big Creek, Kentuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John E. Marcum — **ADDRESS**: 1137 Bringham

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Glomerulonephritis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Prostatic hypertrophy

INTERVAL BETWEEN ONSET AND DEATH: 405 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 18, 195X, *to* Jan 21, 195X, *that I last saw the deceased alive on* Jan 21, 195X *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gordon M. Jensen 195X (Degree or title): MD

23b. ADDRESS: Driggs Idaho

23c. DATE SIGNED: 1/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 25 Jan 52

24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson

24d. LOCATION (City, town, or county) (State): Tetonia RFD, Idaho

DATE REC'D BY LOCAL REG.: Jan 25-52

REGISTRAR'S SIGNATURE: Stella Griggs

25. FUNERAL DIRECTOR: M L Hansen — **ADDRESS**: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 460

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1905
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 239 South Park

3. NAME OF DECEASED (Type or Print): a. (First) Mabel; b. (Middle) Augusta; c. (Last) Peterman

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1880

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salem, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry J. Allman — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis (rheumatic) & cardiac decompensation — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* 1-3, 1952, *that I last saw the deceased alive on* 1-2, 1952, *and that death occurred at* 10:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: [illegible]

23c. DATE SIGNED: 1-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/5/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 7
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 3rd Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 402 3rd Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Theodore
c. (Last): Todd

4. DATE OF DEATH (Month) (Day) (Year): January 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1914
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clifty, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. L. Todd — BIRTHPLACE: Clarkrange, Tenn.
14. MOTHER'S MAIDEN NAME: Lesettie Dobbs — BIRTHPLACE: Wayne col, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. John Todd — ADDRESS: Twin Falls

18. CAUSE OF DEATH — 260X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes - Carbo vascular
renal disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Jan. 5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H J Schmitz MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/8/52
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Donna C. Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 280
Local Reg. No. 15
Reg. Dist. No. 460

111-52-01039 JAN 21 1952
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FERRIS b. (Middle) FLOYD c. (Last) BANDY

4. DATE OF DEATH: (Month) January (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ Single

8. DATE OF BIRTH: January 4, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.: 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Paul W. Bandy — BIRTHPLACE: Twin Falls, Idaho

14. MOTHER'S MAIDEN NAME: Saphronia Fitzgerald — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul W Bandy — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maternal Toxemia of Pregnancy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Epistaxis & Secondary Anemia
DUE TO (c) Premature Birth.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fetal Toxemia - superimposed

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/4, 1952, *to* 1/6, 1952 *that I last saw the deceased alive on* 1/6, 1952 *and that death occurred at* 5:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Douglas Cohen M.D. 409

23b. ADDRESS: Twin Falls Ida

23c. DATE SIGNED: 1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/8/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52

REGISTRAR'S SIGNATURE: Alonna Rich

25. FUNERAL DIRECTOR: Dwight Collins — **ADDRESS**: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 261
Local Reg. No. 2
Reg. Dist. No. 46a

RECEIVED JAN 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 302 Jackson

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) c. (Last) Hurelle

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 25, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brainard, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Decker
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Josephine Brown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs A. F. Lynn
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 15 years
DUE TO (c) Diabetes Mellitus — known 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Gangrene great toe — 1 mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 3, 19 51, *to* Jan. 7, 1952, *that I last saw the deceased alive on* Jan. 1, 1952, *and that death occurred at* 9:35p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-10-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Reynolds Funeral Home-Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 382
Local Reg. No. 4
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) Greeley c. (Last) Baugh

4. DATE OF DEATH (Month) (Day) (Year) Jan - 7 - 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 4-15-1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 14
10b. KIND OF BUSINESS OR INDUSTRY M.D —
11. BIRTHPLACE (State or foreign country) Pilot Grove. Mo.
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME ? BIRTHPLACE Baugh
14. MOTHER'S MAIDEN NAME Harry G Baugh BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE signature of informant on above line ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE H Jackwerz MD (Degree or title)
23b. ADDRESS Twin Falls Ida
23c. DATE SIGNED 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 10 52
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) Shoshone (State) Ida

DATE REC'D BY LOCAL REG. 1-12-52
REGISTRAR'S SIGNATURE Donna Lisk
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ellen	Rae	Winn	Jan. 8, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 17, 1927	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy E. Joslin — BIRTHPLACE: -Fairbury, Nebr.
14. MOTHER'S MAIDEN NAME: Marjorie Parsons — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Samuel R. Winn — ADDRESS: Portland, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

642.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephritis, Glomerular Acute — INTERVAL BETWEEN ONSET AND DEATH: June 1951

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
27 Nov 51	Caesarian Section - 7 mo. Pregnancy	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Jan. 8, 1952, *that I last saw the deceased alive on* 8 Jan, 1952, *and that death occurred at* 11:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas. B. Reymer, M.D.	Twin Falls, Ida.	10 Jan 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/11/52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Donna Rich	Reynolds Funeral Home	Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 264
Local Reg. No. 5
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Wells b. (Middle) J. c. (Last) Hoskin

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1896

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wellsville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Hoskin
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Charlotte Jenkins
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Loretta A. Hoskin-Filer, Ida.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — 45 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 48 hr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 3, 1952, *to* Jan. 9, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 11:00A., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown MD

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/12/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 1-14-52

REGISTRAR'S SIGNATURE: Donna Lack

25. FUNERAL DIRECTOR: James G. Reynolds

ADDRESS: Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

385

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 537 - 3rd. Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle); c. (Last) Wise

4. DATE OF DEATH: (Month) (Day) (Year) January 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 8, 1857

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Harmerville, Penna.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Jacob Wise
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Nora E. Lewis
ADDRESS: Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — years

DUE TO (c) Senility — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Hip Deformity - from old hip fractures — years

332X

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1951, *to* January 9, 1952, *that I last saw the deceased alive on* January 8, 1952, *and that death occurred at* 1:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hubert Anderson (Degree or title): MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: Jan 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-11-52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-52

REGISTRAR'S SIGNATURE: Anna Lack

25. FUNERAL DIRECTOR: J. C. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 266
Local Reg. No. 12
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): A.
c. (Last): Helmer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 9, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Aikens — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Gertrude — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Donald Adams — ADDRESS: Hazelton Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exposure without clothes & cerebral arteriosclerosis
DUE TO (c) Senile dementia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1952, *to* Jan 10, 1952, *that I last saw the deceased alive on* Jan 10, 1952, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: S Hopkins (Degree or title): 16
23b. ADDRESS: Hazelton, Idaho
23c. DATE SIGNED: 1/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 327
Local Reg. No. 76
Reg. Dist. No. 460

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Hansen

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) MARIE c. (Last) HEIDEMANN

4. DATE OF DEATH: (Month) (Day) (Year) January 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: September 3, 1950

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 4, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Gerald Heidemann — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Gerald Heidemann — ADDRESS: Hansen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Encephalitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/16/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: [signature] — **ADDRESS**: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 288
Local Reg. No. 90
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 116 Buchanan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Leavitt
c. (Last): Haight

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1873
9. AGE (In years last birthday): 1873 (18)
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (State or foreign country): Farmington, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hortan D. Haight
BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Louisa Leavitt
BIRTHPLACE: Cananda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 47, *to* 13 Jan, 19 52, *that I last saw the deceased alive on* 13 Jan, 19 52 *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 15 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JAN. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: 1-21-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: J. Garth Rupp
ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 280
Local Reg. No. 105
Reg. Dist. No. 460

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place): 2 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1736 Addison Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly

d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) E.; c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 21, 1877

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Abilene, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Waring — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Harriet Ann Shaw — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 523-24-8786

17. INFORMANT'S OWN SIGNATURE: E M Nelson — ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Malignant Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 10-44 *, 19*57*, to* Jan. 14, *, 19* 52*, that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 11:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Kimberly, Idaho

23c. DATE SIGNED: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/16/52

24c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery

24d. LOCATION (City, town, or county) (State): Hope, Kansas

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Donna Lieb

25. FUNERAL DIRECTOR: James L. Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No. 13
Reg. Dist. No. 460

BIRTH NO. 111-51-07634 JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 615 Shoup Ave.

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) ELWOOD c. (Last) ROHOLT

4. DATE OF DEATH (Month) (Day) (Year): January 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 16, 1951

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 9 | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elwood R. Roholt
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Erma Mae Wynn
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elwood R. Roholt
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 080.3 Acute Anterior Poliomyelitis (Bulbar type) — INTERVAL BETWEEN ONSET AND DEATH: -24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 4 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M Peterson M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Jan 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/18/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Donna Linck
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 391
Local Reg. No. 18
Reg. Dist. No. 460

BIRTH NO. 111-52-01067

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): West Addison

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Franklin
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 14, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Cox — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Edna Clark — BIRTHPLACE: Twin Falls
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Edward Cox — ADDRESS: Rogerson, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

763.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Atelectasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 14, *19*52, *to* Jan. 16, *19*52, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Valdi B. Fuendeling, MD
23b. ADDRESS: 519 Main Ave W.
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/18/52
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1-18-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 292
Local Reg. No. 23
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 321 -3rd Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) Carolyn; b. (Middle) Irene; c. (Last) Watson

4. DATE OF DEATH: (Month) (Day) (Year) January 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lee County, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Jesse King
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nora Hampton
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert A Watson
ADDRESS: Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast, right.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*: Matastases, generalized, including skin, lung, and liver.

INTERVAL BETWEEN ONSET AND DEATH: 5 years

19a. DATE OF OPERATION: 1945

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast. Matastases to axillary nodes.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, *1951, to* Jan 16, *1952, that I last saw the deceased alive on* Jan 16, *1952, and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Warner M.D

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-19-52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-22-52

REGISTRAR'S SIGNATURE: Donna Linck

25. FUNERAL DIRECTOR: A. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 293
Local Reg. No. 19
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Buhl, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): A.
b. (Middle): Clyde
c. (Last): Glasgow

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 11, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Clerk
11. BIRTHPLACE (State or foreign country): Bakerstown, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William A Glasgow — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret P. Brown — BIRTHPLACE: Talley Covy, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxx
16. SOCIAL SECURITY NO.: 519-24-3930
17. INFORMANT'S OWN SIGNATURE: X C J Glasgow — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES: *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombosis of Renal artery — 2 wks
DUE TO (c) Fracture right Femur — 4 wks

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psuedmuscular Dystrophy — 15 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Liquor Disp.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl, Twin Falls co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell out of bed at place of work.

22. *I hereby certify that I attended the deceased from* Dec 17, 1951, *to* Jan 17, 1952, *that I last saw the deceased alive on* Jan 17, 1952, *and that death occurred at* 2 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Jan 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 19, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1-21-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 394
Local Reg. No. 26
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 205 Shoshone St. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 205 Shoshone St. South

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): L.
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): January 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bloomington, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Thompson — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Hannah Arnell — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 707-03-0248
17. INFORMANT'S OWN SIGNATURE: Lusettie Thompson — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ca of Stomach — Gen metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1951, *to* 1/19/, 1952, *that I last saw the deceased alive on* 12-27, 1951, *and that death occurred at* 5:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: N J Thomas R (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/22/52
24c. NAME OF CEMETERY OR CREMATORY: Bloomington Cemetery
24d. LOCATION (City, town, or county) (State): Bloomington, Idaho

DATE REC'D BY LOCAL REG.: 1-24-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 305
Local Reg. No. 91
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1221 9th Ave East
d. STREET ADDRESS (If rural, give location): Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OLA	ALICE	HOWELL	Jan. 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 12, 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A. J. Smith	Unknown	Sarah J. Hudelson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
none	none	[signature]	Boston, Mass

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Congestive heart failure	
DUE TO (c)	Hypertension	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral thrombosis.	

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1, 1951 *to* Jan. 19, 1952, *that I last saw the deceased alive on* Jan. 19, 1952, *and that death occurred at* 6:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard C. Fuke MD	TwinFalls, Idaho	1.21.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1.21.52	TwinFallsCem.	TwinFalls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-31-52	[signature]	[signature]	White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

State File No. .....
Local Reg. No. 22
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #1,

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): O. Myrup
c. (Last): Metcalf

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 18, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Centerfield, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lars C. N. Myrup — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Ann Jensen — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Jan. 20, 1952, *that I last saw the deceased alive on* Jan. 20, 1952, *and that death occurred at* 8.45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvard C. Luke M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/21/52
24c. NAME OF CEMETERY OR CREMATORY: Gunnison
24d. LOCATION (City, town, or county) (State): Gunnison, Utah

DATE REC'D BY LOCAL REG.: 1-21-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 97
Local Reg. No. 25
Reg. Dist. No. 460

BIRTH NO. 111-52-01070

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): West Addison

3. NAME OF DECEASED (Type or Print): a. (First) Fauntelle b. (Middle) Marie c. (Last) Wilson

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 15, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months: 0 Days: 5
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ridgeway A. Wilson-Kimberly, Ida.

14. MOTHER'S MAIDEN NAME: Anna June Turner Hansen, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ridgeway A. Wilson ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Ductus Arteriosus - 2 days — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Jan. 20, 19 52, *that I last saw the deceased alive on* 20 Jan, 19 52, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Affleck MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 23 Jan

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/22/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-24-52

REGISTRAR'S SIGNATURE: Anna Lark

25. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Home-Twin Falls

James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 298
Local Reg. No. 97
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Daniel Leishman Hill~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Idaho
d. STREET ADDRESS (If rural, give location): 1129½ 6th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Daniel Leishman Hill

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21st. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 9th. 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wellsville Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Brice Hill — BIRTHPLACE: No Imf.
14. MOTHER'S MAIDEN NAME: Jane Leishman Hill — BIRTHPLACE: No Imf.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: D Westley Bagley — ADDRESS: 1129-6 East T.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c Pulmonary Edema Arteriosclerotic Heart & Kidney Disease — 2-3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1950, *to* 1-21, 1952, *that I last saw the deceased alive on* 1-21, 1952, *and that death occurred at* 10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McChesky MD 241
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 1/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26th. Jan.
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 1-26-52
REGISTRAR'S SIGNATURE: Donna Ward
25. FUNERAL DIRECTOR: Stanley C. Phillips — ADDRESS: Twin Falls Ida.
S C Phillips

Emb. # E. 263

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No. 24
Reg. Dist. No. 2/60

BIRTH NO.

RECEIVED
JAN 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Des Moines
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mathilda; b. (Middle); c. (Last) Gustafson

4. DATE OF DEATH (Month) (Day) (Year): January 21. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 15. 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: August Gustafson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Carlson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Emma C Boyle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral encephalomyelacia due to ~~extensive~~ atheromatosis of vessels of Circle of Willis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title): MD

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 24th Jan. 52.

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Des Moines Iowa

DATE REC'D BY LOCAL REG.: 1-21-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: James C Reynolds — ADDRESS: Twin Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 28
Reg. Dist. No. 460

BIRTH NO. ✓ JAN 31 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 23yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 233 4th St. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 233 4th St. South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Earl	Vaughn	Fisher	January 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 25, 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurseryman		Wycliffe, Indiana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John D. Fisher	unknown	Mary E. Thompson	unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			W. O. Fisher	Davenport, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-C

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of Right Common Iliac Artery with Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene Right foot & Leg — years
DUE TO (c) Arteriosclerotic Heart Disease — years
Coronary Insuffiency — years
Senility — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 1, 1950, *to* 1/24/, 19 52, *that I last saw the deceased alive on* Jan. 24, 1952, *and that death occurred at* 7:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Neil Anderson MD	M.D.	Twin Falls, Idaho	Jan 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/26/52	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-28-52	Donna Linck	Reynolds Funeral Home James C. Reynolds	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 491
Local Reg. No. 31
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 637 3rd Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 637 3rd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): JOHN
c. (Last): AINSWORTH

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: November 4, 1913
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: McCoy Coal and Trans.
11. BIRTHPLACE (State or foreign country): Carey, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Leon Ainsworth — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Theresa Maude Howard — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-7691
17. INFORMANT'S OWN SIGNATURE: x Mrs Leona McCreary — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Direct trauma (blow) to
DUE TO (c): top of head

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 26, 1952 - 11pm m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? As he was closing Garage door it came down hitting him on top of head

22. *I hereby certify that I attended the deceased from* 3-23, 1948, *to* Jan. 27, 1952, *that I last saw the deceased alive on* 1-27, 1952, *and that death occurred at* 6.45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCrisky MD
23b. ADDRESS: TwinFalls, Idaho
23c. DATE SIGNED: 1/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-1-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 402
Local Reg. No. 99
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burden Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): H.
c. (Last): Scribner

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: November 18, 1856
9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Rosendale, Wis.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: J. W. Scribner
BIRTHPLACE: Conn.
14. MOTHER'S MAIDEN NAME: No information
BIRTHPLACE: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: V. W. Scribner
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodrow Creed, md.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Jan 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-31-1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rosendale, Wis.

DATE REC'D BY LOCAL REG.: 1-30-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S. C. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 103
Local Reg. No. 8
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCullum Addition, Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCullum Addition, Buhl
d. STREET ADDRESS (If rural, give location): McCullum Addition, Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Regina b. (Middle) c. (Last) Glaesener

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 21, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Voelker
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Colnalea Schuarman
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: V. Mrs. Adolf Becker
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis — yrs

DUE TO (c) Hypertension — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1952, *to* Jan 8, 1952, *that I last saw the deceased alive on* ~~Jan 8~~ ____, 19____, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: Jan 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY: Clover Cemetery

24d. LOCATION (City, town, or county) (State): Clover Idaho

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 104
Local Reg. No. 33
Reg. Dist. No. 46.0

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 7th Ave. S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 118 7th Ave. S.

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Frances c. (Last) McGuire

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 31, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1892

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Kirksville, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Carter
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Josephine Gunnels
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxx

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: C.E. McGuire ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension & arteriosclerosis. — several yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-30, 1951, *to* Jan 31, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 6:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H Anderson (Degree or title) M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Feb. 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: February 4 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 2-2-52
REGISTRAR'S SIGNATURE: Donna Lark
25. FUNERAL DIRECTOR: B. T. Albertson ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 1
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
c. LENGTH OF STAY (in this place): 33yeats
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Route # 2 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Zan b. (Middle) c. (Last) McNabb

4. DATE OF DEATH (Month) (Day) (Year): January 1, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1886

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Owensburg, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alic Davis BIRTHPLACE: Owensburg, Indiana

14. MOTHER'S MAIDEN NAME: Evelyn Grindstaff BIRTHPLACE: Owensburg, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): xxxx

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. D. McNabb jr. ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 2 yrs.

DUE TO (c) Arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 *to* 1-1- 1952 *that I last saw the deceased alive on* 12-31- 1951, *and that death occurred at* 12:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D.

23b. ADDRESS: Buhl Idaho

23c. DATE SIGNED: 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 4, 1951

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1-8-52

REGISTRAR'S SIGNATURE: Donna Rack

25. FUNERAL DIRECTOR: D. T. Albertson ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 406
Local Reg. No. 9
Reg. Dist. No. 460

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 2
c. LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Route # 2 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl, Idaho
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) O. F. B. b. (Middle) c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19, 1873

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Trosa, Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Aug Peterson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Matilda ? — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Rudolph Peterson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uraemia	1 week.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	10 years
DUE TO (c)	Senility	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* (1)	Diabetes Mellitus	5 years
(2)	Cerebral Thrombosis	1 Month

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 49, *to* Jan 3, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 7:45 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W McBratney M.D. — **23b. ADDRESS**: Buhl Idaho — **23c. DATE SIGNED**: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: January 7, 52 — **24c. NAME OF CEMETERY OR CREMATORY**: Buhl City Cemetery — **24d. LOCATION** (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1-15-52 — **REGISTRAR'S SIGNATURE**: Donna Lieck

25. FUNERAL DIRECTOR: B. T. Albertson — **ADDRESS**: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

J

BIRTH NO. JAN 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 1 17
Local Reg. No. 11
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no street address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print)
a. (First): Nannie
b. (Middle):
c. (Last): Estes

4. DATE OF DEATH (Month) (Day) (Year): January 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan, 22, 1856
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wyth Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: King — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs L. May Sheppeard — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Salivary Gland — INTERVAL BETWEEN ONSET AND DEATH: 6 month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Right parotid gland.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Jan. 10, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Carver M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: Jan 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/52
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 1-15-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: James R. Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 408
Local Reg. No. 17
Reg. Dist. No. 460

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - TwinFalls
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First) CORA
b. (Middle) ALMA
c. (Last) LINN RIGDON

4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): idowed
8. DATE OF BIRTH: Sept. 16, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Menlo, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John T. Linn — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dwyer N Phillips — ADDRESS: Twin Falls Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial degeneration — Several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1942, *to* Jan., 1952, *that I last saw the deceased alive on* Dec. 17, 1951, *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. F. Passer M.D. 487 (Degree or title)
23b. ADDRESS: Twin Falls, Id.
23c. DATE SIGNED: Jan. 12, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-14-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Donna Rieck
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 109
Local Reg. No. 30
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimberly RuralRoute

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Kimberly
d. STREET ADDRESS (If rural, give location): Rural Route Kimberly

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CORA	ANN	STURGILL	Jan. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Apr. 24, 1904	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Hyrum, Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob L. Hartvigsen	Hyrum, Utah	Wilhemia Rose	Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	x [illegible] Sturgill	Kimberly, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma in Brain — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Breast — 4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Jan. 24, 1952, *that I last saw the deceased alive on* Jan 18, 1952 *and that death occurred at* 10 45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn A Voyles 435 M.D.	Twin Falls, Idaho	1/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 28, 1952	Sunset Memorial Park	TwinFalls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-1-52	Donna Krack	Hugh E. Stallings	White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 410
Local Reg. No. 32
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls- Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. " 1 Twin Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. # 1 Twin Falls

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): MRS. FRANCES W. BEATTY

4. DATE OF DEATH (Month) (Day) (Year): January 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 22, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Don Lyman — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Marry Sinclair — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R. B. Beatty — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Mitral Regurgitation — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1934, *to* 24 Jan., 1952, *that I last saw the deceased alive on* 23 Jan., 1952, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. B. Beymer 024 M.D.
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 25 Jan. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/28/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-1-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Hugh W. Pollins — ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 22 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 411
Local Reg. No. 1
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle):
c. (Last): Evans.

4. DATE OF DEATH (Month) (Day) (Year): Jan 15 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 13 - 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Hickory Co Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezer Evans — BIRTHPLACE: Missouri.
14. MOTHER'S MAIDEN NAME: Mary Ellen McKay — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: x Ivan Evans — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic emphysema — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1951, *to* Jan 15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley G. Parker MD
23b. ADDRESS: Cascade Idaho
23c. DATE SIGNED: 15 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Margaret
24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: Jan 19 - 1952
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 412
Local Reg. No.
Reg. Dist. No. 320

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntington
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) LEOTA
b. (Middle) VIRGINIA
c. (Last) BAKER

4. DATE OF DEATH (Month) (Day) (Year) January 1 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 3 1929
9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Belle Fourche S.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Munger — BIRTHPLACE Springview, Nebr.
14. MOTHER'S MAIDEN NAME Lavella Curry — BIRTHPLACE Halfway, Oregon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lavella Gravel — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident. Hi Way #30

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) South of Weiser, Idaho

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Malheur - Ore
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 31, 1952 800 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* Dec 31, 1951, *to* Jan 1st, 1952, *that I last saw the deceased alive on* Jan 1st, 1952, *and that death occurred at* 4:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M S McGrath MD
23b. ADDRESS Weiser Idaho
23c. DATE SIGNED 1/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/5/52
24c. NAME OF CEMETERY OR CREMATORY Payette Rosedale
24d. LOCATION (City, town, or county) (State) PaYette Idaho

DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE Marie Hawthorn
25. FUNERAL DIRECTOR A. S. Jones — ADDRESS Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 113
Local Reg. No. 2
Reg. Dist. No. 720

BIRTH NO. JAN 21 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) MANSFIELD c. (Last) INGRAM

4. DATE OF DEATH: January 2 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 12 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Bldg.

11. BIRTHPLACE (State or foreign country): Paducah Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Ingram
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Sarah Self
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ingram
ADDRESS: Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26th, 1951, *to* Jan 2nd, 1952, *that I last saw the deceased alive on* Jan 2nd, 1952 *and that death occurred at* 11:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M S McGrath MD

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 1/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/7/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 1/3/52

REGISTRAR'S SIGNATURE: Marie Faulkner

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48081

Certificate of Death

STATE OF IDAHO

State File No. 414
Local Reg. No. 3
Reg. Dist. No. 32-1

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial a Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Id ho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt#2

3. NAME OF DECEASED (Type or Print): a. (First) ALEXANDER; b. (Middle); c. (Last) SCHIMPF

4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11 1893

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Far mer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Saratora Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Earl Schimpf — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Catherine Wagner — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 523-09-7940

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis with Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 31 Aug, 1949, *to* 4 Jan, 1952, *that I last saw the deceased alive on* 4 Jan, 1952, *and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hayden Hancock, M.D.

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/8/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1/7/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: [signature] — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 415
Local Reg. No.
Reg. Dist. No. 520

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — JAN 21 1952
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 426 East 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) MARSTON c. (Last) LEEDY

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: #### Albert J. Marston
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Anna Hamilton
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Maurice E. Leedy
ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension 290/140

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1951, *to* Jan 6, 1952, *that I last saw the deceased alive on* Jan. 6, 1952, *and that death occurred at* 12:30 P m, *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Wyatt, Jr. (Degree or title): M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/9/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1/7/52

REGISTRAR'S SIGNATURE: Maree Hamilton

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 116
Local Reg. No. 5
Reg. Dist. No. 5-21

BIRTH NO. JAN 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) ECKLES

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 9 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen Merchandise

11. BIRTHPLACE (State or foreign country): LaHarpe, Illinois

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Eckles
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Jane Shutwell
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James J Eckles
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Lobar Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5-7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis & Cardiac Decompensation — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility & Senile Dementia — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4 Jan, 1952, *to* 8 Jan, 1952, *that I last saw the deceased alive on* 5 Jan, 1952, *and that death occurred at* 9:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Hawley M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 1/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 1/9/52
REGISTRAR'S SIGNATURE: Maree Hawthorn
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-40021

Dr. F.A. Schmitz

Certificate of Death

STATE OF IDAHO

State File No. 417
Local Reg. No. 6
Reg. Dist. No. 2

BIRTH NO. FEB 5 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 641 West Butterfield Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ELIZABETH	SEARS	Jan. 11 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 HR.: Hours / Min.
Female	White	Married	Aug. 14 1875	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Red Wing Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John McCormick	Canada	Ellen Trench	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Agnes V Pantle	Spokane, Wn.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arthritis anky. — INTERVAL BETWEEN ONSET AND DEATH: 1943

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) no

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-10 —, 1927, *to* 1-11 —, 1952 *that I last saw the deceased alive on* 1-11 —, 1952, *and that death occurred at* 11 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fa Schmitz M.D.	Weiser Idaho	1/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/15/52	Hillcrest Cemetery	Weiser Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/14/52	Marie Hardborn	A. L. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 718
Local Reg. No. 7
Reg. Dist. No. 20

BIRTH NO. FEB 5 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): E. Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) STANTON c. (Last) BROOKS

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 22, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Brooks
BIRTHPLACE: don't know

14. MOTHER'S MAIDEN NAME: Elizabeth Harris
BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-20-2407

17. INFORMANT'S OWN SIGNATURE: W. J. Westervelt
ADDRESS: 1136 Graybar Bldg Los Angeles Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subject was found dead in his

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): home. Best available information and

DUE TO (c): evidence indicates death was due to

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: natural causes.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXXXXX

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: No injury

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* ???? m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. S. Jones
(Degree or title): Coroner

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 1/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/19/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 1/19/52

REGISTRAR'S SIGNATURE: Marie Sawthorn

25. FUNERAL DIRECTOR: A. S. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No. 8
Reg. Dist. No. 330

BIRTH NO. FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weise r
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washingt on
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 253 West Court Street

3. NAME OF DECEASED (Type or Print)
a. (First): ADELAIDE (Addie)
b. (Middle): MARIA
c. (Last): LACKEY

4. DATE OF DEATH: January 25 1952 (Month) (Day) (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow ed

8. DATE OF BIRTH: Sept. 14 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Oregon City Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cyrus T. Locey
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Maria Morfitt
BIRTHPLACE: London, Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: N one

17. INFORMANT'S OWN SIGNATURE: Mary E. Wade
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Invalid for years, Diagnosis - unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec, *1951, to* 25 Jan, *1952, that I last saw the deceased alive on* 24 Jan, *1952, and that death occurred at* 4:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Handley, M.D.

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 1/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/28/52

24c. NAME OF CEMETERY OR CREMATORY: Ontario Cemetery

24d. LOCATION (City, town, or county) (State): Ontario Or egon

DATE REC'D BY LOCAL REG.: 1/26/52

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR: C. L. Jones

ADDRESS: Weis er, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 420
Local Reg. No. 9
Reg. Dist. No. 320

BIRTH NO. FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho
d. STREET ADDRESS (If rural, give location): Camp-U-Rest Motel 8th and West Commercial St.

3. NAME OF DECEASED (Type or Print): a. (First) STANLEY b. (Middle) EARL c. (Last) RITZSCHKE

4. DATE OF DEATH: (Month) Jan. (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8 1911

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Herman Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George A. Ritzschke BIRTHPLACE: Grant Co. Minn.

14. MOTHER'S MAIDEN NAME: Stella E. [illegible] BIRTHPLACE: Trettin Mitchell, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Navy Vet. World War # 2

16. SOCIAL SECURITY NO.: 434,4

17. INFORMANT'S OWN SIGNATURE: Mrs Anne Ritzschke ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was employed as a motor

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) mechanic in a garage. He was doing overtime work in the evening and was
DUE TO (c) underneath a car at the time of death. Just before death he said" Ouch, that

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* hurt" Best available information indicates that he died of a heart attack, possibly induced by over exertion.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington County, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): January 30 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Possible over exertion (See Above)

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Jones (Degree or title): Coroner
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 1/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/5/52
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REGISTRAR: 2/2/52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: C. Jones ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 421
Local Reg. No. 53
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1105 Pueblo Street

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): D.
c. (Last): MILLIGAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1878
9. AGE (In years last birthday): 73-5-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Milligan — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary J. McKenzie — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-7012
17. INFORMANT'S OWN SIGNATURE: C. E. Milligan — ADDRESS: 1105 Pueblo - Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Rectum
DUE TO (c): Ulcer of Duodenum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Plastic on Colostomy - Digital Exploration
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. D. Parkinson
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 422
Local Reg. No. 47
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 403 Franklin St

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle) Jane; c. (Last) Libby

4. DATE OF DEATH: (Month) Feb. (Day) 3rd. (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Dec. 10th 1859	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. John Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mills — BIRTHPLACE: USA.
14. MOTHER'S MAIDEN NAME: Sarah McAnnelly. — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. E. A. Shaw — ADDRESS: Twin Falls Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 4 weeks
DUE TO (c) Senility — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 19 52, *to* Feb 3, 19 52, *that I last saw the deceased alive on* Feb 2, 19 52 *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise Idaho	2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 5. 1952	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-8-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 423
Local Reg. No. 56
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1114 N. 14th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R.D. #2, Hampton Road

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): E.
c. (Last): CLARK

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 18, 1875

9. AGE (In years last birthday): 76-11-16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centralia, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Gant
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elizabeth C. Bowen
ADDRESS: 1312 Sherman Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease and Infarction Hypertension — 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Obesity + Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis with stones Obesity Chronic Arthritis Chronic Invalidism Cataracts

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION*: No Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? No injury

22. *I hereby certify that I attended the deceased from* Nov 14, 1951, *to* Feb 4, 1952, *that I last saw the deceased alive on* Feb 3, 1952, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Markle MD (Degree or title)
23b. ADDRESS: 515 Eastman Bld Boise Idaho
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE OF: Feb. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 424
Local Reg. No. 55
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 300 N. 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SUSIE
b. (Middle):
c. (Last): NICHOLS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 1, 1900
9. AGE (In years last birthday): 52-0-3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma Territory
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph J. Surber — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lottie Murray — BIRTHPLACE: Uknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gay A. Nichols — ADDRESS: 300 No 16.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Carcinoma of brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Feb., 1952, *that I last saw the deceased alive on* 2-4, 1952, *and that death occurred at* 10:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. Widmore, D.O.
23b. ADDRESS: 1101 - Jeff. Boise
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 425
Local Reg. No. 54
Reg. Dist. No. 3

RECD FEB 15 1952 DIVISION OF VITAL STATIST.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Milner Hotel

3. NAME OF DECEASED (Type or Print): a. (First) HUGH; b. (Middle) J.; c. (Last) GILLESPIE

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 2, 1896

9. AGE (In years last birthday): 56-1-2
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Staples, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Gillespie — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Rose Moahan — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 519-12-0909

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Clyde E Summers 1205 Bannock Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural causes. Had been ill for

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): several years. Nothing of a
DUE TO (c): criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from ////// 19/// to ////// 19/// that I last saw the deceased alive on ////// 19/// and that death occurred at 2:a. m., from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Clyde E Summers Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock St.
23c. DATE SIGNED: 2/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Staples, Minnesota

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR AND ADDRESS: Clyde E Summers Boise, Idaho SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

State File No. 426
Local Reg. No. 57
Reg. Dist. No. 370

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1010 Houston Road

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): COATS
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 21, 1916
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LINCOLN, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: FRED FUNKE — BIRTHPLACE: NEBRASKA
14. MOTHER'S MAIDEN NAME: ELIZABETH BURRUSS — BIRTHPLACE: ALEXANDRIA, NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Max Funke, 656 Teresita Blvd, San Francisco 16, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 410X Acute Left Ventricular failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart disease with Mitral Stenosis and regurgitation
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

INTERVAL BETWEEN ONSET AND DEATH: 18 hours discovered at age of 18 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/17, 1947, *to* 2/6, 1952, *that I last saw the deceased alive on* 2/6, 1952, *and that death occurred at* 2:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 2/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 427
Local Reg. No. 48
Reg. Dist. No. 370

BIRTH NO.

FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 7 Mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 35 Pershing Drive

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Marie c. (Last) Cooper

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-29-1893

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days: 8 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland, So. Dak.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: J. M. Scheidt — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katherine Schmidt — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Walter N. Ingham — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute gangrenous Cholecystitis with gall stones — 6 days

19a. DATE OF OPERATION: Jan 31, 1952

19b. MAJOR FINDINGS OF OPERATION: acute gangrenous Cholecystitis with gall stones

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 1952, *to* Feb 6, 1952, *that I last saw the deceased alive on* Feb 6, 1952 *and that death occurred at* 9:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L Smith M.D. — **23b. ADDRESS**: Boise, Idaho — **23c. DATE SIGNED**: Feb 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 3 — **24b. DATE**: Feb 10th. 1952. — **24c. NAME OF CEMETERY OR CREMATORY**: Courtney Cemetery. — **24d. LOCATION** (City, town, or county) (State): Courtney No. Dak.

DATE REC'D BY LOCAL REG.: 2-8-52 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR — **ADDRESS**: Schreiber-McCann-Gibson--Boise

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 428
Local Reg. No. 62
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 22 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1619 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) ETHEL
b. (Middle) KELLEY
c. (Last) HANSON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 27, 1883
9. AGE (In years last birthday) 68-7-9 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Vesper, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Leonard Bruce Kelley-Nova Scotia
14. MOTHER'S MAIDEN NAME BIRTHPLACE Madeline Hartley - Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Boise Ida ADDRESS John E. Hanson 1619 Harrison Blvd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid — INTERVAL BETWEEN ONSET AND DEATH 9 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Feb, 1952, *that I last saw the deceased alive on* Feb 6, 1952, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE 210 [signature] (Degree or title) M.D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 51 Feb. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Portland Crematory
24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. 2-16-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 429
Local Reg. No. 61
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 409 S. 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND	BLAKE	HORTON	Feb. 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 25, 1902	49-7-12				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver-Consolidated Frtways
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ukiah, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Horton	California	Louise Blake	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. #2	542-05-0399	Verna Horton	3115 Crescent Rim

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Jan, 1952, *to* 6 Feb, 1952, *that I last saw the deceased alive on* 6 Feb, 1952, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stewart S. Merrill 536	M.D.	714½ N. Orchard Boise	2/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 9, 1952	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-18-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 430
Local Reg. No. 70
Reg. Dist. No. 370

BIRTH NO.

1952 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 46 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 106 So. 5th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	W.	Stevens	Feb. 13th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	July 28th. 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Stevens — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Emma Wright — BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. William Stevens — Pendleton Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart D.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from _____, 1951, to Feb. 13, 1952 that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Munson 197	M D	Boise Idaho	2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 16. 1952	Morr is Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
2-27-52	Myrtle Palmer	Schreiber-McCann-Gibson. Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Nowierski

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

State File No. 431
Local Reg. No. 69
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ########## Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location) P.O. Box # 295 (City)

3. NAME OF DECEASED (Type or Print)
a. (First) ETHELDA
b. (Middle) LOUISE
c. (Last) JASPER

4. DATE OF DEATH (Month) Febr. (Day) 13 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Febr. 5 1913

9. AGE (In years last birthday) 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Sweet Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME C.E. Cooper
BIRTHPLACE Colorado

14. MOTHER'S MAIDEN NAME Mary Lowery
BIRTHPLACE Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Andrew Jasper
ADDRESS Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Saddle Embolus of Aorta

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease
DUE TO (c) Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 2-10-52

19b. MAJOR FINDINGS OF OPERATION Common Iliac artery occlusion, bilateral due to Embolus

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1952, *to* Feb. 13, 1952, *that I last saw the deceased alive on* Feb. 13, 1952, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H.W. Nowierski Jr M.D.

23b. ADDRESS Boise, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 2/14/52

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Council, Idaho

DATE REC'D BY LOCAL REG. 2-27-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR R. Dan Thomason
ADDRESS Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 132
Local Reg. No. 72
Reg. Dist. No. 370

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1007 N. 12th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANTONIA	MARIE	SORBEN	Feb. 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 18, 1875	76-7-27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Trondheim, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Fred W Ritzside	1118 N. 13th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-10, 1951, *to* 10-31, 1951, *that I last saw the deceased alive on* 10-31, 1951, *and that death occurred at* 9a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.F. Swindell 393 M. D.	Boise Idaho	2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1952	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-27-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 433
Local Reg. No. 71
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FREDRICK
b. (Middle): WILSON
c. (Last): POWELL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 7, 1870
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Civil Bend, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James L. Powell
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Hannah
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Retta V. Powell
ADDRESS: Richfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8, 1952 *to* 2-15-, 1952, *that I last saw the deceased alive on* 2-14, 1952, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Swindell M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: 2-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 434
Local Reg. No. 80
Reg. Dist. No. 370

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EDGAR
c. (Last): HIGHTOWER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 17, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minning 07
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Lima Co. Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John C, Hightower — BIRTHPLACE: Miami Co. Kansas
14. MOTHER'S MAIDEN NAME: Margaret Ralls — BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. P. Hightower — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* death, *that I last saw the deceased alive on* Feb 15, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: F B Jeppesen (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: FEB 27 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Grandview Idaho

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 65
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1111 WASHINGTON

3. NAME OF DECEASED (Type or Print)
a. (First): OCTAVIA
b. (Middle): ALFREDDA
c. (Last): ALLEY

4. DATE OF DEATH (Month) (Day) (Year): Febraury 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 4, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Alderson, West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: JAMES F. BAKER
BIRTHPLACE: WEST VIRGINIA

14. MOTHER'S MAIDEN NAME: ELIZABETH BABER
BIRTHPLACE: WEST VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X C. Earling Alley
ADDRESS: Ida. Garden Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Adeno-Carcinoma Metastatic — INTERVAL BETWEEN ONSET AND DEATH: 4-6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adeno - Carcinoma - uterus — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Marasmus — 1 mo.

19a. DATE OF OPERATION: 10-19-51
19b. MAJOR FINDINGS OF OPERATION: Fibroma epi-dural fat

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1951, *to* 2-16, 1952, *that I last saw the deceased alive on* 2-19, 1952, *and that death occurred at* 5:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Shaw
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 436
Local Reg. No. 74
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO. 52

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idan Ha Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home Air Force Base
d. STREET ADDRESS (If rural, give location) Mountain Home, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard
b. (Middle) Silas
c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) February 17 1952

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 26 January 1922
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) military
10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force
11. BIRTHPLACE (State or foreign country) Holmes, New York
12. CITIZEN OF WHAT COUNTRY? United State

13. FATHER'S NAME Sewell F. White BIRTHPLACE Holmes, New York
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Farmers Mill, New Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Jan 23,46 to 13 Aug 48
16. SOCIAL SECURITY NO. 066-14-9453
17. INFORMANT'S OWN SIGNATURE Kennith J. Anderson ADDRESS Contracting Officer Mt. Home AFB, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Hanged himself with electric cord in his room in a Boise hotel. Call was received at 4:00 p.m. Feb. 17,1952 and he had been dead several hours.

974 X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE XX HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify* ~~that I attended the deceased from ... and that death occurred at~~ after midnight m., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde E. Summers (Degree or title) Coroner
23b. ADDRESS 1205 Bannock Street of Ada County, Boise, Ida.
23c. DATE SIGNED 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 2/20/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Pawling, New York

DATE REC'D BY LOCAL REG. 2-27-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Felix J. Ray ADDRESS Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 137
Local Reg. No. 64
Reg. Dist. No. 370

BIRTH NO. 130

FILED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3525 Morris Hill Drive

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle) E.; c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 17. 1868

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Abel Adams — BIRTHPLACE: N.Y. State

14. MOTHER'S MAIDEN NAME: Mary Teeple — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmer L. Cattell — ADDRESS: Boise Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 16, 1952, *to* Feb 18, 1952, *that I last saw the deceased alive on* Feb. 17, 1952, *and that death occurred at* 2:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 21. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-20-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J. S. McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 438
Local Reg. No. 82
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): ROXY
b. (Middle):
c. (Last): HERRON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1886
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 0, Days 12
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Indianola Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Spencer
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James W. Herron
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of Cecum — 18 hrs.
DUE TO (c) Carcinoma of Stomach — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-17-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach invading liver + colon
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1951, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb 20, 1952, *and that death occurred at* 10 05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. White M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bey
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 139
Local Reg. No. 83
Reg. Dist. No. 370

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 30 Minutes.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1421. West Jefferson Street.

3. NAME OF DECEASED (Type or Print)
a. (First): ASTON
b. (Middle): DUNLAP
c. (Last): PEAKE.

4. DATE OF DEATH (Month) (Day) (Year): February. 21.52.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: October. 21.1939.
9. AGE (In years last birthday): 12-4-0. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student. 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Everett, Washington.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Aston Shaw Peake, Wilkesbarre. Penn.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Ruth Easter Dunlap, Spokane. Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs. Ruth E. Peake 1421 Jefferson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cyanotic - Probable Tetrology of Fallot.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolism — Since birth.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* Feb 21, 1952, *that I last saw the deceased alive on* Feb 20, 1952, *and that death occurred at* 12:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 126 Frank L Hetchen MD
23b. ADDRESS: 200 E. Bannock St. Boise
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Feb. 23. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers
Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 440
Local Reg. No. 67
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 2721 Pleasanton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2721 Pleasanton Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) J.; c. (Last) Kromrei

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 22. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 15th 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. Retired 54

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berlin Germany

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Kromrei — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Margaret J. Dunn — ADDRESS: Boise Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized arteriosclerosis — 25 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* — , 1950, *to* Feb 22, 1951, *that I last saw the deceased alive on* Feb. 4, 1952, *and that death occurred at* 7-A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 375 Harvey L. Smith M.D.

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 25th 52.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

F. N. McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 441
Local Reg. No. 68
Reg. Dist. No. 270

BIRTH NO.

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1620 Harrison Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Fallon	Faires	Feb. 23. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 31. 1881	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Milwaukee Wisc.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Ireland	Unknown	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	J. V. Faires	1620 Harrison Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cancer of cervix	2+ yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Metastasis, generalized	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Cancer of cervix & metastasis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1951, *to* 23 Feb, 1952, *that I last saw the deceased alive on* 23 Feb, 1952, *and that death occurred at* 255 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rene Reynolds MD	Boise Idaho	2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 26 1952	St. John's Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
2-26-52	Myrtle Palmer	Schreiber-McCann-Gibson. Boise

J. V. McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 442
Local Reg. No. 84
Reg. Dist. No. 370

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1603. North 14 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE b. (Middle) AYTON c. (Last) GOWDY.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: April. 22. 1866.

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR Months: 9 Days: 1 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Le Roy, Illinois.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Franklin Ayton. BIRTHPLACE: Illinois.

14. MOTHER'S MAIDEN NAME: Orlena La Marr. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Mrs Verletta G. Wilder ADDRESS: Boise 1603 N 14th

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block & Cerebral Ischemia — INTERVAL BETWEEN ONSET AND DEATH: few hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Calcareous Aortic Stenosis — many years.

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 22, 1952, *to* Feb 23, 1952, *that I last saw the deceased alive on* Feb 23, 1952, *and that death occurred at* 3:45 a.m. p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title) M.D.

23b. ADDRESS: 1320 Vista Ave, Boise

23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: February. 27. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers' Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 443
Local Reg. No. 66
Reg. Dist. No. 370

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1111 No. 9th. St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Alston c. (Last) Palmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 15. 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Star, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Martin V. Palmer BIRTHPLACE: Bridgeport, Me.

14. MOTHER'S MAIDEN NAME: Jane Clarke BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marie Simpson ADDRESS: Boise Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post-op. Cholecystectomy — 4 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 584X

19b. MAJOR FINDINGS OF OPERATION: Cholecystitis & Stones

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/5, 1952, *to* 2/24, 1952, *that I last saw the deceased alive on* 2/24, 1952, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Everett R. Jones (Degree or title): M.D.

23b. ADDRESS: Boise Idaho.

23c. DATE SIGNED: 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/26/52

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 2-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: E. L. Robison, Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 29 1952
DIVISION OF VITAL STATISTICS, STATE OF IDAHO

Certificate of Death

State File No. 344
Local Reg. No. 77
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 13 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1016 N. 19th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1502 N. 7th. St

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): CORNELIA
c. (Last): BOOHER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 24, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 17, 1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Newberry, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Edwin Martin
BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Cornelia Hickox
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jenotta B Kinney
ADDRESS: 1502 N. 7th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise - Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?: none

22. *I hereby certify that I attended the deceased from* Nov 1, 1951, *to* Feb 24, 1952 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Brayton MD (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kuna
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 2-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 445
Local Reg. No. 41
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Cobvalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 101 Vine St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Robins

4. DATE OF DEATH (Month) (Day) (Year): February 24-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: February 7-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 0, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Joe, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Robins — BIRTHPLACE: London, England
14. MOTHER'S MAIDEN NAME: Elizabeth Burger, — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cecile E. Parsons — ADDRESS: 510 State St Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1941 mark *to* death, 19__, *that I last saw the deceased alive on* about a week *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F B Jeppesen 191 M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 27-1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR (Address): Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 446
Local Reg. No. 85
Reg. Dist. No. 370

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) BRENT; b. (Middle); c. (Last) WATKINS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 19, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 1; Days 5
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): London, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT'S OWN SIGNATURE: Clara Watkins
ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - - - -
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Feb. 24, 19 52, *that I last saw the deceased alive on* Feb. 24, 19 52, *and that death occurred at* 2 30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: Feb. 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 3-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 447
Local Reg. No. 78
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 S. 11th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
d. STREET ADDRESS (If rural, give location): 419 S. 11th. St.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) HENRY c. (Last) POWELL

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 19, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Vaughn Powell
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Fancher
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Mrs Mary Powell ADDRESS: 419 S. 11th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4580

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* None, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James Harlington Powell MD (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-27-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Ph. 506

RECEIVED MAR 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 148
Local Reg. No. 79
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2515 Stewart

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Harvey; c. (Last) Fulmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 1, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Punch boards, etc

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Fulmer
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Lucy Grumling
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-0446

17. INFORMANT'S OWN SIGNATURE: X R. L. Barnes ADDRESS: 2515 Stewart Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25-, 1952, *to* 2-25, 1952, *that I last saw the deceased alive on* 2-25-, 1952, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Swindell (Degree or title): M. D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

MAR 11 1952

State File No. 449
Local Reg. No. 89
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 115 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409. East Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1415. East Bannock Street.

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) CLAYTON c. (Last) MOORE.

4. DATE OF DEATH (Month) (Day) (Year): February. 25. 52.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: Aug. 22. 1862.

9. AGE (In years last birthday) 89-6-3. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Building Custodian.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ashland, Ohio.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: John Moore, Unknown.

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Unknown. Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Merrill C. Moore Boise Idaho RI

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 60 days
DUE TO (c) Hypertensive Cardio Vascular Renal disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* Feb 24, 1952, *that I last saw the deceased alive on* Feb 24, 1952, *and that death occurred at* 4.45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Spencer 381 MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Feb. 27. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-10-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 150
Local Reg. No. 86
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 619 South 14th
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 619 South 14th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 619 South 14th

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ann c. (Last) Denten

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 26 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 11 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Slatedale Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bennett — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ann Mugford — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: x W. F. Denten — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Central Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 195/, *to* 2-26-, 195~, *that I last saw the deceased alive on* 2-25, 195~, *and that death occurred at* 11:30~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Saunders M. D.	Boise Idaho	2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 29 1952	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-3-52	Myrtle Palmer	Schreiber-McCann-Gibson--Boise.	Harold A. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 151
Local Reg. No. 90
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3021 Leadville

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): MORRIS
c. (Last): LEIGH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 3, 1855

9. AGE (In years last birthday): 96-2-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Leigh
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Ann Morris
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Elizabeth L. Brown
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7944

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural causes. Senility
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nothing of a criminal nature
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~xxxxxxxx, 19xx~~ *to* ~~xxxxxxxxxx 19xx~~ *that I last saw the deceased alive on* ~~xxxxxxxxxx~~ *to* ~~xxx~~ *and that death occurred at* 8:15 am *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers, M.D. (Degree or title): Coroner of Ada County
23b. ADDRESS: 1205 Bannock St. Boise, Idaho
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

State File No. 452
Local Reg. No. 91
Reg. Dist. No. 370

MAR 11 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 315 Franklin Street

3. NAME OF DECEASED (Type or Print)
a. (First) IDA
b. (Middle) MARTIN
c. (Last) WARNER

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 13, 1885
9. AGE (In years last birthday) 66-2-14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher & County School Supt.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Near Harrison, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 12 — BIRTHPLACE Thomas B. Martin-White Co., Ark.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE Mary Jane Morris - Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Boise Idaho, ADDRESS James M. Warner 4810 Bond St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3-6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, senile — 20 yrs.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 3, 1948, *to* 2/25, 1952, *that I last saw the deceased alive on* 2/25, 1952, *and that death occurred at* 7AM *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank A. Minas '268 (Degree or title) MD
23b. ADDRESS 214 Eastman Bldg
23c. DATE SIGNED Feb. 29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 1, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-10-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers — ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 153
Local Reg. No. 94
Reg. Dist. No 370

BIRTH NO.

RECEIVED
MAR 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1610 Warren St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1610 Warren St.

3. NAME OF DECEASED (Type or Print): a. (First) Frederick; b. (Middle) Lacell; c. (Last) Hoffman

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22. 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairmont New Jersey

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frederick P. Hoffman. BIRTHPLACE: New Jersey

14. MOTHER'S MAIDEN NAME: Mary Cannedy. BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Florence M. Rich ADDRESS: Boise.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) malnutrition & dehydration — 2 wks.

DUE TO (c) Carcinoma of the stomach — more than 4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1951, *to* Feb 29, 1952, *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE, 24 (Degree or title): John A Mather MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 3/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 5.1952

24c. NAME OF CEMETERY OR CREMATORY: Clovardale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 454
Local Reg. No. 92
Reg. Dist. No. 390

MAR 11 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 817. East Bannock Street.

3. NAME OF DECEASED (Type or Print): a. (First) VICTORIA b. (Middle) HAUG c. (Last) JONES.

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 29. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: July. 16. 1884.

9. AGE (In years last birthday): 67-7-13. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home. 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho City, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Haug, Germany.

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary Garrecht. Germany.

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mark Jones ADDRESS: 817. E. Bannock Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Sigmum — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Liver — 3 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/9/52

19b. MAJOR FINDINGS OF OPERATION: As above.

20. AUTOPSY? YES [4] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/6, 1952, *to* 2/29, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3. P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 193 Emmett Jones (Degree or title) M.D.

23b. ADDRESS Boise, Idaho

23c. DATE SIGNED 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: March. 3. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-10-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

27. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 455
Local Reg. No. 17
Reg. Dist. No. 371

BIRTH NO.

FEB 6 1952 DIVISION OF VITA

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Herbert c. (Last) Littlewood

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June, 11, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brough England

12. CITIZEN OF WHAT COUNTRY?: Gr. Britain

13. FATHER'S NAME: Robert Littlewood
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Bocking
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Fernleigh Littlewood
ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 20 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile dementia — 2 yrs.

4 20 0

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1951, *to* 1 Feb, 1952, *that I last saw the deceased alive on* 1 Feb, 1952, *and that death occurred at* 1:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (375): Harvey L. Smith (Degree or title): M.D.

23b. ADDRESS: Meridian, Idaho

23c. DATE SIGNED: 2 Feb. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/5/52

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 2-4-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B.W. Robison
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 156
Local Reg. No. 23
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 907 North 17th St.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) P.; c. (Last) WALKER

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-25-75

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 5 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Walkersford, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel B. Walker
BIRTHPLACE: Walkersford, VA.

14. MOTHER'S MAIDEN NAME: Mollie R. Venable
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Wm. S. Keller
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Portal Cirrhosis with Anasarca
INTERVAL BETWEEN ONSET AND DEATH: Prior to Admn.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1951, *to* Feb 2, 1952, *that I last saw the deceased alive on* Feb. 2, 1952, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Feb. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 457
Local Reg. No. 20
Reg. Dist. No. 371

BIRTH NO.

FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 577 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): State Soldiers Home

3. NAME OF DECEASED (Type or Print)
a. (First): Loy
b. (Middle): A.
c. (Last): MICHAEL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10-24-90
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 3, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Esbon, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 538 01 0378
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Wm. G. Bates, Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Massive Spontaneous Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Emphysema, Chr.; Bronchitis — Prior to Admn.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1950, *to* Feb. 3, 1952, *that I last saw the deceased alive on* Feb. 3, 1952, *and that death occurred at* 7:35p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M.D. Pathologist 046
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 2-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: A. E. Alden RSG. Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 158
Local Reg. No. 59
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
FEB 16 1952
DIVISION OF VITAL STA.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Star
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Son Rev. Walter P.Lee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Star
d. STREET ADDRESS (If rural, give location): Rt. 1, Eagle

3. NAME OF DECEASED (Type or Print)
a. (First): Rev. Ida
b. (Middle): Johnson
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): February 4-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 31-1869

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR — Months: 8 Days: 3
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister of Friends Church

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cadiz, Harrison Co., Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C. Johnson, Not Known
BIRTHPLACE: 61

14. MOTHER'S MAIDEN NAME: Judith C. Stanley, Damascus, Ohio
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter P. Lee
ADDRESS: R. 1, Eagle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyp. & Latte Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Vascular
DUE TO (c): Accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive heart disease.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.E. Dietler M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 2-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 6-1952

24c. NAME OF CEMETERY OR CREMATORY: Rose City

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C.V. Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. 159
Local Reg. No. 27
Reg. Dist. No. 321

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 138 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonnivill[illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 460 So. Emerson

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) A.; c. (Last) Malone

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-7-78

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anderson, Ind.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Malone — BIRTHPLACE: Court, Ireland

14. MOTHER'S MAIDEN NAME: Laura Passwater — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAN

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrhythmia Arteriosclerotic Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bronchites with Pulmonary Emphysema — Prior to Admn.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 20, 1951, *to* Feb. 5, 1952, *that I last saw the deceased alive on* Feb. 5, 1952, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Patholigist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: G. E. Alden & Co. Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 460
Local Reg. No. 63
Reg. Dist. No. 370

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2105 Bannock Street

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): MAY
c. (Last): HOLMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 6, 1878
9. AGE (In years last birthday): 73-6-1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crete, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Brox — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anne Elizabeth Van Slyke-Warren, — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: N. Elsie Speck — R.1, Box 328-Kent Hwy — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephrosclerosis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* Feb 7, 1952, *that I last saw the deceased alive on* Feb 7, 1952, *and that death occurred at* 945A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 8, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 161
Local Reg. No. 22
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada Co. Hosp.

3. NAME OF DECEASED (Type or Print): a. (First) Marie; b. (Middle) M.; c. (Last) Casada

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 28. 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lawrence Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Pleasant F. McKinley
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Sarah Jane Wheat
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clarence R. Wallace
ADDRESS: Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular Hypertension disease — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Severe Rheumatoid Arthritis 20 yrs.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* Feb 8, 1952, *that I last saw the deceased alive on* Feb 7, 1952 *and that death occurred at* 7:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/11/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada County Idaho.

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.C. Robison
ADDRESS: Meridian, Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 462
Local Reg. No. 25
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 211½, So. Capitol Blvd:

3. NAME OF DECEASED (Type or Print): a. (First) Louie b. (Middle) c. (Last) Kee

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9. 1952

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 19. 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook and Gardner 49

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Francisco Calif.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: China

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: China

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jessie Ah Fuey
ADDRESS: 423 Ada St Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebrovascular Nephritis Diabetic Syndrome — 2 mo

DUE TO (c) Diabetes — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1951, to Feb 9, 1952, *that I last saw the deceased alive on* Feb 9, 1952, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/15/1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 163
Local Reg. No. 30
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1219. East Bannock Street.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) FRED c. (Last) NELSON.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.

8. DATE OF BIRTH: June. 11. 1884.

9. AGE (In years last birthday): 67-8-2. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician. 45

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albert Lee Minnesotta.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels. L. Nelson. BIRTHPLACE: Norway.

14. MOTHER'S MAIDEN NAME: Krista Olson. BIRTHPLACE: Norway.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Grace V. Lee ADDRESS: 111-12th Ave. So. - Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Feb 13, 1952, *that I last saw the deceased alive on* Feb 12, 1952, *and that death occurred at* 1.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 2-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 16. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 2-27-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 454
Local Reg. No. 73
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) NELSON c. (Last) LAWRENCE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1873

9. AGE (In years last birthday): 78-2-25 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Nelson Lawrence — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Jane Loyd — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Lutie Lawrence — ADDRESS: Star-Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Brain — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia Senility
DUE TO (c) Acute delirium Following

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis respiratory

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-8-, 1952 *to* 2-15, 1952, *that I last saw the deceased alive on* 2-14, 1952, *and that death occurred at* 8:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H H Belknap M.D.

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 2-27-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 185
Local Reg. No. 81
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

111-51-013596
BIRTH NO.

RECEIVED
MAR 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dallas b. (Middle) Wayne c. (Last) Hunsperger

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 12, 1951

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 4 Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cascade Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Sidney Hunsperger — BIRTHPLACE: Melba, Idaho

14. MOTHER'S MAIDEN NAME: Mary Wilmarth — BIRTHPLACE: Cascade, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Mary E. Hunsperger — ADDRESS: Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Was found dead in bed. Believed to have suffocated.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nothing of a criminal nature.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible] *and that death occurred at* 7:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner of Ada County, Boise, Idaho

23b. ADDRESS: 1205 Bannock St.

23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 3-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B. C. Robison — ADDRESS: Meridian Ada

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 338
Local Reg. No. 26
Reg. Dist. No. 37

BIRTH NO.

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 89 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley, Idaho
d. STREET ADDRESS (If rural, give location): Box 105

3. NAME OF DECEASED (Type or Print): a. (First) Edgar; b. (Middle) D.; c. (Last) Puckett

4. DATE OF DEATH (Month) (Day) (Year): February 16 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-24-91

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 11 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 43

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Corrinth, Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Puckett
BIRTHPLACE: Booneville, Miss.

14. MOTHER'S MAIDEN NAME: Lucy Powell
BIRTHPLACE: Almo, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. K. Tell
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriolesclerosis — Prior to Admn.
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1951, *to* Feb 16, 1952, *that I last saw the deceased alive on* Feb 16, 1952, *and that death occurred at* 5:35 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. H. SATTERLEE, Chief, Prof. Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Arden
ADDRESS: Boise, Ida.
For: Payne Mortuary, Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 457
Local Reg. No. 29
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho State Soldier's Home
d. STREET ADDRESS (If rural, give location): Boise, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Guy; b. (Middle) E.; c. (Last) Dickens

4. DATE OF DEATH: (Month) (Day) (Year): February 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11-21-86

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 2, Days 23
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Marquette, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles C. Dickens
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Sucindia Glover
BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. I. Sellers, Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Retroperitoneal Hemorrhage & Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Dissecting Aneurysm of Abdominal Aorta

DUE TO (c) Trauma - External

INTERVAL BETWEEN ONSET AND DEATH: Terminal / Prior to Admn.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 16, 1952, *to* Feb 17, 1952, *that I last saw the deceased alive on* Feb 17, 1952, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Joseph Beeman, M. D. Patholigist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 168
Local Reg. No. 35
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1612 N. 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL b. (Middle) BATES c. (Last) ROBERSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 12, 1885

9. AGE (In years last birthday): 66-4-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pike County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Bates
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lillian Lucille Glover
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Buck R. Kibble
ADDRESS: 1907 N 18 St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic diabetic syndrome — unk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Feb 17, 1952 *that I last saw the deceased alive on* Feb 17, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Kusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 2/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 22 1952 DIVISION OF

State File No. 169
Local Reg. No. 27
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 125 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 6613 Fairview Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Alfred; b. (Middle); c. (Last) Sherva

4. DATE OF DEATH (Month) (Day) (Year): February 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-13-95

9. AGE (In years last birthday): 56 | IF UNDER 1 YEAR Months: 10 Days: 4 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: 19

11. BIRTHPLACE (State or foreign country): Northwood, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Sherva
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Annie Johnson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 535-10-1142

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Gastro-Intestinal — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis generalized of the abdomen, Carcinoma rectal sigmoid, carcinoma prostate — Prior to Admn.

DUE TO (c) 1994

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 15, 1991, *to* Feb 17, 1952, *that I last saw the deceased alive on* Feb 17, 1952, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. H. SATTERLEE, CHIEF, PROF. SERV.
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: A. E. Alden, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 470
Local Reg. No. 36
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 707 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) KENDER b. (Middle) c. (Last) HANSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Jan. 10, 1877

9. AGE (In years last birthday): 75-1-8 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE AND ADDRESS: 1205 Banno Clyde E. Summers Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Unk

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 22, 1951 *to* Feb 18, 1952, *that I last saw the deceased alive on* Feb 17, 1952, *and that death occurred at* 1:039 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 2/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/22/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 471
Local Reg. No. 37
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #9

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): FREDERICK
c. (Last): MILEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 13, 1864
9. AGE (In years last birthday): 87-6-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vincennes, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R L Miley — ADDRESS: Rt 9 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uterus - Sclerotic hyperet dis. — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 18, 1952 *to* Feb 21, 1952 *that I last saw the deceased alive on* Feb 21, 1952 *and that death occurred at* 1:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/52
24c. NAME OF CEMETERY OR CREMATORY: Clowerdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 472
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rt.2 c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rt.2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First): Alexander	b. (Middle):	c. (Last): Gray	4. DATE OF DEATH (Month) (Day) (Year): Feb.21,1952
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept.25,1887	9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Green Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John B.Gray	BIRTHPLACE: Afton, Tenn.		14. MOTHER'S MAIDEN NAME: Mary A.Small	BIRTHPLACE: Afton, Tenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Minnie Gray	ADDRESS: Meridian Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199 H

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma c̄ Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Since 1948

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) TB Brain

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 52, 19__, *that I last saw the deceased alive on* 15 - Feb, 1952, *and that death occurred at* 5: A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: John T Mennard (Degree or title)	23b. ADDRESS: Meridian Ida	23c. DATE SIGNED: 2-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Feb.23,1952	24c. NAME OF CEMETERY OR CREMATORY: Meridian	24d. LOCATION (City, town, or county) (State): Meridian, Idaho.
DATE REC'D BY LOCAL REG.: 2-21-52	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. FUNERAL DIRECTOR: B W Robison	ADDRESS: Meridian Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 473
Local Reg. No. 31
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 525 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Bitner

4. DATE OF DEATH (Month) (Day) (Year): February 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-22-91

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months: 10 Days: 0 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier 30

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoisington, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Bitner
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ida Schnars
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Infarcts of Brain — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis — Prior to Adm.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September 15 1950, *to* Feb. 22, 1952, *that I last saw the deceased alive on* Feb. 22, 1952, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Weiser
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021
McBratney-Alden

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of George Bitner

now lying buried in Hillcrest Cemetery, in the City or Town of Weiser

County of Washington State of Idaho, who died on the 22 day of Feb., 1952, Aged 60 years ____ months ____ days, the cause of death being Generalized Arteriosclerosis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

V. A. Hospital, Boise, Idaho attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to Eastside Cemetery in the City or Town of Midvale County of Washington State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Washington it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 11th day of August, A.D. 1969.

Permit issued to:

Northam-Jones Funeral Home
221 East Court Street
Weiser, Idaho 83672

W. W. Benson
by _____
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

NON-RESIDENT
Certificate of Death

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 474
Local Reg. No. 32
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns, Oregon
d. STREET ADDRESS (If rural, give location): Box #40

3. NAME OF DECEASED (Type or Print): a. (First) Karl; b. (Middle) H.; c. (Last) Holmes

4. DATE OF DEATH (Month) (Day) (Year): February 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-11-10
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberjack
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Biwabik, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Holmes — BIRTHPLACE: Naasa Finland
14. MOTHER'S MAIDEN NAME: Lempi M. Huhtaman — BIRTHPLACE: Naasa Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Thos. H. Kelles — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & terminal broncho pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laennec's Cerrhosis of liver with hepatic insufficiency.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Massive Melena

INTERVAL BETWEEN ONSET AND DEATH: Terminal — Prior to Admn.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1952, *to* Feb. 24, 1952, *that I last saw the deceased alive on* Feb. 24, 1952, *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Aldan Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 475
Local Reg. No. 38
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): P. O. Box 192

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EDWARD
c. (Last): LECKI

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 20, 1919
9. AGE (In years last birthday): 32-10-4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washoe, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John David Leckie — BIRTHPLACE: Buffalo, Mo.
14. MOTHER'S MAIDEN NAME: Doshie Ladd — BIRTHPLACE: Dixon, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.: 517-12-9440
17. INFORMANT'S OWN SIGNATURE: Mrs Gladys Leckie — ADDRESS: 2029 E Rich Wm

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental. He was found dead in his automobile. Apparently had gone to sleep with motor running and died of carbon monoxide poisoning. Nothing of a criminal nature.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE HOMICIDE** (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): county road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Eagle, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 24, 1952 7a. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Went to sleep in automobile

22. *I hereby certify that I attended the deceased from XXXXXXXXXX, 19XXX to XXXXXXXXXX, 19XXX, that I last saw the deceased alive on XXXXXXXXXX, 19XXX and that death occurred at* 7 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers (Degree or title): Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock Street
23c. DATE SIGNED: 2/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/27/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Billings, Montana

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 476
Local Reg. No. 33
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 288 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arizona
b. COUNTY Maricopa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Phoenix, Arizona
d. STREET ADDRESS (If rural, give location) 335 West Portland St.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) L. c. (Last) Evans

4. DATE OF DEATH (Month) (Day) (Year) February 25, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1-27-69

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 0 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lee Evans BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Katie Guthrie BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. 518143364

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

16-27

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchogenic Carcinoma Right Lung — Prior to Admn.

DUE TO (c) Bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1951, *to* Feb 25, 1952, *that I last saw the deceased alive on* Feb 25, 1952, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) A. H. SATTERLEE, Chief, Prof. Services

23b. ADDRESS VA Hospital, Boise, Idaho

23c. DATE SIGNED 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Feb. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Coos Bay, Oregon

DATE REC'D BY LOCAL REG. 3-1-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR [signature] ADDRESS Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 477
Local Reg. No. 42
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3 Miles East of Boise

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLAUDE	LESTER	BERRY	Feb. 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	Jan. 9, 1938	14-1-18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neelyville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Berry — BIRTHPLACE: Ellsinore, Mo.
14. MOTHER'S MAIDEN NAME: Mercedes Queen — BIRTHPLACE: Toledo, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs James W Stuard — ADDRESS: P O Box 423 Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Auricular Septal Defect)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 26, 1951, *to* Feb 26, 1952, *that I last saw the deceased alive on* Feb 26, 1952, *and that death occurred at* 2:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank L Hetrick MD	200 E. Barrock St. Boise	2-29-52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb. 28, 1952		Collinsville, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-10-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 34
Reg. Dist. No. 371

RECEIVED MAR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place): 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRED	WILLIAM	BIRCH	Feb. 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 25 1899	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming of	Own Farm	Star, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Birch	Prince Edward Islands	Charlotta De Graw	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Carl W Birch	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 d

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis & T.B. — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-7, 1952 *to* 2-27, 1952 *that I last saw the deceased alive on* 2-22, 1952 *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B. Swanson MD	Boise Idaho	2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 1, 1952	Star	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-1-52	Myrtle Palmer	C. E. Alden	Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 179
Local Reg. No. 39
Reg. Dist. No. 271

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 45 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Idaho
d. STREET ADDRESS (If rural, give location): McKinley St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) R. c. (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-8-96

9. AGE (In years last birthday): 55 IF UNDER 1 YEAR Months: 5 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McClain Okla.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Barnes BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Mary Gabriel BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519286999

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Prior to Admn.

DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease — Prior to Admn.

420.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1952, *to* Feb 28, 1952; *that I last saw the deceased alive on* Feb 28, 1952, *and that death occurred at* 9:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester P. Stevenson CHIEF, MED. SERVICE
CHESTER P. STEVENSON, M. D.

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-4-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Ida

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 480
Local Reg. No. 1
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): EVERETT
b. (Middle):
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): February 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 27 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Goodrich Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marion S. Woods — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Clara Lane — BIRTHPLACE: Baker, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Nolan Woods — ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

010X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Brain — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* Feb. 2, 1952, *that I last saw the deceased* ~~alive on~~ dead Feb. 2, 1952, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/5/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2/4/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 481
Local Reg. No. 2
Reg. Dist. No. 300

BIRTH NO.

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) C. c. (Last) LEWIS

4. DATE OF DEATH: (Month) (Day) (Year) 2-8-52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-28-1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Treasurer 62

10b. KIND OF BUSINESS OR INDUSTRY: County Courthouse

11. BIRTHPLACE (State or foreign country): S. Dakota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Aaron Laning
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Lucy Goss
BIRTHPLACE: N.M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Cyrill E. Lewis
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Feb. 8, 1952, *that I last saw the deceased alive on* Feb. 8, 1952, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard L. Straub M.D.

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 2-11-52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-9-52

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Cuprum Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 482
Local Reg. No. 3
Reg. Dist. No. 300

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bear
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): School Yard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bear
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): JERRY
b. (Middle): DEE
c. (Last): McGAHEY

4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr. 16 1944
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Council Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oscar E. McGahey — BIRTHPLACE: Plymouth Utah
14. MOTHER'S MAIDEN NAME: Mavis Warner — BIRTHPLACE: Bear, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Jack McGahey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

928.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Depressed Skull fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): School yard
21c. (CITY, TOWN, OR TOWNSHIP): Bear — (COUNTY): Adams — (STATE): Idaho

21d. TIME OF INJURY (Month) Feb. (Day) 15, (Year) '52 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Apparently stepped on by horse

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* ~~alive~~ dead *on* Feb. 15, 1952, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Strauch, 411 78
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52
24c. NAME OF CEMETERY OR CREMATORY: Bear Cem.
24d. LOCATION (City, town, or county) (State): Bear, Idaho

DATE REC'D BY LOCAL REG.: 2/18/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 183
Local Reg. No. 63
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 520 East Lander Street

3. NAME OF DECEASED (Type or Print)
a. (First): JORDON
b. (Middle): ERNEST
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): February 1 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 30, 1919

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chair Car Attendant

10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad Co.

11. BIRTHPLACE (State or foreign country): Lake Providence, Louisiana

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Richard Coleman
BIRTHPLACE: To

14. MOTHER'S MAIDEN NAME: Laouise W. Atlas
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 435-28-0066

17. INFORMANT'S OWN SIGNATURE: Jack Kindmon
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9811 Gun Shot Wound "Abdominal"
ANTECEDENT CAUSES c Pulmonary Embolism
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 14 days

19a. DATE OF OPERATION: Jan. 17

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 18, 1952 -7pm m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Deceased was shot by former wife

22. *I hereby certify that I attended the deceased from* Jan. , 1952, *to* Feb. 1 , 1952, *that I last saw the deceased alive on* Feb. 1 , 1952, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Underwood MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Feb. 2, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: House's Funeral Home

24d. LOCATION (City, town, or county) (State): Lake Providence, Louisiana

DATE REC'D BY LOCAL REG.: Feb. 4, 1952

REGISTRAR'S SIGNATURE: Josie L. Powell

25. FUNERAL DIRECTOR: Jack Kindmon
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 121
Local Reg. No. 65
Reg. Dist. No. 5-10

BIRTH NO. 111-52-00261 Infant

FEB 8 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): THREE
d. STREET ADDRESS (If rural, give location): Rt. 2 North

3. NAME OF DECEASED (Type or Print): a. (First) Jan; b. (Middle) Elaine; c. (Last) Hale

4. DATE OF DEATH: (Month) (Day) (Year): 2-1-52

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: 1-30-52

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2 days; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Delos W. Hale — BIRTHPLACE: Blackfoot

14. MOTHER'S MAIDEN NAME: Betty Clark — BIRTHPLACE: Buhl

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Delos W. Hale — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 30, 1952, *to* Feb. 1, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: 109 Kinsley Bldg

23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-2-52

24c. NAME OF CEMETERY OR CREMATORY: Victor, Idaho

24d. LOCATION (City, town, or county) (State): Victor, Idaho

DATE REC'D BY LOCAL REG.: Feb 7. 1952

REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR: Arthur A. Hall — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

485

State File No. 54
Local Reg. No. 510
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello
d. STREET ADDRESS (If rural, give location) Woolley Apts.

3. NAME OF DECEASED (Type or Print)
a. (First) ARVILLA b. (Middle) c. (Last) HOWELL

4. DATE OF DEATH (Month) (Day) (Year) Feb., 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	married	Oct., 4, 1899	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Paris Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dr. H. Smith Woolley BIRTHPLACE Hawaii
14. MOTHER'S MAIDEN NAME Mary Budge BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Howell ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/14, 1951, *to* 2/1, 1952, *that I last saw the deceased alive on* 2/1 1952 *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 338 (Degree or title) — 23b. ADDRESS Pocatello Ida — 23c. DATE SIGNED 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-5-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. Feb 7, 1952
REGISTRAR'S SIGNATURE Josie L. Powell
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

R. P. Howard
Kam B.

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

State File No. 456
Local Reg. No. 56
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt. 2 North

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) Walter c. (Last) Andrews

4. DATE OF DEATH (Month) (Day) (Year): 2-2-52

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 10, 1905

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Fireman 32

10b. KIND OF BUSINESS OR INDUSTRY: Phillips 66 Oil Refinery

11. BIRTHPLACE (State or foreign country): Thorpe, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Alexander Andrews
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Anna Maris Hustle
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 517-09-9315

17. INFORMANT'S OWN SIGNATURE: X Ray Walter Andrews
ADDRESS: Rt. #2 Box

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial & renal failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolar sclerosis — 2 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950 *to* 2-2-53, *that I last saw the deceased alive on* 2-2-53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 169 R C Howard M D

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-5-52

24c. NAME OF CEMETERY OR CREMATORY: MountainView

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: FEB 7 1952

REGISTRAR'S SIGNATURE: Jessie J. Powell

25. FUNERAL DIRECTOR: Arthur H. Hall
ADDRESS: Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Bartvigsen

Certificate of Death

State File No. 487
Local Reg. No. 60
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Center Rooms

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle):
c. (Last): Basses

4. DATE OF DEATH (Month) (Day) (Year): 2-3-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 17, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: unknown — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: Bannock Memorial

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory Failure. — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Complications incident to Old age.

DUE TO (c): Old retired man on Old age pension and County Care.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25-, 1952, *to* 2-3-, 1952, *that I last saw the deceased alive on* 2-1-, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Bartvigsen, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-8-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Anthony M. Hall — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 488
Local Reg. No. 57
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1012 So. 3rd

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) E. c. (Last) Shapples

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry J. Warren
BIRTHPLACE (City): Salt Lake, Utah

14. MOTHER'S MAIDEN NAME: Urda Peterson
BIRTHPLACE: Ba Galesburg, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. W. Brown
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 198X Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-15-52, 19___, *to* 2-3-52, 19___, *that I last saw the deceased alive on* 2-2-52, 19___, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lloyd L. Coe (Degree or title): M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 2/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Bur. 2-3-52 -

24b. DATE: 2-5-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Feb 7 1952

REGISTRAR'S SIGNATURE: Jessie D. Powell

25. FUNERAL DIRECTOR: Howard Peckham

ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 189
Local Reg. No. 58
Reg. Dist. No. 510

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 75 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 544 S. Hayes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 544 S. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) JOSHUA b. (Middle) R. c. (Last) MUNN

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W	widowed	Apr. 12, 1868	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Rancher
10b. KIND OF BUSINESS OR INDUSTRY: City of Pocatello
11. BIRTHPLACE (State or foreign country): Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Munn — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-3587
17. INFORMANT'S OWN SIGNATURE: Mrs Porter Graves — ADDRESS: Pocatello Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — yes.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 2-3, 1952, *that I last saw the deceased alive on* 2-3, 1952; *and that death occurred at* 6:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Ida.
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb 7, 1952
REGISTRAR'S SIGNATURE: Josie J. Powell
25. FUNERAL DIRECTOR: Dyson B. Dorward — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Crandall

Certificate of Death

226

State File No. 490
Local Reg. No. 66
Reg. Dist. No. 5-4

BIRTH NO.

FEB 20 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 862 Washington

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Fuger

4. DATE OF DEATH (Month) (Day) (Year): 2-6-52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 18, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming and railroad 70

10b. KIND OF BUSINESS OR INDUSTRY: Engine Maintenance

11. BIRTHPLACE (State or foreign country): Pontiac, Illinois

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frederick Fuger — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Wagner — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE ADDRESS: X L. E. Fuger

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Benign prostatic hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Jan, 1952 *to* 6 Feb, 1952, *that I last saw the deceased alive on* 2-6, 1952, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Crandall M.D.

23b. ADDRESS: 804 E Center Pocatello

23c. DATE SIGNED: 8 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2-9-52

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-19-52

REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR ADDRESS: Arthur M Hall Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 491
Local Reg. No. 64
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) VENUS b. (Middle) R. c. (Last) RIDDLE

4. DATE OF DEATH: (Month) February (Day) 7, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 8, 1885

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Percy — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Venus Stewart — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Robert Stewart Lively — ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis with Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 WK.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Disease — yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis Diabetis Mellitis. — yrs.

443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Feb. 7, 1952, *that I last saw the deceased alive on* Feb. 7, 1952, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Feb. 8, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Green River Cemetery

24d. LOCATION (City, town, or county) (State): Green River, Wyoming

DATE REC'D BY LOCAL REG.: Feb. 8, 1952

REGISTRAR'S SIGNATURE: Josie L. Powell

25. FUNERAL DIRECTOR: Jens Knudsen — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 492
Local Reg. No. 61
Reg. Dist. No. 510

BIRTH NO. 111-52-001327

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 764 Cherry St.

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle):
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): Feb., 9, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb., 9, '52
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours, Min., Sec. Jaw

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James C. Anderson — BIRTHPLACE: Antelope Id
14. MOTHER'S MAIDEN NAME: Ann Banyard — BIRTHPLACE: Pocatello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James C. Anderson — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Spontaneous premature
DUE TO (c): labor @ 5 Mo gestation - cause

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: unknown.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Feb, 1952, *to* 9 Feb, 1952, *that I last saw the deceased alive on* 9 Feb, 1952, *and that death occurred at* 740A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth A. Mor 266 Innes M.D. (Degree or title)
23b. ADDRESS: 417 E. Center Pocatello Id.
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-14-52
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hartingson

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 20 1952 DIVISION OF VITAL

State File No. 493
Local Reg. No. 68
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): visit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 505 No. 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Sarah
c. (Last): Zundel Gibbs

4. DATE OF DEATH (Month) (Day) (Year): 2-10-52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 9, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME — BIRTHPLACE: Isaac Eberhart David Zundel, Nauboo, Ill.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elizabeth Jane Harding, Quincy, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Hazel M. Gibbs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 444X Undetermined. Sudden collapse and death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c) Old age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. P. Hartingson, M.D. 152
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-52 01
24c. NAME OF CEMETERY OR CREMATORY: McCammon
24d. LOCATION (City, town, or county) (State): McCammon, Idaho

DATE REC'D BY LOCAL REG.: 2-19-52
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Arthur M. Hall — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Crandall

Certificate of Death

STATE OF IDAHO

State File No. 494
Local Reg. No. 67
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): Old Hiway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Willis	Richard	Lewis	2-10-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Sept. 25, 1907	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
janitor, farmer	Public school (self)	McCammon, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. Joel Lewis	[illegible]	Luella Southworth	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no		X Luella S. Lewis	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Jan., 1952, *to* 2-10, 1952, *that I last saw the deceased alive on* 2-10, 1952, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M D	804 E. Center Pocatello Ida.	12 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-15-52	McCammon Cem.	McCammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-19-52	Josie L. Powell	[signature]	Pocatello,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

E P Hsoom

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 195
Local Reg. No. 80
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY in this place: 18 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1945 Yellowstone Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Martin b. (Middle) Fayne c. (Last) Milner

4. DATE OF DEATH: (Month) 2-11 (Day) (Year) -52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 26, 1945

9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Newell W. Milner
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Elaine Sayer
BIRTHPLACE: Bone, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE: R C Hillman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
(b) MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-11, 19[illegible] *to* 2-11, 19[illegible], *that I last saw the deceased alive on* 2-11, 19[illegible] *and that death occurred at* [illegible] p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible] Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 596
Local Reg. No. 69
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Utah

b. COUNTY: Tooele

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tooele

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANK	ARTHUR	PARMELEE	February 11 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 11, 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer & retiredd	Colorado Fuel Co.	Springfield, Massachusetts	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dickson Parmelee		Fanny	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	524-09-4893	Edith R Hamm	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 2 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerotic Heart Dis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 6, 19 52, *to* Feb. 11, 19 52, *that I last saw the deceased alive on* Feb. 11, 1952, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. E. Burrell	M.D.	Pocatello, Idaho	Feb. 12, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1952	Mt. Olivet Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 12, 1952	Jessie J. Powell	Jas. Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 497
Local Reg. No. 74
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 815 E. Clark St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 815 E. Clark St.

3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) AXEL c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 6, 1881

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Smoland-Prov. Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME BIRTHPLACE Anna Anderson Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE ADDRESS Mrs. L.C. Wright 835 E. Clark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 470 Arthur H. Hall (Degree or title) Coroner

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED Feb 16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-16-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. Feb. 27. 1952

REGISTRAR'S SIGNATURE Jessie J. Powell

25. FUNERAL DIRECTOR Byron B. Dunard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 498
Local Reg. No. 70
Reg. Dist. No. 511

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 Toponce

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chesterfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): Raymond
c. (Last): Brangham

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Apr 14 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Cattleman
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Brangham — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Charlotte Barrett — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wm R. Brangham — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Carcinomatosis — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1948
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Feb 14, 1952, *that I last saw the deceased alive on* Feb. 12, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C E Groom, M.D. 139
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Feb. 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 52
24c. NAME OF CEMETERY OR CREMATORY: Logan City Cemetery
24d. LOCATION (City, town, or county) (State): Logan Cache Utah

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Jessie T. Powell
25. FUNERAL DIRECTOR ADDRESS: Allen J. Manning Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 499
Local Reg. No. 75
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt. # 2 North.

3. NAME OF DECEASED (Type or Print)
a. (First): Gordon
b. (Middle): Ira
c. (Last): Empey

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1916
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ira L. Empey — BIRTHPLACE: Ammon, Idaho
14. MOTHER'S MAIDEN NAME: Delpha Bingham — BIRTHPLACE: Tucson, Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs. Gordon Empey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.4 Pneumonia - Terminal — INTERVAL BETWEEN ONSET AND DEATH: A few Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aleukemic Leukemia — 4-5 mo's
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1951, *to* 2-15, 1952, *that I last saw the deceased alive on* 2-15, 1952, *and that death occurred at* 11 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Allerrill 254 MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Feb. 27. 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 500
Local Reg. No. 71
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 354 Cresent Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 354 Cresent Drive

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): L.
c. (Last): GEORGESON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Idowed
8. DATE OF BIRTH: Oct. 8, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): St. Peters, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: August Berlips — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Caroline Inglehart — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wilbur N. Georgeson — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Generalized Arteriosclerosis c̄ Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis c̄ Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* On Jan 24th *19*__, *to* about *19*__, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 525
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19 1952
24c. NAME OF CEMETERY OR CREMATORY: Weston
24d. LOCATION (City, town, or county) (State): Weston Idaho

DATE REC'D BY LOCAL REG.: 2-18-1952
REGISTRAR'S SIGNATURE: Josie L. Powell
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 501
Local Reg. No. 76
Reg. Dist. No. 5-8

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): South of City

3. NAME OF DECEASED (Type or Print): a. (First) AMY JANE b. (Middle) MARGETTS c. (Last) VAN NATTA

4. DATE OF DEATH (Month) (Day) (Year): February 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 4, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Preston Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Fredrick Bateman Margetts
BIRTHPLACE: Salt Lake, Utah

14. MOTHER'S MAIDEN NAME: Syliva Whipple
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George W Van Natta
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): arteriosclerotic

ANTECEDENT CAUSES
~~Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.~~

DUE TO (b): Heart disease.

~~DUE TO (c)~~: Dr C.E. Brown had treated trouble some two years ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Found dead in bed.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur M Hall 470 (Degree or title): Coroner

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Feb. 18, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb. 18, 1952

REGISTRAR'S SIGNATURE: Josie L Powell

25. FUNERAL DIRECTOR: James Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 502
Local Reg. No. 72
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 41
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 423 So. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ALLDRED c. (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	W.	widowed	Oct. 1 1860	91	4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bobcaygeon, Ont. Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kieran Egan	Ireland	Anastasia Cass	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		- -	Jessie Alldred	Pocatello Id

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: gradual

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-17, 1951, *to* 2-17, 1952, *that I last saw the deceased alive on* 2-16, 1952, *and that death occurred at* 2:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D C Ray	M.D.	Pocatello	2-16-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-20-52	Mountainview cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-21-52	Jessie J. Powell	Downard Funeral Home By John R. Downard	Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No. 23
Reg. Dist. No. 2-10

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 632 So. Fifth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 632 So. Fifth Ave.

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) c. (Last) SWEET

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 19 1871

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rensselaer Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse B. Smith
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Jenny Payne
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Vern Luther
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4517

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ruptured aorta — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile decay

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 2-18, 1952 *that I last saw the deceased alive on* 5:30 2-18 1952, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. B. Parratt 578 (Degree or title): D.C.

23b. ADDRESS: 528 So 5th ave Pocatello

23c. DATE SIGNED: 2-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb. 20, 1952 01

24c. NAME OF CEMETERY OR CREMATORY: Masonic cem.

24d. LOCATION (City, town, or county) (State): Delphi Indiana

DATE REC'D BY LOCAL REG.: 2-21-52

REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Id

by John P. Grosam

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Crandall

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 504
Local Reg. No. 27
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 459 Wayne Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Clark

4. DATE OF DEATH: (Month) Feb. (Day) (Year) 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Hampton, England

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Clark
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Katherine Heap
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Mrs. Vina Clark
ADDRESS: John Wayne 459

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

002X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Broncho pulmonal tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension arteriosclerosis — 3 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* 20 Feb, 1952, *that I last saw the deceased alive on* 20 Feb, 1952, *and that death occurred at* 8:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R.L. Crandall M.D. (Degree or title)

23b. ADDRESS: 804 E. Center. Pocatello Ida

23c. DATE SIGNED: 20 Feb 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-23-52

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Pocatello, Ida

DATE REC'D BY LOCAL REG.: Feb. 27, 1952

REGISTRAR'S SIGNATURE: Josie L. Powell

25. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: Pocatello Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
FEB 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No. 79
Reg. Dist. No. 20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 345 S. Eighth Ave.

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) H. c. (Last) PARADICE JR.

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Widowed	May 4 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Architect	Architect	St. Catherines, Ont. Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank H. Paradice Sr.	Eng.	Catherine Cuffe	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Louisette Paradice	Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Rupture (Tamponade) — INTERVAL BETWEEN ONSET AND DEATH: 19 Feb 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis & Hypertension
DUE TO (c): Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity Senescency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 16 Feb, 1952, *to* 22 Feb, 1952, *that I last saw the deceased alive on* Feb 22, 1952 *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen C. Wunder, M.D.	Pocatello Idaho	Feb. 22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-26-52	Mt. Moriah Cem.	Pocatello Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Feb. 27. 1952	Jessie J. Powell	Downard Funeral Home Pocatello Ida.

by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 506
Local Reg. No. 81
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 38
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 N. 11th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 408 N. 11th

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH b. (Middle) DOLLY c. (Last) WINN

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 9 1861

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albany N.Y.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Timothy Dolly
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Ann Rodden
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Harper Niland
ADDRESS: Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — 2 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* 23 Feb, 1952, *that I last saw the deceased alive on* 23 Feb, 1952, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Randall
(Degree or title): MD
23b. ADDRESS: 804 E Center
23c. DATE SIGNED: 26 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-26-52
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR: Downard Funeral Home by John P. Bowman
ADDRESS: Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 83
Reg. Dist. No. 510

111-52-001376
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 743½ N. Harrison

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): CHARLES EDWIN HETRICK

4. DATE OF DEATH (Month) (Day) (Year): Feb., 24, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb., 24, 52
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0, Days 0
IF UNDER 24 HRS.: Hours 2, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harry Hetrick
BIRTHPLACE: Nebr.
14. MOTHER'S MAIDEN NAME: Frances Barbour
BIRTHPLACE: Pocatello Id.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Harry Hetrick
ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Ly. 30
INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): E.D.C., April 23
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Multipanity!

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Feb. 24, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Winstead 457
23b. ADDRESS: Pocatello - Idaho
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 508
Local Reg. No. 84
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 449 S. Tenth St.

3. NAME OF DECEASED (Type or Print)
a. (First) MILDRED
b. (Middle) JOHNSON
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Feb., 24, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct., 17, 1915
9. AGE (In years last birthday) 36 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cosmetician
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Richmond Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Martin A. Anderson — BIRTHPLACE Richmond Utah
14. MOTHER'S MAIDEN NAME Mary Scrouther — BIRTHPLACE Downey Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 519-07-3761
17. INFORMANT'S OWN SIGNATURE Ronald Johnson — ADDRESS Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH 18 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Feb. 24th, 1952, *that I last saw the deceased alive on* Feb. 24th, 1952, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 298 W. L. Olsen, M.D.
23b. ADDRESS Pocatello, Idaho.
23c. DATE SIGNED 2-28-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 36, 2-29-52
24c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery
24d. LOCATION (City, town, or county) (State) Richmond Utah

DATE REC'D BY LOCAL REG. 3-4-52
REGISTRAR'S SIGNATURE Jessie J. Powell
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 509
Local Reg. No. 85
Reg. Dist. No. 510

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R.F.D. #1 S.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) B. FISHBURN
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Feb., 24, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1908
9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Brigham City Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A. Fishburn
BIRTHPLACE: Brigham City Utah
14. MOTHER'S MAIDEN NAME: Mattie Callan
BIRTHPLACE: Dayton Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Ethel Fishburn
ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 190X Melena Carcinoma [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral metastase
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: More than 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 4, 1952, *to* Feb 24, 1952, *that I last saw the deceased alive on* 23 Feb, 1952, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clark T. Parker M.D. 324
23b. ADDRESS: 252 N. Main Box 1006 Pocatello Ida
23c. DATE SIGNED: 27 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 510
Local Reg. No. 86
Reg. Dist. No. 5-10

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 311 S. Eighth

3. NAME OF DECEASED (Type or Print): a. (First) LLOYD b. (Middle) WILLIAM c. (Last) BRYDON

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	Dec. 5, 1888	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 16	U.P.R.R.	Shoal Lake, Manitoba Canada	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Brydon	Canada	Amanda Eby	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	491X	Mrs. Leanor Brydon	Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Ja, 19 51, *to* 26 Feb, 19 52, *that I last saw the deceased alive on* 26 Feb, 19 52, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R L Randall MD	MD	804 E. Center Pocatello Ida	27 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-29-52	Mount Moriah	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
24-52	Jessie J. Powell	Byron B. Dunard	Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State facts as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 511
Local Reg. No. 89
Reg. Dist. No. 10

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1116 N. Main St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1116 N. Main

3. NAME OF DECEASED (Type or Print): a. (First) MILES b. (Middle) ALEXANDER c. (Last) BURLINGAME

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 13, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationery Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): West Monroe N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: J. M. Burlingame — ADDRESS: Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease, failure + enlargement — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis — yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Feb. 26, 1952, *that I last saw the deceased alive on* 2-26, 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Ida.

DATE REC'D BY LOCAL REG.: 3.4.52
REGISTRAR'S SIGNATURE: Josie L. Powell
25. FUNERAL DIRECTOR: Byron B Barnard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D.C. Ray

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 512
Local Reg. No. 87
Reg. Dist. No. 7-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO.
d. STREET ADDRESS (If rural, give location): 1646 NO. MAIN.

3. NAME OF DECEASED (Type or Print): a. (First) JANE b. (Middle) ELIZABETH c. (Last) BAKER FARLEY

4. DATE OF DEATH: (Month) FEB. (Day) 27 (Year) 1952.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 17 1864
9. AGE (In years last birthday): 87. IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OGDEN, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM THOMAS BAKER BIRTHPLACE: UTAH.
14. MOTHER'S MAIDEN NAME: ELMERA CAROLINE STEPHENS. BIRTHPLACE: UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: V. Frances G. Farley ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

903.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septicemia — 6 weeks
DUE TO (c) fracture of femur — 6 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. decubitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) Oct (Day) 28 (Year) 1951 (Hour) 8p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Slipped on floor + twisted

22. *I hereby certify that I attended the deceased from* 10-28, 1951, *to* 2-27, 1952, *that I last saw the deceased alive on* 2-27, 1952, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray (Degree or title): M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-28-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 1 1952.
24c. NAME OF CEMETERY OR CREMATORY: OGDEN CITY CEMETERY
24d. LOCATION (City, town, or county) (State): OGDEN, UTAH.

DATE REC'D BY LOCAL REG.: 2-29-52
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: Allen J. Manning ADDRESS: POCATELLO IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D.C. Ray.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 513
Local Reg. No. 88
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello
c. LENGTH OF STAY (in this place) 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. of Daughter 704 So. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleveland
d. STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Larsen c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year) 2-29-52

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 16, 1869

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Logan, Utah

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Hendrick Larsen
BIRTHPLACE Rumlesse, Denmark

14. MOTHER'S MAIDEN NAME Mary Hansen
BIRTHPLACE Tedsvald, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X Flora Garrison
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia sclerosis-Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 1-10, 19__, *to* Feb., 1952, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 7 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE 326 D C Ray (Degree or title)

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED 3-3-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-4-52

24c. NAME OF CEMETERY OR CREMATORY Cleveland, Idaho

24d. LOCATION (City, town, or county) Cleveland, Idaho (State)

DATE REC'D BY LOCAL REG. 3-3-52

REGISTRAR'S SIGNATURE Jesse D. Powell

25. FUNERAL DIRECTOR Allen J. Manning

ADDRESS 229 So. Garfield Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 514
Reg. Dist. No.

BIRTH NO. 111-51-010633

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Minyon b. (Middle) Lou c. (Last) Timbana

4. DATE OF DEATH: (Month) (Day) (Year) Jan 12, 1952

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 3, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: 9 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank Timbana
BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Matilda Buckskin
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Matilda Timbana
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Thought to be double pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Not attended by Doctor
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 096 (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oider Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Florence Ingawanup
25. FUNERAL DIRECTOR ADDRESS: Relatives attended to burial

Federal Security Agency
United States Public Health Service
Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED
FEB 28 1952
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 601

State of Idaho

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Fort Hall Reservation (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Fort Hall, Idaho Reservation (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution' _____ (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bannock
(c) City or town Fort Hall Reservation. (If outside city or town limits, write RURAL)
(d) Street No. Fort Hall, Idaho reservation (If rural, give location)
(e) If foreign born, how long in U. S. A.? life years.

3. (a) FULL NAME Minyon Lou Timbana
3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex female
5. Color or race Indian
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 3, 1951 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	4	9	hr. --- min.

9. Birthplace St. Anthoney Hospital (City, town, or county) (State or foreign country)
10. Usual occupation -----
11. Industry or business -----

MOTHER FATHER
12. Name Frank Timbana
13. Birthplace Wyoming (City, town, or county) (State or foreign country)
14. Maiden name Mitilda Buckskin
15. Birthplace Fort Hall, Idaho (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matilda Timbana
(b) Address Fort Hall, Idaho
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Dider Cemetary
Relatives attended to burial
18. (a) [illegible]
(b) Address Fort Hall, Idaho
19. (a) 1/14/52 (Date received local registrar) (b) Florence Dyewarp (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 12
year 1952 hour 12 A.M. minute _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____:
that I last saw h____ alive on _____, 19____:
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
thought to be double pneumonia	
Not attended by Doctor	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Chas Buckskin Jr (M. D. or other)
Address Ft Hall Idaho Date signed 1/14/52

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

Certificate of Death

STATE OF IDAHO

State File No. 515
Local Reg. No. 99
Reg. Dist. No. 6-11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL): 5 Miles South of Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Above

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): Indian Reservation

3. NAME OF DECEASED (Type or Print): a. (First) Dee; b. (Middle); c. (Last) Punkin

4. DATE OF DEATH: (Month) (Day) (Year): About Feb. 20, 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): About 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 54

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY? Idaho

13. FATHER'S NAME: Andrew Punkin Sinual — BIRTHPLACE: Fort Hall Ida

14. MOTHER'S MAIDEN NAME: Mabel Simmon, Fort Hall, Ida — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Fort Hall Agency Records — ADDRESS: Fort Hall, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3720

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alcoholism Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Exposure to Cold

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W Hall — 470 Coroner (Degree or title)

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Mar 6 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-25-52

24c. NAME OF CEMETERY OR CREMATORY: Ross Fork

24d. LOCATION (City, town, or county) (State): Fort Hall, Ida

DATE REC'D BY LOCAL REG.: 3.18.1952

REGISTRAR'S SIGNATURE: Josie L. Powell

25. FUNERAL DIRECTOR: Allen J. Manning Hall Grant Mortuary — ADDRESS: Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 516
Local Reg. No. 28
Reg. Dist. No. 5-11

BIRTH NO. 111-51-015023 FEB 28 1952 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt.#1 N. Pocatello
c. LENGTH OF STAY (in this place): 18mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Rt. #1 N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. #1 N. Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL b. (Middle) JOHN c. (Last) SPANBAUER

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 8 1951

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2. Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - or

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John F. Spanbauer — BIRTHPLACE: So. Dakota

14. MOTHER'S MAIDEN NAME: Marie Peters — BIRTHPLACE: Blackfoot Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: John Spanbauer — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 2 mos 13 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* 21 Feb, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis L Beach MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 22 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 23 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb. 27. 1952

REGISTRAR'S SIGNATURE: Jessie L. Powell

25. FUNERAL DIRECTOR ADDRESS: Downard Funeral Home Pocatello Ida.
by John P. Chapman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

State File No. 517
Local Reg. No. 82
Reg. Dist. No. 511

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN: Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #2 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Banock
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM		SMITH	February 24 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	March 16, 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter - retired 70	Union Pacific R. R.	Ennis Texas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed Smith	no data	Mary Sweney	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	721-14-1596	Willie Mae Davis	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* Feb. 24, 1952, *that I last saw the deceased alive on* 24 Feb, 1952, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. R. Crandall M.D.	M.D.	Pocatello, Idaho	Feb. 25, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 1 52	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 25, 1952	Jessie L. Powell	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 518
Local Reg. No.
Reg. Dist. No. 552

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) c. (Last) Gaskins

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 7 1877
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Corinne Utah
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John McCammon BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Mary Jane Houseworth BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wm Gaskins ADDRESS Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 18 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1951 *19*____, *to* Jan 30, 1952, *that I last saw the deceased alive on* ____ *19*____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. L. Gardner (Degree or title) 471
23b. ADDRESS Montpelier
23c. DATE SIGNED 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 2 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier, Idaho.

DATE REC'D BY LOCAL REG. 2/4/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No.
Reg. Dist. No. 552

MAR 11 1952

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Sylvester c. (Last) Kline

4. DATE OF DEATH (Month) (Day) (Year): Feb 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 8 1872
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minneapolis Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Kline 70 | BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown | BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Spanish American war Veteran
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Delbert H. Kline | ADDRESS: Greeley Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body Found Frozen
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coroners Certificate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Jule Matthews (Degree or title): Coroner | 23b. ADDRESS: Montpelier Idaho | 23c. DATE SIGNED: Feb 14 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: Feb 13 1952 | NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery | 24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 3/1/52 | REGISTRAR'S SIGNATURE: N. Nelson | 25. FUNERAL DIRECTOR: Jule Matthews | ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 520
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lanark Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Thomas c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 23 1911
9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Liberty Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred C. Thomas BIRTHPLACE Liberty Idaho
14. MOTHER'S MAIDEN NAME Mary Ann Lyon BIRTHPLACE Hyde Park Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John Thomas Roberts ADDRESS Lanark Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shower of Emboli — INTERVAL BETWEEN ONSET AND DEATH 3 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Uterus — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 8-1952
19b. MAJOR FINDINGS OF OPERATION Uterus enlargement of Pelvic Lymph glands
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6 1952 to Feb 8, 1952, that I last saw the deceased alive on Feb 8, 1952 and that death occurred at 10:00 a m., from the causes and on the date stated above.

23a. SIGNATURE Spencer Rich 334 (Degree or title) M.D.
23b. ADDRESS Box 276 Paris Idaho
23c. DATE SIGNED Feb 25-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 12 1952
24c. NAME OF CEMETERY OR CREMATORY Lanark Cemetery
24d. LOCATION (City, town, or county) (State) Lanark Idaho

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 521
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aud Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died on the road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Boardman c. (Last) Spencer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 7 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Stock Raising
11. BIRTHPLACE (State or foreign country): Paris Idaho
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George B. Spencer Sr. — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Lenora Horne — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown — INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellatus — 2 yrs.

260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* Feb 15, 1952, *that I last saw the deceased* Dead *alive on* Feb 15, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Spencer H. Rich 334 — (Degree or title): MD
23b. ADDRESS: Box 276 Paris Idaho
23c. DATE SIGNED: Feb 25-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 19 1952
24c. NAME OF CEMETERY OR CREMATORY: Paris Cemetery
24d. LOCATION (City, town, or county) (State): Paris Idaho

DATE REC'D BY LOCAL REG.: 3/1/52
REGISTRAR'S SIGNATURE: N. Nolney
25. FUNERAL DIRECTOR: Vile Matthews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 522
Local Reg. No. 8
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (In hospital) 18 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warnke Homa for the Aged

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plummer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) c. (Last) HARRIS

4 DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 8, 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Darlington, Wisc.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Harris BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Caroline Sleep BIRTHPLACE Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No definate information (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Emma B. Harris ADDRESS Plummer

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1950, *to* Jan 25, 1952, *that I last saw the deceased alive on* Jan 25, 1952 *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Longanecker (Degree or title) M.D.
23b. ADDRESS St. Maries, Idaho.
23c. DATE SIGNED Jan 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Jan. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Hazen & Jaeger
24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. 1/29/52
REGISTRAR'S SIGNATURE Casper B. Brehmer
25. FUNERAL DIRECTOR H. F. Jaeger ADDRESS Fairfield, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 523
Local Reg. No. 2
Reg. Dist. No. 130

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1512 Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1512 Center

3. NAME OF DECEASED (Type or Print): a. (First) Lulu; b. (Middle) E.; c. (Last) Socope

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Walkerton Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Frank Alward
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Cora E. Rhodes
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Joe Socope
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1946 *to* Feb 1, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* 12:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Longanecker M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 2-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-4-52

24c. NAME OF CEMETERY OR CREMATORY: Goldenrod

24d. LOCATION (City, town, or county) (State): Tekoa, Washington

DATE REC'D BY LOCAL REG.: 2/1/52

REGISTRAR'S SIGNATURE: Esper G. Brebner

25. FUNERAL DIRECTOR: W. E. Wells
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 524
Local Reg. No. 9
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 39 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Baker

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 23, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker 60

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berne Switzerland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elizabeth Lange ADDRESS: Bonners Ferry, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1952 *to* Feb 14, 1952, *that I last saw the deceased alive on* Feb 14, 1952, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bryan A. Rapp (Degree or title): M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-16-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 2/15/52

REGISTRAR'S SIGNATURE: Esper E. Brubner

25. FUNERAL DIRECTOR: R. E. Wells ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 525
Local Reg. No. 18
Reg. Dist. No. 6

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) [redacted]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 152 So. Adams Street

3. NAME OF DECEASED (Type or Print) a. (First) Annis b. (Middle) Hopkins c. (Last) Call
4. DATE OF DEATH (Month) (Day) (Year) February 1, 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 25, 1904
9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In own home
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Temp Harris Hopkins BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Mary Ann Martin BIRTHPLACE Evanston, Wyoming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Emigene B. Call ADDRESS Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 10 yrs
DUE TO (c) inactive rheumatic heart dis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* February 1952, *that I last saw the deceased alive on* Feb. 1, 1952, *and that death occurred at* 1:40 P.M., *from the cause and on the date stated above.*

23a. SIGNATURE P. Merrill Packer (Degree or title) M. D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 2-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-4-52
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG. Feb 4-1952
REGISTRAR'S SIGNATURE Mrs Hallie E. Farnsworth
25. FUNERAL DIRECTOR Packham ADDRESS Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 526
Local Reg. No. 21
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot - Route #3, Rural
d. STREET ADDRESS (If rural, give location): Rural - Rt. #3, Weeding Lane

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) ----------; c. (Last) Hone

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Benjamin, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Caleb Hone
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Alice Taylor
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Stirling Hone
ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene, foot — 1 month
DUE TO (c) Arteriosclerosis, generalized — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 March, 1951, *to* 6 Feb., 1952, *that I last saw the deceased alive on* 6 Feb., 1952, *and that death occurred at* 12:20 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge 179 (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Feb. 8-1952

REGISTRAR'S SIGNATURE: Mrs Helen E. Patrick

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 527
Local Reg. No. 40
Reg. Dist. No. 60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blackfoot Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) John c. (Last) Crofts

4. DATE OF DEATH (Month) Feb. (Day) 7 (Year) 1952.

5. SEX Male.

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH March 26, 1938

9. AGE (In years last birthday) 13 IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 03

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Firth Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Phillip John Crofts BIRTHPLACE Basalt Idaho

14. MOTHER'S MAIDEN NAME Althera Louise Lyon BIRTHPLACE Basalt, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Phillip J. Crofts ADDRESS Firth. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, acute myelogenous — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Nov, 1951, *to* 1 Feb, 1952, *that I last saw the deceased alive on* 1 Feb, 1952, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 179 Walter W Hoge (Degree or title) MD

23b. ADDRESS Blackfoot. Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried

24b. DATE 2-11-52

24c. NAME OF CEMETERY OR CREMATORY Basalt Cem.

24d. LOCATION (City, town, or county) Shelley Ritz Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 2-14-1952

REGISTRAR'S SIGNATURE Mrs Nolan E. Patrie

25. FUNERAL DIRECTOR Lloyd M Haden ADDRESS Shelley, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 528
Local Reg. No. 22
Reg. Dist. No. 600

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 395 South Fisher Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 395 So. Fisher

3. NAME OF DECEASED (Type or Print): a. (First) Ulysses; b. (Middle) Grant; c. (Last) Roush

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 30, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 8, Days 10
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: on farm

11. BIRTHPLACE (State or foreign country): Hooper, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Roush
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Catherine Wright Davis
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Emma R Roush
ADDRESS: Blf't.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention — 1/4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 8, 1952, *to* Feb 10, 1952, *that I last saw the deceased alive on* Feb 10, 1952, *and that death occurred at* 4:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. H. R. Eagan M.D. (Degree or title)
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb. 13-1952.
REGISTRAR'S SIGNATURE: Mrs Nalia E. Francis
25. FUNERAL DIRECTOR: Howard Peckham
ADDRESS: Blackfoot, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 529
Local Reg. No. 29
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield - Rural
d. STREET ADDRESS (If rural, give location): East of Springfield

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Samuel; c. (Last) Hawker

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 5, Days 5
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: East Mill Creek, Salt Lake City, U. S. A.

13. FATHER'S NAME: James D. Hawker
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Harriet Louisa Webb
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lois E. Hawker
ADDRESS: Springfield, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* February 15, 1952 *to* Feb. 15, 1952, *that I last saw the deceased alive on* Feb. 15, 1952, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 323 Dean Packer M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-20-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb 20 1952

REGISTRAR'S SIGNATURE: Mrs Nalin E. Farnes

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 530
Local Reg. No. 3
Reg. Dist. No. 6 00

RECEIVED FEB 26 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) JOANNE b. (Middle) LAYTON c. (Last) PEARSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 6, 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife--Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold H. Layton — BIRTHPLACE: Kaysville, Utah
14. MOTHER'S MAIDEN NAME: Myrtle Montgomery — BIRTHPLACE: North Ogden, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-34-9534
17. INFORMANT'S OWN SIGNATURE: David R Pearson — ADDRESS: Moreland, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute glomerulonephritis — 2 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatic fever with acute pericarditis and myocarditis — 2 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* Feb. 20, 1952, *and that death occurred at* 7:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Merrill Packer M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-52
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 23-1952
REGISTRAR'S SIGNATURE: Mrs Nalin E. Farnes
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 531
Local Reg. No. 33
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B lackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 342 Collins Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 342 Collins Street

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Henry
c. (Last): Ellsworth

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 5, 1950
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leon Ellsworth — BIRTHPLACE: Rexburg, Idaho.
14. MOTHER'S MAIDEN NAME: Florence Henscheid — BIRTHPLACE: Blackfoot, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Leon Ellsworth — ADDRESS: Blackfoot, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital heart defect with failure — INTERVAL BETWEEN ONSET AND DEATH: 17 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Facial deformity congenital hydrocephalus congenital — 17 mo

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 1950, *to* Feb, 1952, *that I last saw the deceased alive on* Feb 10, 1952, *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Merrill Parker 3/5 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Feb. 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 23, '52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb. 23 - 1952
REGISTRAR'S SIGNATURE: Mrs Halcie E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 532
Local Reg. No. 34
Reg. Dist. No. 6 a

111-52-001473
BIRTH NO.

RECEIVED
MAR 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 366 North Shilling Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Peggy
b. (Middle): Ann
c. (Last): Cotterell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 22, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elmer Cotterell — BIRTHPLACE: Arimo, Idaho
14. MOTHER'S MAIDEN NAME: Delores Sollenberger — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Elmer H. Cotterell — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration of Amniotic fluid — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature separation of placenta in utero — 2 hr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Feb. 22, 1952, *to* Feb. 22, 1952, *that I last saw the deceased alive on* Feb. 22, 1952, *and that death occurred at* 8:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill Parker M. D. 315
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 533
Local Reg. No. 41
Reg. Dist. No. 601

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, R#2
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Charles
c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 26 1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hyrum Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilhem rose Rose — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Cecelia Wilson — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 May, 1951, *to* 24 Feb, 1952, *that I last saw the deceased alive on* 23 Feb., 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter G Hoge 179 (Degree or title) MD
23b. ADDRESS Blackfoot Idaho
23c. DATE SIGNED 4 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-28-52
24c. NAME OF CEMETERY OR CREMATORY Goshen Cem
24d. LOCATION (City, town, or county) Shelley, R#2 (State) Bingham Idaho

DATE REC'D BY LOCAL REG. 3-6-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Lloyd M Walden — ADDRESS Shelley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 534
Local Reg. No. 31
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): So. Broadway, Wayside Court

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Lynn
c. (Last): Hardy

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 22, 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compressor Operator 34
10b. KIND OF BUSINESS OR INDUSTRY: Atomic Energy Comm.
11. BIRTHPLACE (State or foreign country): Williamsport, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Hardy — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Leatha King — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Javenta Hardy — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X adenocarcinoma, stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/8/51
19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma, stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/15/51 *19*___, *to* 2/24, 1952, *that I last saw the deceased alive on* 2/24, 1952, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. V. Zabriskie 547 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-52 03
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb 27-1952.
REGISTRAR'S SIGNATURE: Mrs Nolan E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 535
Local Reg. No. 42
Reg. Dist. No. 6-20

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Howe - rural
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): Lester
c. (Last): Pope

4. DATE OF DEATH: (Month) Feb. (Day) 29 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 23 1938

9. AGE (In years last birthday): 13
IF UNDER 1 YEAR: Months 10 Days 6
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school boy 03

10b. KIND OF BUSINESS OR INDUSTRY: school boy

11. BIRTHPLACE (State or foreign country): Pocatello - Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lester Pope
BIRTHPLACE: Monroe - Utah

14. MOTHER'S MAIDEN NAME: Velma Peck
BIRTHPLACE: Clyde - Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: Carl Mayo
ADDRESS: Howe - Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary abscess left lower — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Empyema left chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Collapsed lung secondary to Tractor falling on him

19a. DATE OF OPERATION: Feb 27 1952

19b. MAJOR FINDINGS OF OPERATION: Empyema left chest and large lung abscess

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Howe Butte Idaho

21d. TIME OF INJURY (Month) Feb. (Day) 10 (Year) 52 (Hour) 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Tractor turned over on him

22. *I hereby certify that I attended the deceased from* Feb. 10, 1952 *to* Feb. 29, 1952 *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Packer 315 (Degree or title): M.D.

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 4-52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: Mar 18 1952

REGISTRAR'S SIGNATURE: Mrs Helen L. Paine

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco - Idaho

Informant: Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 536
Local Reg. No.
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None-

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): Fort Hall Indian Reservation

3. NAME OF DECEASED (Type or Print)
a. (First): Pembeyoka
b. (Middle): Big
c. (Last): Ute

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1952

5. SEX: female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1861
9. AGE (In years last birthday): Approx. 91 — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Henry Woonsock — ADDRESS: Star Rt. Pocatelo, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): No doctor attending.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/52
24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Reservation, Idaho

DATE REC'D BY LOCAL REG.: 1/18/52
REGISTRAR'S SIGNATURE: Florence Tuyavanyt
25. FUNERAL DIRECTOR — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 68-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 537
Local Reg. No. 96
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 38yrs1mo, 27da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGBY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): G.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 29 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: AUGUST 29, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 65
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): LOGAN, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: GEORGE H. SMITH — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE / ADDRESS: W. Lamont RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 10 yrs.
DUE TO (c) Arteriosclerosis — 30 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, ~~Aste~~ Schizophrenia — 40 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 2, 1914, *to* JAN. 29 m, 1952, *that I last saw the deceased alive on* JAN. 29, 1952, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H. Sprague M.D.
23b. ADDRESS: State Hospital So. Blackfoot
23c. DATE SIGNED: 1.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal
24b. DATE: 1/31/1952
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG.: Feb. 19-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Pannie
25. FUNERAL DIRECTOR: Bruce A. Eckwell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 538
Local Reg. No. 90
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B LA[redacted]OT
c. LENGTH OF STAY (in this place): 1yr, 8mo, 27da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS,
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LENA
b. (Middle):
c. (Last): DOOLITTLE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 2, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN Wid.
8. DATE OF BIRTH: Oct 29, 1868 UNKNOWN
9. AGE (In years last birthday): 83 UNKNOWN — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN Housewife
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): NORWAY
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN USA

13. FATHER'S NAME: JACOB NELSON 01 — BIRTHPLACE: Norway UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: [illegible] days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis — 30 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 20 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 6, 1950, *to* FEB. 2, 1952, *that I last saw the deceased alive on* Feb. 2, 1952, *and that death occurred at* 8:44 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.2.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-3-52 01
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county) (State): Hailey, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 3, 1952
REGISTRAR'S SIGNATURE: Mrs Nalin E. Paeng
25. FUNERAL DIRECTOR: John C. Sandberg. — ADDRESS: Blackfoot, Idaho. For McGoldrick Funeral Home, Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Because the information
for Mrs. Doolittle
was so limited the
family sent this to
accompany original.

This cert.
marked
Feb-11

J. C. Sandberg.

Duplicate

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 601

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Lena b. (Middle) c. (Last) Doolittle

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): HARLEY OTIS

8. DATE OF BIRTH: 10-29-1868

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Jacob Nelson — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: J C Doolittle — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:44 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: 2-5-1952

24c. NAME OF CEMETERY OR CREMATORY: Hailey

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR — ADDRESS: Ray McGoldrick Hailey

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 539
Local Reg. No. 19
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 10 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO. b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON, IDAHO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) c. (Last) ANDRUS

4. DATE OF DEATH (Month) (Day) (Year): FEB. 2, 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 15, 1878

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 4 Days: 17 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RANGE RIDER FOR CATTLE ASS'N

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ST. GEORGE, UTAH.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILO ANDRUS BIRTHPLACE: NOT KNOWN

14. MOTHER'S MAIDEN NAME: MARGARET BOYCE BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie M. Naman ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Arteriosclerotic — 3 .

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* JAN. 24, 1952, *to* FEB. 2, 1952, *that I last saw the deceased alive on* FEB. 2, 1952, *and that death occurred at* 5:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 2.2.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-2-52

24c. NAME OF CEMETERY OR CREMATORY: Ashton, Idaho

24d. LOCATION (City, town, or county) (State): Ashton - Idaho

DATE REC'D BY LOCAL REG.: Feb 2 1952

REGISTRAR'S SIGNATURE: Mrs Helen E. Farmer

25. FUNERAL DIRECTOR: Fisher Funeral Home By: Howard Fisher ADDRESS: Ashton, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 540
Local Reg. No. 22
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr, 10mo, 19da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): CATHERINE
b. (Middle):
c. (Last): ALSBOUGH

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 10, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JAN. 5, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BRUNSWICH MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: ALEXANDER CLEVENGER — BIRTHPLACE: PENN
14. MOTHER'S MAIDEN NAME: MARY JANE STEELE — BIRTHPLACE: GREENBORO, PENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lemmine — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertrophied Heart — 10 yrs
DUE TO (c): Arteriosclerosis — 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COU
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 22, 1950, *to* Feb. 10, 1952, *th alive on* FEB. 10, 1952, *and that death occurred at* 3:25 P.m., *from the causes and on the da*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-11-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nyssa Oregon

DATE REC'D BY LOCAL REG.: Feb. 11-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham — ADDRESS: Blackfoot Ida

Correspondence 5-14-08

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 541
Local Reg. No. 24
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED 31 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STA TE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FA LLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): K.
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 12, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 3, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 13, 1951 *to* FEB. 12, 1952, *that I last saw the deceased alive on* FEB. 12, 1952, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague 414 (Degree or title): M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.12.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 12, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 12 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 542
Local Reg. No. 23
Reg. Dist. No. 601

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr, 7mo, 25da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle):
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 12 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 27, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GRENADA, COLORADO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Fumont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

355X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Huntington's Chorea — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Schizophrenia — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 18, 1949, *to* FEB. 12, 1952, *that I last saw the deceased alive on* FEB. 12, 1952, *and that death occurred at* 1:26 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.12.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-13-52 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 13-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR (Signature): Keith Bird — ADDRESS: 126 4th Ave. E. Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 543
Local Reg. No. 28
Reg. Dist. No. 601

BIRTH NO.

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 20 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	GEORGE	THRALL	FEB.	14,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W	MARRIED	10-29-1879	72	2	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 62 RETIRED POLICEMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SANDUSKY, OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DAVID THRALL	SANDUSKY, OHIO	FANNIE LONG	NEW YORK STATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE: Edna M. Naman ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma of Prostate	3 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Secondary Anemia	2 "
DUE TO (c)	Metastasis of Cancer	1 day
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	3 yrs

1777

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25-52, 19—, *to* Feb. 14, 19 52, *that I last saw the deceased alive on* Feb. 14, 19 52, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Upgren M.D.	State Hosp. So. Blackfoot	2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	2-15-52		Emmett	Idaho

DATE REC'D BY LOCAL REG.: Feb. 15 1952.
REGISTRAR'S SIGNATURE: Miss Nalin E. Fannie Hinard
25. FUNERAL DIRECTOR: Packham
ADDRESS: Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 544
Local Reg. No. 27
Reg. Dist. No. 601

BIRTH NO.

RECEIVED
FEB 23 1952
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Yr3M.15D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) c. (Last) HAAS

4. DATE OF DEATH: (Month) FEB. (Day) 16, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Dec. 20, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 1 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DEBET, IOWA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRANK TEBO
BIRTHPLACE: NOT GIVEN

14. MOTHER'S MAIDEN NAME: HONNORA JOYCE
BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie McNamar
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

24IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c) Asthma — 30 .

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 15 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* NOV. 1, 1949 *to* Feb. 16, 1952, *that I last saw the deceased alive on* Feb. 15, 1952, *and that death occurred at* 12:51A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.
23b. ADDRESS: State Hosp. S. Blackfoot
23c. DATE SIGNED: 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 16 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb 16 1952
REGISTRAR'S SIGNATURE: Mrs Helen E. Tatum
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 545
Local Reg. No. 38
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): HUNTER
c. (Last): ORGILL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 14, 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Weber, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Hunter — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Hall — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Almira Smith — ADDRESS: Ft. Hall, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arthritis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Chronic Arthritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 4 yrs.
Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1942, *to* Feb. 20, 1952, *that I last saw the deceased alive on* Feb. 20, 1952, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Hampton MD M. D. 145
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 01
24b. DATE: 2-25-52 01
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 23-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 546
Local Reg. No. 32
Reg. Dist. No. 601

BIRTH NO.

RECEIVED FEB 28 1952

1. PLACE OF DEATH
a. COUNTY BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLACKFOOT
c. LENGTH OF STAY (in this place) 1 mo, 21da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL SOUTH

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS
d. STREET ADDRESS (If rural, give location) UNKNOWN

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) PETER c. (Last) HANEL
4. DATE OF DEATH (Month) FEBRUARY (Day) 21 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Jan. 9, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) DICKENSON, NORTH DAKOTA
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME UNKNOWN BIRTHPLACE UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN BIRTHPLACE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S OWN SIGNATURE ADDRESS RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer (Metastatic) of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Prostate — 5 yrs.
DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 1, 19 52, *to* Feb. 21, 19 52, *that I last saw the deceased alive on* FEB. 21, 19 52, *and that death occurred at* 7:42A m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles Sprague (Degree or title) M.D.
23b. ADDRESS State Hospital So. Blackfoot
23c. DATE SIGNED 2.21.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 2-21-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho.

DATE REC'D BY LOCAL REG. Feb 21 1952
REGISTRAR'S SIGNATURE Mrs Nalin E. Farnsworth
25. FUNERAL DIRECTOR John C. Sandley
ADDRESS Blackfoot, Idaho. For Twin Falls Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 547
Local Reg. No. 36
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
c. LENGTH OF STAY (in this place): 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 (Groveland)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
d. STREET ADDRESS (If rural, give location): Rt. 1 (Groveland)

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Ann c. (Last) Herbst

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 10, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Duncan S. Casper — BIRTHPLACE: Belleville, Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Clark — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: D. C. Herbst — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension & Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age & Essential Hypertension — Time not known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Feb. 25, 1952, *that I last saw the deceased alive on* Feb. 25, 1952, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Merrill Pasher 315 (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/29/52 01
24c. NAME OF CEMETERY OR CREMATORY: Groveland Cemetery
24d. LOCATION (City, town, or county) (State): Rt. 1 Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 27-1952
REGISTRAR'S SIGNATURE: Mrs. Walter E. Palmer
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3548
Local Reg. No.
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Moreland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location): Rural - Moreland

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Colton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 7, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Painter 04
10b. KIND OF BUSINESS OR INDUSTRY: On farm
11. BIRTHPLACE (State or foreign country): Pendleton, Oregon
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Henry Colton-L
BIRTHPLACE: Eauclaire, Wisc.
14. MOTHER'S MAIDEN NAME: Caroline Perry Thrasher
BIRTHPLACE: Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Philip L. Olney
ADDRESS: Moreland, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 26, 1952, *to* Feb. 26, 1952, *that I last saw the deceased alive on* Feb. 26, 1952, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 315 Merrill Parker (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-52
24c. NAME OF CEMETERY OR CREMATORY: Baker Cemetery
24d. LOCATION (City, town, or county) (State): Baker Oregon

DATE REC'D BY LOCAL REG.: Mar. 3 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 549
Local Reg. No. 38
Reg. Dist. No. 601

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 45yrs, 28da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LEAH
b. (Middle): REBECCA
c. (Last): HILBERT

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 29, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

451X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic (abd) Aneurism
DUE TO (c): Diaphragmatic Hernia — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis Fibrinoid — 30 yr. 70 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 1, 1907 *19*___, *to* FEB. 29, *19* 52, *that I last saw the deceased alive on* FEB. 29, *19* 52, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spragren M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-52
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. South Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Mar-1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 550
Local Reg. No. 39
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 444 S. Third

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) O'ROURKE c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Feb., 29, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan., 31, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 38
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): County Down, Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Terence O'Rourke — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Catharine Colgan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-4906
17. INFORMANT'S OWN SIGNATURE: Peter A. McDermott — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General enjoication — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C. E. Groom, M.D. (Degree or title) 139
23b. ADDRESS: Rosiska Bldg Pocatello
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb. 29-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Fabine
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 551
Local Reg. No. 5
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

FEB 21 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): NESS
b. (Middle):
c. (Last): STITT

4. DATE OF DEATH (Month) (Day) (Year): 2-3-52

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): BEATRICE
8. DATE OF BIRTH: 2-8-1885
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 11 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: LEAD-SILVER
11. BIRTHPLACE (State or foreign country): SILVER CREEK BLAINE COUNTY IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Stitt
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: JANE DAVIDSON
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Dwylah Jacobs
ADDRESS: CULVER CITY CALIF.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

008X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tuberculosis — Several years
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1 Feb, 1952, *to* 3 Feb, 1952 *that I last saw the deceased alive on* Feb 3, 1952, *and that death occurred at* 7:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 186
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 8 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 2-7-52
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: Feb-18-1952
REGISTRAR'S SIGNATURE: Robert H. Wright-per C.B.R.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 552
Local Reg. No. 6
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

FEB 21 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 42 YR
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location) HAILEY CLINICAL,

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey, Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) B c. (Last) SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year) 2-5-52

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WILLIAM
8. DATE OF BIRTH 8-31-1871
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 51
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) COFFEYVILLE KANS,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Harmon BIRTHPLACE Ill
14. MOTHER'S MAIDEN NAME Harriet SMITH BIRTHPLACE TEXAS,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S OWN SIGNATURE Charles A Webb ADDRESS NAMPA IDA,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Tweeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and Hypertension heart disease — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1 Feb, 1952, *to* 5 Feb, 1952, *that I last saw the deceased alive on* 5 Feb, 1952, *and that death occurred at* 6:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. A. Hanks 186 (Degree or title)
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 8 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 2-8-52
24c. NAME OF CEMETERY OR CREMATORY EAGLE PLOT
24d. LOCATION (City, town, or county) (State) HAILEY IDAHO

DATE REC'D BY LOCAL REG. Feb-18-1952
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 553
Local Reg. No. 7
Reg. Dist. No. 410

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 34 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Blaine
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum, Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) EDWARD c. (Last) DOCKERY

4. DATE OF DEATH (Month) (Day) (Year) 2-6-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CLARA
8. DATE OF BIRTH 3-16-1871
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER
10b. KIND OF BUSINESS OR INDUSTRY GEN. FARM
11. BIRTHPLACE (State or foreign country) SPRINGFIELD ILL.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME PATRICK HENRY DOCKERY BIRTHPLACE IRELAND
14. MOTHER'S MAIDEN NAME Mary M. Sarrah BIRTHPLACE IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S OWN SIGNATURE Martha Obenchain ADDRESS Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1 Feb, 1952 *to* 6 Feb, 1952, *that I last saw the deceased alive on* 6 Feb, 1952 *and that death occurred at* 11:07 *m., from the causes and on the date stated above.*

23a. SIGNATURE 186 H. A. Hanks (Degree or title)
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 9 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) 2-8-52
24b. DATE 2-8-1952
24c. NAME OF CEMETERY OR CREMATORY SPRINGFIELD
24d. LOCATION (City, town, or county) SPRINGFIELD (State) IDAHO

DATE REC'D BY LOCAL REG. Feb-18-1952
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

554

State File No.
Local Reg. No. 8
Reg. Dist. No. 410

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HAILEY CLINICAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARIETTA b. (Middle) ANN c. (Last) SLATES

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 52

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1-17-1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 1 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KELTON, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: BARNUM MALLORY
BIRTHPLACE: N.Y. State

14. MOTHER'S MAIDEN NAME: SARAH PEARCE
BIRTHPLACE: N.Y. State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mabel M. Horne
ADDRESS: Everett Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — Several yrs
DUE TO (c) Arteriosclerotic Heart Disease — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* Feb 19, 1952 *that I last saw the deceased alive on* Feb, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Hanks M.D. (Degree or title)
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 25 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 2-22-52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Feb 25 52
REGISTRAR'S SIGNATURE: Robert H. Wright per E.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 555
Local Reg. No. 9
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 54
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location) FOWLER CABINS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE b. (Middle) E c. (Last) HOWE

4. DATE OF DEATH (Month) (Day) (Year) 2-20-52

5. SEX female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, ~~[illegible]~~ DIVORCED (Specify) SULIUS
8. DATE OF BIRTH 7-18-1881
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elko Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reynolds BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. no.
17. INFORMANT'S OWN SIGNATURE X Clarence Allen Johnson ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH ~~Inst~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in her Cabin.
DUE TO (c) Examination showed instant death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* ✓, 19__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 456 Blaine Co Coroner (Degree or title)
23b. ADDRESS Hailey, Idaho
23c. DATE SIGNED Feb. 23 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 2-23-52
24c. NAME OF CEMETERY OR CREMATORY Hailey 2-20
24d. LOCATION (City, town, or county) (State) Hailey Idaho

DATE REC'D BY LOCAL REG. Feb. 25-52
REGISTRAR'S SIGNATURE Robert H. Wright per [illegible]
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 556
Local Reg. No. 10
Reg. Dist. No. 410

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Triumph
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Triumph Mine
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): HULDA
b. (Middle): L.
c. (Last): LANGELL

4. DATE OF DEATH (Month) (Day) (Year): 2-24-52

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): FRANK.
8. DATE OF BIRTH: 8-5-1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): SWEEDEN
12. CITIZEN OF WHAT COUNTRY?: SWEEDEN

13. FATHER'S NAME: LARS PETERSON — BIRTHPLACE: SWEEDEN
14. MOTHER'S MAIDEN NAME: ANNA BOBER — BIRTHPLACE: SWEEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Frank Langell — ADDRESS: TRIUMPH

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Parkinson's syndrome

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture, right hip. 9/1/51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Fracture - Internal fixation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/1, 1952 *to* 2/24, 1952, *that I last saw the deceased alive on* Dec 1, 1951, *and that death occurred at* 10:58 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Mority
23b. ADDRESS: Sun Valley Idaho
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 2-27-52
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: 3/8/52
REGISTRAR'S SIGNATURE: Robert A. Wright per [illegible]
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 557
Local Reg. No. 11
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S-V. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	A.	FRITZ	2-25-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.	divorced	8-7-1900	51	6	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker 28	All baked goods	Fremont, Nebraska	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl A. Fritz	Germany	Katherine Schuldt	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs. H. W. Borcher	4118 Maple Omaha Nebraska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Hemorrhage, Upper G.I. Tract	60 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hepatitis – possible Cirrhosis	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Alcoholism, Chronic	years

583X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 23 Feb 52, 19___, *to* 25 Feb 52, 19___, *that I last saw the deceased alive on* 25 Feb 52, 19___, *and that death occurred at* 2.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. SIGNED
Royal S. Cutler M.D.	Sun Valley Idaho	[redacted] 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-27-1952	Ridge Cemetery	Fremont, [redacted]

DATE RECD BY LOCAL REG. 3/10/52 | REGISTRAR'S SIGNATURE Owen A. Wright | 25. FUNERAL DIRECTOR Clay McGoldrick Bailey | ADDRESS [redacted]

Federal Security Agency
United States Public Health Service

Form DPH-4902

Certificate of Death

STATE OF IDAHO

State File No. 558
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 909 E. 4th Street

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD b. (Middle) CHESTER c. (Last) SAGE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 9, 1901

9. AGE (In years last birthday): 50-6-18 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber scaler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greeley, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elmer James Sage-Bonapart, Iowa — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Rose Lee Rogers — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-5289

17. INFORMANT'S OWN SIGNATURE: Nancy B. Sage — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — 991.8 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Forest

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 15 Miles from Horseshoe Bend. Boise. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Severe cold, heaters on car, doors closed.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Mellor, Coroner

23b. ADDRESS: Idaho City, Boise County, Idaho

23c. DATE SIGNED: March 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-7-52

REGISTRAR'S SIGNATURE: Mrs. E. S. Robison

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar, and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

State File No. 559
Local Reg. No. 9
Reg. Dist. No. 110

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Tillamook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockaway
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	// Stocker	Hiatt	2/1/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	1/12/1888	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operating Engineer	Construction	Tillamook, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hiatt	Iowa	Mary Walling	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W I	540-07-4824	Helen Barr	R-2 Sandpoint Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Expired Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): over exertion shoveling Snow.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 7:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lawrence B. Moon Coroner	Sandpoint, Idaho.	Feb. 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2/3/52	Wauds Funeral Home	Tillamook, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 4 1952	Merlene H. Miley	L. B. Moon	Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 20 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 560
Local Reg. No. 12
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabinet
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Edward
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): 2/9/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/26/1939
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Cabinet, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Daniel Harris — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Mary Jane Harris — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edward Harris — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 292.4 Acute Pharyngitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aplastic Amenia
DUE TO (c): Extreme Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1952, *to* Feb 8, 1952, *that I last saw the deceased alive on* Feb 8, 1952 *and that death occurred at* Feb 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Franz H Siemsen, M.D. 595
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Feb 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/13/52
24c. NAME OF CEMETERY OR CREMATORY: Cabinet Cemetery
24d. LOCATION (City, town, or county) (State): Cabinet, Idaho

DATE REC'D BY LOCAL REG.: Feb. 15-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. S. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 561
Local Reg. No. 19
Reg. Dist. No. 110

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 20 1952 DIVISION OF VITA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 14 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 Lake Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Enick c. (Last) Culley

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/18/1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Mt. Vernon, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Culley
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Patsey Utley
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hobart H. Culley
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 3, 1940, *to* Feby 10, 1952, *that I last saw the deceased alive on* Feby 4, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler MD 431
(Degree or title)

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/13/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 16-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 562
Local Reg. No. 17
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint, Idaho
d. STREET ADDRESS (If rural, give location): 1104 Forest

3. NAME OF DECEASED (Type or Print)
a. (First): Alta
b. (Middle): Lorraine
c. (Last): Schilling

4. DATE OF DEATH (Month) (Day) (Year): 2/17/52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/22/1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Cresco, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Milbreth — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Ida Milbreth — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Kenneth W. Lindholm — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage - massive — INTERVAL BETWEEN ONSET AND DEATH: 10-15 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 22, 1952, *to* Feb 26, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 1:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank H Siemsen, M.D. 595
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Feb 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/52 01
24c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery
24d. LOCATION (City, town, or county) (State): Hope, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR — ADDRESS: L. E. Moon Jr. Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 583

Local Reg. No. 16

Reg. Dist. No. 110

BIRTH NO. 111-52-00354

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Richard; b. (Middle) Delbert; c. (Last) Lord

4. DATE OF DEATH (Month) (Day) (Year): 2/20/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1/15/52

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 5; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harold D. Lord — BIRTHPLACE: Savanah, Mo.

14. MOTHER'S MAIDEN NAME: Vivian Johnson — BIRTHPLACE: Beulah, No. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harold D Lord — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Congenital Malformation of heart (Tetralogy of Fallot).

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/15, 1952, *to* 2/20, 1952, *that I last saw the deceased alive on* 2/20, 1952, *and that death occurred at* 8:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): William C Keepler MD

23b. ADDRESS: 304 N 1st Sandpoint

23c. DATE SIGNED: 2/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/22/52

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 26-1952

REGISTRAR'S SIGNATURE: Merlene W. Miley

25. FUNERAL DIRECTOR ADDRESS: L G Moon Jr — Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 554
Local Reg. No. 18
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint, Idaho
c. LENGTH OF STAY (in this place) approx 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Feltus Old Folks Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laclede
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Mary c. (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) 2/25/52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/23/1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Niota, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME W. T. Fisher BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Ella Nichols BIRTHPLACE Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Elizabeth Sharp ADDRESS Laclede

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH Short-Hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulo-Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1952, *to* Jan 21, 1952, *that I last saw the deceased alive on* Jan 21, 1952, *and that death occurred at* 5:17 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frank H Hansen MD
23b. ADDRESS Sandpoint Idaho
23c. DATE SIGNED Feb 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01
24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery
24d. LOCATION (City, town, or county) Sandpoint, Idaho (State)

DATE REC'D BY LOCAL REG. Feb. 28. 1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 555
Local Reg. No. 25
Reg. Dist. No. 110

BIRTH NO. MAR 21 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 911 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Louie
b. (Middle): E
c. (Last): Stromquist

4. DATE OF DEATH (Month) (Day) (Year): 2/26/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/17/1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Galt, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charls John Stromquist — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Bengta Monson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7995
17. INFORMANT'S OWN SIGNATURE: John H. Stromquist — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Peptic ulcer = Obstruction

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1952, *to* Feb 26, 1952, *that I last saw the deceased alive on* Feb 26, 1952, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Franz H. Siemsen, MD 595
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: March 11, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/1/1952 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Mar. 13-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Littlefield
Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

State File No. 556
Local Reg. No. 21
Reg. Dist. No. 110

Certificate of Death
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Pearl	McNeil	2/26/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 8, 1897	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Minneapolis, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Culbertson	Unobtainable	Emma Larson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Floyd A. McNeil	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Highway	Clark Fork Near Hope	Bonner	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
2	24	52	4½ p.m.		Auto vs auto

22. *I hereby certify that I attended the deceased from* 2-24, 1952 *to* 2-26, 1952 *that I last saw the deceased alive on* 2-26, 1952 *and that death occurred at* 10½ p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith MD	109½ N First Ave Sandpoint, Idaho	2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/5/1952	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 3-1952	Merlene W. Miley	L. G. Moon	Moon Funeral Home, Sandpoint, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 537
Local Reg. No. 20
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint,
c. LENGTH OF STAY (in this place): 17 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eustace's Old Folks Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Daniels
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Scobey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Rebecca c. (Last) Humbert

4. DATE OF DEATH (Month) (Day) (Year): 2/23/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/26/1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dysart, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Cowan
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: ? Rushton
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 517-22-3816D

17. INFORMANT'S OWN SIGNATURE: Wayne S. Humbert
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronal Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arterio Sclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic endocarditis — 10 yrs.
accidental fracture rt femur Feb 15 1952

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 15 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? tried to rise & fell on floor

22. *I hereby certify that I attended the deceased from* Dec 1, 1951, *to* Feb 23, 1952, *that I last saw the deceased alive on* Feb 24, 1952, *and that death occurred at* 10 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 431 W. F. Tyler MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: Mch 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/2/1952
24c. NAME OF CEMETERY OR CREMATORY: Waller & King Funeral Home
24d. LOCATION (City, town, or county) (State): Scobey, Montana

DATE REC'D BY LOCAL REG.: Mar. 1-1952
REGISTRAR'S SIGNATURE: Merlene N. Miley
25. FUNERAL DIRECTOR: L. D. Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 588
Local Reg. No. 74
Reg. Dist. No. 110

BIRTH NO.

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
c. LENGTH OF STAY (in this place): 34 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Edna; b. (Middle) May; c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): 2/13/52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/7/1907

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lloydminister, Sask.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph H. Brown
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Mable W. Brown
BIRTHPLACE: Ontario

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Glenn Reed
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — 603X
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Post-operative)
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 2/1/52
19b. MAJOR FINDINGS OF OPERATION: Nephropexy

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1947, *to* Feb. 13, 1952, *that I last saw the deceased alive on* January, 1952, *and that death occurred at* 7:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 308 Helen E Peterson M.D.
23b. ADDRESS: Sandpoint - Idaho
23c. DATE SIGNED: 2/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/16/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 18-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR ADDRESS: L G Moon Moon Funeral Home, Sandpoint, Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 569
Local Reg. No. 15
Reg. Dist. No. 110

BIRTH NO. 111-51-015714

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
c. LENGTH OF STAY (in this place): 2 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Larry; b. (Middle) Roy; c. (Last) Domitrovich

4. DATE OF DEATH (Month) (Day) (Year): February 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 19, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2; Days; IF UNDER 24 HRS. Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roy E. Domitrovich — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Frances Stubberud — BIRTHPLACE: Glendive, Mont.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Ray Domitrovich — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.1 Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congential Heart - Patent Ductus
DUE TO (c) Atelectasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart - Patent Ductus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1952, *to* Feb 18, 1952, *that I last saw the deceased alive on* FEB 16, 1952, *and that death occurred at* 9:00 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank W Diemer (Degree or title):
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Feb 18/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 20 1952
REGISTRAR'S SIGNATURE: Merlene W. Miley
25. FUNERAL DIRECTOR: E G Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

#8 2

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 570
Local Reg. No. 19
Reg. Dist. No. 1-0

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
c. LENGTH OF STAY (in this place): 2 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 1554 Ballard Way

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Samuel	Robert	Kimmons	2/24/52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	3/31/1916	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equipment Operator	Construction	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kimmons	Minnesota	Pearl---	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	531-18-3411	Mrs. J. R. Kimmons	1554 Ballard Way, Seattle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide By Knife; Internal Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	Residence	Clark Fork, Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Feb. 24, 1952 3:24 p. m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	By Stabbing, homicidal.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. D. Thoen 470	Coroner	Sandpoint, Idaho.	2-28-1952.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Feb. 28 1952	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 29-1952	Merlene H. Miley	Laurence Moon	Moon Funeral Home, Sandpoint, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 571
Local Reg. No. 26
Reg. Dist. No. 610

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Coltman
d. STREET ADDRESS (If rural, give location): Rural, 9 miles No. of Ida. Falls

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) JOHN c. (Last) PAYNE

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 24, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert R. Payne
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Marie Oswald
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-14-4739

17. INFORMANT'S OWN SIGNATURE: Mrs. Walter J. Payne
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 8897 Mumps Menings-encephalitis
INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:25A. m., *from the causes and on the date stated above.*

23a. SIGNATURE 153 Harvey A. Hatch (Degree or title) M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: Feb. 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery

24d. LOCATION (City, town, or county) (State): Jefferson County Idaho

DATE REC'D BY LOCAL REG.: Feb. 8-1952

REGISTRAR'S SIGNATURE: Dena A. Rudges

25. FUNERAL DIRECTOR: Orland LeSueur
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 572
Local Reg. No. 36
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 141 8th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 141 8th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	M.	Bonner	February 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 7, 1858	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Ellen Buchanan — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. J. L. Meyers — ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO LEADING TO DEATH*(a) 422.2 Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~_____~~ in 1950, 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: Feb 5 - 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952

REGISTRAR'S SIGNATURE: Lena Rudges

25. FUNERAL DIRECTOR: Jack A. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4602

Certificate of Death

STATE OF IDAHO

State File No. 579
Local Reg. No. 37
Reg. Dist. No. 610

BIRTH NO.

Bureau of Vital STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Handy Cabins # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Handy Cabins # 1

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Lionel
c. (Last): Tirrell

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 10, 1916

9. AGE (In years last birthday): 35
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ririe, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Tirrell
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Elizabeth Jane Lovell
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Arthur Lionell
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Williams (Coroner)

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Ririe, Cemetery

24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952

REGISTRAR'S SIGNATURE: Anna Rudger

25. FUNERAL DIRECTOR: Jack A. Wood Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Smith

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 574
Local Reg. No. 24
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Silverbow
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butte
d. STREET ADDRESS (If rural, give location): 1310 Kaw ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Donald	Slayton	Feb. 5 - 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	—	Aug 26 - 1950	1	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): or
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butte - Montana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Marvan Slayton	Louisiana	Shirley Kidder	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert M. Slayton ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Concussion — INTERVAL BETWEEN ONSET AND DEATH: Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Cardiac arrest (Ventricular fibrillation)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Shelley, Ida	Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
2 5 52 7:30 p.m.		Auto accident

22. *I hereby certify that I attended the deceased from* 2-5, 1952 *to* 2-5, 1952, *that I last saw the deceased alive on* 2-5, 1952 *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. E. Hawkins M.D.	Shelley Ida	2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/8/52	Butte Cemetery	Butte - Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 7-1952	Anna Bridges	Leo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-4802

Certificate of Death

STATE OF IDAHO

State File No. 575
Local Reg. No. 27
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 363 Eagle Rock Street

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) c. (Last) SIMA

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY?: Bohemia

13. FATHER'S NAME: Aloysius Rehorovsky — BIRTHPLACE: Bohemia

14. MOTHER'S MAIDEN NAME: Frances Vlcek — BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elvera Sima — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — Interval between onset and death: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 February, 1952, *to* 5 February 1952, *that I last saw the deceased alive on* 4 February, 1952, *and that death occurred at* 3:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leland T. Evans 220 — (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 2/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 7, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 8-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland LeBreck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 576
Local Reg. No. 28
Reg. Dist. No. 610

111-59-001528
BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print)
a. (First): STEPHEN
b. (Middle): EDWARD
c. (Last): STEINKE

4. DATE OF DEATH (Month) (Day) (Year): February 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: February 6, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None or
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph F. Steinke — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Theresa Hernandez — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joseph F Steinke — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Immaturity — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): twinning (Identical)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Feb, 1952, *to* 5 Feb, 1952, *that I last saw the deceased alive on* 5 Feb, 1952, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Worlton M.D. 455
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 11-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT
Certificate of Death

RECEIVED
FEB 19 1952
DIVISION OF VITAL STATISTICS

State File No. 527
Local Reg. No. 23
Reg. Dist. No. 610

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Elk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grenola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BONNIE
b. (Middle): BERNICE
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): February 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 11, 1921
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Grenola, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jefferson Stiles — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Bertha Swisher — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Homer Kersinger — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

916.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 2nd + 3rd degree burns of entire body.
INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 6, 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Trailer house caught fire & patient was trapped in it

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D Richard Paull 306 (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 10, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn
24d. LOCATION (City, town, or county) (State): Grenola Kansas

DATE REC'D BY LOCAL REG.: Feb. 8-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 578
Local Reg. No. 34
Reg. Dist. No. 610

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 56-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 373 May Street

3. NAME OF DECEASED (Type or Print): a. (First) JENS b. (Middle) MARNIUS c. (Last) LUND

4. DATE OF DEATH: (Month) February (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24, 1898

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Christian Lund
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Elmeda Catherine Lund
BIRTHPLACE: Clifton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-09-1184

17. INFORMANT'S OWN SIGNATURE: Hilda Lund.
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — 12 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Glomerulonephritis 5 days

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, *19*51, *to* Feb. 15, *19*52, *that I last saw the deceased alive on* Feb. 15, *19*52, *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ben F. Kunsenberg (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Feb 19 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 1-1952

REGISTRAR'S SIGNATURE: Lena Riley

25. FUNERAL DIRECTOR: Orland LeBeck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Certificate of Death

STATE OF IDAHO

State File No. 79
Local Reg. No. 39
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 31 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 237 8th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Manne	E.	Carlson	Feb. 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov 16, 1888	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Mining
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs M. E. Carlson — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Silicosis (Hard Rock) (Several Years) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): also had Bronchiectasis

DUE TO (c): & Chronic infection secondary to the above.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Feb. 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood Jr.
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 530
Local Reg. No. 40
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 121 East 15th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Glenn
b. (Middle): A.
c. (Last): Haws

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 23, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optometrist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tremonton, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W Haws — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Inez Rose — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519073261
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH 420.0

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 16, 1952, *to* _____, 19__, *that I last saw the deceased alive on* Feb 16, 1952, *and that death occurred at* 7:00 a. m. *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Steven Hatch (Degree or title) MD
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: Feb. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jackson Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 591
Local Reg. No. 30
Reg. Dist. No. 610

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 138 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel Jacobs
b. (Middle): Freeman
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman 19
10b. KIND OF BUSINESS OR INDUSTRY: Retail Store
11. BIRTHPLACE (State or foreign country): Salem, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hyrum Jacobs — BIRTHPLACE: Lehi, Utah
14. MOTHER'S MAIDEN NAME: Caroline Nelson — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY: 519-20-3142
17. INFORMANT'S OWN SIGNATURE: Wm Freeman — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Hypertension~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* alive *on* Feb 20, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Hatch MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Mem.
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 27. 1952
REGISTRAR'S SIGNATURE: Lena Bridges
25. FUNERAL DIRECTOR: Kenneth Hammond — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 582
Local Reg. No. 41
Reg. Dist. No. 614

Certificate of Death

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 608 H St.

3. NAME OF DECEASED (Type or Print): a. (First) Issac b. (Middle) Bertrand c. (Last) Tolley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1877

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peace Officer 6x

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nephi, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Fisher Tolley — BIRTHPLACE: Eng.

14. MOTHER'S MAIDEN NAME: Sarah Gadd — BIRTHPLACE: Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. C. Tolley — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Myelogenous — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 10, 1952, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb 20, 1952, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N E Leggett M D — **23b. ADDRESS**: Idaho Falls, Ida — **23c. DATE SIGNED**: 3/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952

REGISTRAR'S SIGNATURE: Anna Bidgen

25. FUNERAL DIRECTOR — ADDRESS: Jack R. Woodard — Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Certificate of Death

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 593
Local Reg. No. 45
Reg. Dist. No. 610

BIRTH NO. 111-52-001600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1295 Blaine

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) c. (Last) Brewer

4. DATE OF DEATH (Month) (Day) (Year): Feb 25, 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Feb. 25 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles H. Brewer
BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Lena White
BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Charles H. Brewer
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 Feb, 1952 *to* 25 Feb, 1952 *that I last saw the deceased alive on* 25 Feb, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Rath MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 3 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 27 1952
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 6-1952
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-4[illegible]21

Certificate of Death

State File No. 584
Local Reg. No. 42
Reg. Dist. No. 610

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 143 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 143 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle):
c. (Last): Jacobson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 16, 1907

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Mail Trucker 34

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Irwin, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C.E. Jacobson
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Hattie Butler
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-1728

17. INFORMANT'S OWN SIGNATURE: Mrs Kenneth Walker
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: chronic alcoholism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Foster MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1952
REGISTRAR'S SIGNATURE: Anna Rudgers
25. FUNERAL DIRECTOR: Jack McWood Jr.
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-43027

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

State File No. 595
Local Reg. No. 29
Reg. Dist. No. 411

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, R. #3
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley Rt 2
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Christena b. (Middle) c. (Last) Christensen

4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 25, 1862

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ephraim, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hans Mathias Nissen — BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Kirstine Peterson — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Arnfield Christensen — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause Unknown & Old Age. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1952, *to* 2-19, 1952, *that I last saw the deceased alive on* 2-19, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A B Woolley (Degree or title) M.D

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 2-22-52

24c. NAME OF CEMETERY OR CREMATORY Ephraim Pioneer

24d. LOCATION (City, town, or county) Ephraim Sanpete (State) Utah

DATE REC'D BY LOCAL REG. 2-26-1952

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Lloyd M Nalder — ADDRESS Shelley

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 596
Local Reg. No. 44
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route - 1 -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE:
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Same
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Ira c. (Last) Avery

4. DATE OF DEATH: (Month) Feb - (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White -

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 30, 1886

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntington Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Howard Avery — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Eliza Jane Shepperd — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ira Avery — ADDRESS: R-1 Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs
DUE TO (c) Arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 29, 1949, *to* Feb. 22, 1952, *that I last saw the deceased alive on* Feb. 22, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas E Hall 422 (Degree or title) M.D. — **23b. ADDRESS**: Rigby, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial - I — **24b. DATE**: 2/25/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Milo Cemetery — **24d. LOCATION** (City, town, or county) (State): Idaho Falls Idaho - R-1

DATE REC'D BY LOCAL REG.: March 6-1952 — **REGISTRAR'S SIGNATURE**: Lena Bridges

25. FUNERAL DIRECTOR: Leo A Williams — **ADDRESS**: Idaho Falls.

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 597
Local Reg. No. 5-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Side

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): North Side

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): O.
c. (Last): Rosebaugh

4. DATE OF DEATH (Month) (Day) (Year): 2/2/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/19/1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Soil Conservationist
10b. KIND OF BUSINESS OR INDUSTRY: U.S.
11. BIRTHPLACE (State or foreign country): Clinton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Rosebaugh — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Sarah Catherine Gillette — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X Rachel G. Rosebaugh — ADDRESS: Bonners Ferry, Id

18. CAUSE OF DEATH 157X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Pancreas
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May/1951
19b. MAJOR FINDINGS OF OPERATION: Ca. of head of pancreas
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Dec 18, 1951, *that I last saw the deceased alive on* Dec 18, 1951, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dunbar M.D. 097
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 2/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/4/53
24c. NAME OF CEMETERY OR CREMATORY: Paradise Valley
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho.

DATE REC'D BY LOCAL REG.: 2/3/52
REGISTRAR'S SIGNATURE: R. W. Bowell By F. Morse Dep.
25. FUNERAL DIRECTOR: Frank Morse — ADDRESS: Bonners Ferry, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 528
Local Reg. No. 4-52
Reg. Dist. No. 10

BIRTH NO.

RECEIVED
FEB 14 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ruby Apts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Ruby Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	William	Lowery	2/9/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	11/21/1899	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Boundary Co.	Ellendale, N. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Lowery	N.Y.	Minnie Ladd	N. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Barbara L. Oldson	Bonners Ferry Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Ca.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 1951	Bronchogenic Ca. rt. upper lobe	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug, 19 51, *to* Feb 9, 19 52, *that I last saw the deceased alive on* 2/7, 19 52, *and that death occurred at* 2:45 AM, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. W. Turner 097	M.D.	Bonners Ferry, Idaho	2/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/12/52	Moravia	Near Bonners Ferry, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-10-52	R. M. Covell By L. Morse	Jack Morse	Bonners Ferry Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 589
Local Reg. No. 12
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 223 Belmont St.

3. NAME OF DECEASED (Type or Print) a. (First) Clark b. (Middle) c. (Last) Benson

4. DATE OF DEATH (Month) (Day) (Year) February 3-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH February 16-1867

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months 11 Days 17 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY 04

11. BIRTHPLACE (State or foreign country) Near Baker, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lev Benson
BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Catherine Clark
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE * Frances Benson ADDRESS Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3327

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1952, to Feb 3, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE 199 Milton J. Johnson (Degree or title) MD.

23b. ADDRESS Caldwell, Idaho

23c. DATE SIGNED 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE February 7-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 2/9/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel
E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 590
Local Reg. No. 13
Reg. Dist. No. 960

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 30 yrs in Boise Valley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pennington Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) W.W. Adsmond, 4218 Marvin St.

3. NAME OF DECEASED (Type or Print)
a. (First) Edna
b. (Middle) Eloise
c. (Last) Adsmond

4. DATE OF DEATH (Month) (Day) (Year) February 14-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 15-1872
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months 7, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Algona, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME C.C. Washburn — BIRTHPLACE Rochester, New York
14. MOTHER'S MAIDEN NAME Esther VanCott — BIRTHPLACE Rochester, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE W.W. Adsmond — ADDRESS Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell (COUNTY) Canyon (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Feb 7, 1952, *that I last saw the deceased alive on* Feb 7, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. J. Cox (Degree or title) M.D.
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 2/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 01 Feb. 19-1952
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 2/21/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5 91
Local Reg. No. 17
Reg. Dist. No. 560

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Ora; b. (Middle) Osdrew; c. (Last) Kersey

4. DATE OF DEATH (Month) (Day) (Year): February 20-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 22-1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 9; Days 28
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smith Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Kersey,
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Anna Yenne
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lillie Grace Kersey
ADDRESS: Parma, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

20,4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Lemoroidage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senilemia

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hemorrhoidectomy Recurrent small Bowel

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-12, 1951, *to* 2-20, 1952, *that I last saw the deceased alive on* 2-20, 1952, *and that death occurred at* 7:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 25-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/5/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [signature]

ADDRESS: Peckham Oakan Chapel
Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 592
Local Reg. No. 14
Reg. Dist. No. 960

BIRTH NO.

MAR 11 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon Memorial Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 9mo. 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CAROLINE b. (Middle) ANN c. (Last) SKINNER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 15, 1889

9. AGE (In years last birthday): 62-7-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Syracuse, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Casper Wellensiek
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Caroline Ann Apker
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. L. Skinner ADDRESS: Kuna Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to Skin & bone — 3 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Feb 21, 1952, *that I last saw the deceased alive on* Feb 20, 1952, *and that death occurred at* 3:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 Lester Shupe M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 2/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/52 01
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 2/29/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 593
Local Reg. No. 19
Reg. Dist. No. 360

BIRTH NO. MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 123 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Carolyn; c. (Last) McClure

4. DATE OF DEATH (Month) (Day) (Year): February 25-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 18-1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 6; Days 7
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Knox Co., Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Franklin Irons
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Carolyn Corbin,
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lydia M. Clure
ADDRESS: Caldwell Rt.5

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina Pectoris (Coronary Sclerosis) — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Diverticulitis sigmoid — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 23, 1952 *to* Feb 25, 1952, *that I last saw the deceased alive on* Feb 25, 1952, *and that death occurred at* 11:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Montgomery M.D. 534 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/5/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 594
Local Reg. No. 36
Reg. Dist. No. 362

BIRTH NO.

FEB 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 420 10th Ave So. Nampa
d. STREET ADDRESS (If rural, give location) 420 10th Ave So

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Hamilton c. (Last) Willard

4. DATE OF DEATH (Month) (Day) (Year) JAN. 1, 1952

5. SEX M

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Dec 24, 1876

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alfred I. Willard — BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Adeline Herrick — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X Orange Willard — ADDRESS Dayton, Okc

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease & Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis is Generalized — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/29, 1951, *to* 1/1, 1952, *that I last saw the deceased alive on* 1/1, 1952 *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 344 W B Rose M.D.

23b. ADDRESS Nampa Ida.

23c. DATE SIGNED 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-9-52

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Dayton, Okc.

DATE REC'D BY LOCAL REG. Feb. 20, 1952

REGISTRAR'S SIGNATURE Mrs. Jane Steele

25. FUNERAL DIRECTOR ADDRESS Evans & Edmunds Nampa, Ida
Also Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-51-05491

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

State File No. 595
Local Reg. No. 3
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): JUNE
b. (Middle): ELAINE
c. (Last): NOBLE

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 9, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 7 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Allen Noble — BIRTHPLACE: Idaho Falls, Ida.
14. MOTHER'S MAIDEN NAME: Vera Schultz — BIRTHPLACE: Kuna, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 24hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bilatteral bronchal pneumonia — 2 days
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2/ *, 19* ___ *, to* 1/2/ *, 19* 52 *that I last saw the deceased alive on* 1/2/ *, 19* 52 *and that death occurred at* 4:25p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 344 W B Ross [signature]
23b. ADDRESS: 1111 6th St. So. Nampa, Idaho
23c. DATE SIGNED: 1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 20, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 596
Local Reg. No. 57
Reg. Dist. No. 342

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 220 - 1st No. Extension

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) N. c. (Last) Daly.

4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept 18. 1879

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 5 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Silver City Idaho.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Thomas Daly. BIRTHPLACE Ireland.

14. MOTHER'S MAIDEN NAME Mary Hagen BIRTHPLACE Ireland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Hosp. Records By Geo N. Walker. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation.

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left leg.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1951, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 2:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jerry C. Wesche M.D.

23b. ADDRESS Nampa - Idaho

23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/2/52

24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. March 17, 1952

REGISTRAR'S SIGNATURE Mrs. Jessie Steele

25. FUNERAL DIRECTOR George N. Walker

ADDRESS Nampa Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 33
Reg. Dist. No. 363

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1203 No. Indiana

3. NAME OF DECEASED (Type or Print)
a. (First): LAVERN
b. (Middle): E.
c. (Last): SPENCER

4. DATE OF DEATH (Month) (Day) (Year): Febr. 1, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 22, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sherman, New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Imogene D. Spencer — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Ida Durlin — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Harland Cairs — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 29, 1952, *to* Feb 1, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* 7:27 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum MD 241
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/3/52 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Curtis Nebraska

DATE REC'D BY LOCAL REG.: Feb. 20, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 598
Local Reg. No. 328
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 Locust

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) A. c. (Last) CARR

4. DATE OF DEATH (Month) (Day) (Year): February 2, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 2, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Re t. Cattleman 51

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Carr
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Euphemia Smith
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J S Carr
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Decompensa

due to DUE TO (c) Infected Pulmonary disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 361 Jos Saltzer (Degree or title): MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/6/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Valentine, Nebr.

DATE REC'D BY LOCAL REG.: Feb. 20, 1952
REGISTRAR'S SIGNATURE: Mrs. Jessie Steck
25. FUNERAL DIRECTOR: John F Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 599
Local Reg. No. 20
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 718-8th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): P
c. (Last): Borg

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 5,1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richfield, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ole P Borg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clyde Borg — ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bowel obstruction, Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of sigmoid — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/1/52
19b. MAJOR FINDINGS OF OPERATION: Plastic peritonitis, Bowel obstruction, Ca of colon.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12, 1952, *to* 2/1, 1952, *that I last saw the deceased alive on* 2/1, 1952, *and that death occurred at* 2:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Halliday M.D. 144
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 2/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/6/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Ida
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 600
Local Reg. No. 30
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Parliment c. (Last) McIntyre

4. DATE OF DEATH (Month) (Day) (Year) February 5-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH February 15-1868
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 11 Days 20 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY c4
11. BIRTHPLACE (State or foreign country) Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alexander McIntyre BIRTHPLACE Glasgow, Scotland
14. MOTHER'S MAIDEN NAME Mary Jane Morden, BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Adelaide E Bell ADDRESS Wilder, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right suppurative Parotitis — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1951, *to* Feb 5, 1952, *that I last saw the deceased alive on* Feb 4, 1952, *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Homedale Idaho
23c. DATE SIGNED Feb 6 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 9-1952
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Feb. 11, 1952
REGISTRAR'S SIGNATURE Mrs Jane Buck
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 501
Local Reg. No. 43
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1317 7th St. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OLLIE	T.	KING	February 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	May 22, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Purdy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Marshall — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mary Henderson — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Harold McCunkin — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 24, 1949, *to* Feb 6, 1952, *that I last saw the deceased alive on* Feb 6, 1952, *and that death occurred at* 11:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Weathe	M.D	Nampa — Idaho	2-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/9/52	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 4, 1952	Mrs Jane Lewis	Lewis & Edmunds Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 602
Local Reg. No. 38
Reg. Dist. No. 362

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 235 Owyhee

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): E.
c. (Last): SHANK

4. DATE OF DEATH (Month) (Day) (Year): Febr. 10, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 1, 1931
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Block Mason 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Filer, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Guy Shank — BIRTHPLACE: Roseland, Nebr.
14. MOTHER'S MAIDEN NAME: Ruth E. Lapp — BIRTHPLACE: Roseland, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Guy Shank — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 510.1 Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause undetermined: presumably
DUE TO (c) anesthetic.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Tonsillitis

19a. DATE OF OPERATION: 2-7-52
19b. MAJOR FINDINGS OF OPERATION: ① Tonsillectomy ② Emergency Heart Surgery after arrest
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7, 1952, *to* 2-10, 1952, *that I last saw the deceased alive on* 2-10, 1952, *and that death occurred at* 2:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum M.D. 241
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/15/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 803
Local Reg. No. 66
Reg. Dist. No. 362

RECEIVED MAR 22 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 403 8th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) PARK c. (Last) SALLE, SR.

4. DATE OF DEATH (Month) (Day) (Year) February 10, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 19, 1887

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist 90

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Beatrice, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George F. Salle BIRTHPLACE Mobile, Ala.

14. MOTHER'S MAIDEN NAME Jennie Park BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE George Park Salle Jr ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy Mental Deterioration — INTERVAL BETWEEN ONSET AND DEATH 4 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c) Cerebral Thrombosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 18, 1948, *to* Feb. 10, 1952, *that I last saw the deceased alive on* February 6, 1952, *and that death occurred at* 12:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W B Rose MD

23b. ADDRESS Nampa Idaho.

23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment

24b. DATE 2/13/52

24c. NAME OF CEMETERY OR CREMATORY Boise Mausoleum

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. March 18, 1952

REGISTRAR'S SIGNATURE Mrs Jane Steele

25. FUNERAL DIRECTOR John F Alsip Jr

ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. F04
Local Reg. No. 46
Reg. Dist. No. 362

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 524 20th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) L. c. (Last) WAYBRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Febr. 11, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Febn. 11, 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dewitt Co., Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Waybright — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Virginia Burgoyne — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ina Waybright — ADDRESS: El Cerrito, Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility - Malnutrition — months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-5-, 1952 *to* 2-10-, 1952, *that I last saw the deceased alive on* 2-10-, 1952, *and that death occurred at* 1:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard E. Krechel M.D. — **23b. ADDRESS**: Nampa, Ida. — **23c. DATE SIGNED**: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2/12/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Mar. 4 1952 — **REGISTRAR'S SIGNATURE**: Mrs. Jane Steck — **25. FUNERAL DIRECTOR**: John J. Alsip Jr. — **ADDRESS**: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 605
Local Reg. No. 31
Reg. Dist. No. 363

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt.3

3. NAME OF DECEASED (Type or Print)
a. (First): Ralphina
b. (Middle):
c. (Last): Wynia

4. DATE OF DEATH (Month) (Day) (Year): February 11-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5-1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Platte, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S.J. Koster, BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Grace Boer, BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: S. G. Wynia, ADDRESS: Caldwell Rt.3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

199 H

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Left Lower Jaw. Neck. Esophagus & Larynx

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Biopsy
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1951, *to* Feb 11, 1952, *that I last saw the deceased alive on* Feb 11, 1952 *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 285 W. C. Nolte M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 15-1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 16, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Fuck
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapels, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 606
Local Reg. No. 67
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 22 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 315 22nd Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1015 14th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) LAUNCELOT JOPLIN
c. (Last) MOSES

4. DATE OF DEATH (Month) (Day) (Year) Febr. 12, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 1, 1876
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Beloit, Wisc.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Launcelot Moses — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Jane A. Davison — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 338-09-6932
17. INFORMANT'S OWN SIGNATURE Edna J Smith — ADDRESS Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis c Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 4 h.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Occlusion Ant Aurite — 7 days.
DUE TO (c) Arteriosclerosis generalized.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility; Cardiac Decomp. c Congest. Failure — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* February, 1952, *that I last saw the deceased alive on* February 7, 1952, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W B Ross 344 (Degree or title) M.A.
23b. ADDRESS Nampa Idaho.
23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 2/12/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Beloit, Wisconsin

DATE REC'D BY LOCAL REG. Mar 18, 1952
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR Lewis Edmunds — ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 41
Reg. Dist. No. 362

BIRTH NO.

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 9th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 9th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) Everett b. (Middle) D c. (Last) Stevens

4. DATE OF DEATH: (Month) found (Day) Febr. 16, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: March 19, 1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 561-22-9820
17. INFORMANT'S OWN SIGNATURE: County Record — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia and pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable intravenous injection of overdose of methadon.

DUE TO (c) (equivalent of 20 mg methadon recovered from kidneys)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* autopsy only, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 16 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/28/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steele
25. FUNERAL DIRECTOR: Robin J. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 608
Local Reg. No. 40
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Caldwell Labor Camp

3. NAME OF DECEASED (Type or Print)
a. (First): AKIKO
b. (Middle): HAZEL
c. (Last): TAKENAGA

4. DATE OF DEATH (Month) (Day) (Year): Febr. 14, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Mar. 31, 1924
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Auburn, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Shintaro Takenga — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Yasu Takeda — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-1102
17. INFORMANT'S OWN SIGNATURE: Zakon Takenaga — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer Sigmoid

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Metastasis
DUE TO (c): Exhaustion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obstruction Formed Return last 30 days

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: Aug 6 '51
19b. MAJOR FINDINGS OF OPERATION: 12" Sigmoid removed Healed Metastasis
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 19__, *to* 2-14, 1952, *that I last saw the deceased alive on* 2-14, 1952, *and that death occurred at* 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 A P Belknap
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 609
Local Reg. No. 55
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 711 9th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 711 9th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) OLIVER c. (Last) SANFORD

4. DATE OF DEATH (Month) (Day) (Year): Febr. 16, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 18, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Granville A. Sanford
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Sarah Stevenson
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ada Sanford
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4343

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Enteritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 5, 1952, *to* Feb 16, 1952, *that I last saw the deceased alive on* Feb 16, 1952, *and that death occurred at* 9:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 443 Henry C. Wesche M.D
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 2-28-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: March 11, 1952
REGISTRAR'S SIGNATURE: Maryland Steele
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 610
Local Reg. No. 35
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1104 Canyon Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1104 Canyon Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUELLA	AGNES	JACKSON	Febr. 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Apr. 11, 1883	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nertonville, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zachary T. Foley — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lillian M. Crowder — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — ?
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-11, 1952, to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred between 5 & 6a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W B Halliday, M.D.	Nampa, Idaho	2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3.	2/20/52		Colorado Springs, Colo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 20, 1952	Mrs. Jane Stuck	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 611
Local Reg. No. 48
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 924 10th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 924 10th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): VICKY
b. (Middle): LOUISE
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): February 18, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 9, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 9; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elmer Phillips
BIRTHPLACE: Custer, So. Dak.
14. MOTHER'S MAIDEN NAME: Loretta Curry
BIRTHPLACE: Billings, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Family record, Lewis Edmunds
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, bronchial, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Enlarged thymus — 3 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* found, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Koehne 209 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Feb. 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Mar 4 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C 12
Local Reg. No. 42 12
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) CURTIS

4. DATE OF DEATH (Month) (Day) (Year): February 19, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Febr. 16, 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quincy, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Curtis
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Waldon
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J.O. Curtis
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of mesentery & colon — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 1 yr.
DUE TO (c) Senility, arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1952, to 2-19, 1952, that I last saw the deceased alive on 2-19, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: A.B. Halliday
(Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/22/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 613
Local Reg. No. 43
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) HENRY c. (Last) GOETTSCHE

4. DATE OF DEATH: (Month) (Day) (Year) February 20, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 29, 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grand Island, Nebr.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Christian Goettsche
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Sophia Nietfeldt
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 566-09-9436

17. INFORMANT'S OWN SIGNATURE: Mrs John Goettsche
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4432

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Nephrosclerosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 361 John Goettsche MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 2/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/23/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb 29 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 49
Reg. Dist. No. 362

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 115 Winther St.

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Dean c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) February 21-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH December 11-1898

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR Months 2 Days 10
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Naponee, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles White
BIRTHPLACE Nebraska

14. MOTHER'S MAIDEN NAME Ethel Biner
BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-26-9741

17. INFORMANT'S OWN SIGNATURE x Mrs. Ralph White ADDRESS Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Angina Pectoris 420.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-52, 19 52 *to* 2-21, 19 52, *that I last saw the deceased alive on* 2-21, 19 52, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. Beckham M.D.

23b. ADDRESS Nampa Ida

23c. DATE SIGNED 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 26-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. March 6, 1952

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR (Address) Beckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 615
Local Reg. No. 56
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lamanita Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 616 - 18th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): Charlotte
b. (Middle): I
c. (Last): Rouse

4. DATE OF DEATH (Month) (Day) (Year): 2 22 52

5. SEX: F
6. COLOR OR RACE: N.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 5-1888
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clayton County Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-8337
17. INFORMANT'S OWN SIGNATURE: Hospital Records By Geo. H. Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Neal nutrition — 6 mo.

19a. DATE OF OPERATION: 7-18-52
19b. MAJOR FINDINGS OF OPERATION: Inflammatory reaction + Cancer of rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-29, 1949, *to* 2-22, 1952, *that I last saw the deceased alive on* 2-22, 1952, *and that death occurred at* 1P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): Gerald E Wiech M.D.
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho.

DATE REC'D BY LOCAL REG.: March 12, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck Wiesle
25. FUNERAL DIRECTOR: George H. Walker — ADDRESS: Nampa Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 616
Local Reg. No. 54
Reg. Dist. No. 36-2

BIRTH NO.

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 Diamond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 Diamond

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) O. c. (Last) DANIEL

4. DATE OF DEATH (Month) (Day) (Year): Febr. 23, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 14, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ok

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cass Co., Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Wm. Daniel
BIRTHPLACE: Cass Co., Ill

14. MOTHER'S MAIDEN NAME: Zylpha Carter
BIRTHPLACE: Jacksonville, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Herbert Daniels
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Embolus.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-5-, 1949, *to* 2-23-, 19 52, *that I last saw the deceased alive on* 2-23-, 1952, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel Wayne Wood M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 4 1952
REGISTRAR'S SIGNATURE: Mrs. Janet Steele
25. FUNERAL DIRECTOR: John T. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 50
Reg. Dist. No. 3 62

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 - Orchard Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
d. STREET ADDRESS (If rural, give location): 118 - Orchard Ave

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) [illegible] c. (Last) Skubal

4. DATE OF DEATH: (Month) (Day) (Year): Feb 23rd 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19th 1879

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 10 Days: 4 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Ret

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U. S. a.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Family Records Rep Geo H. Walker ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage brain 10 days — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute dilatation heart
DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Z60X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* 2-23, 1952, *that I last saw the deceased alive on* 2-23, 1952, *and that death occurred at* 2 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Belknap

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 27-1952

24c. NAME OF CEMETERY OR CREMATORY: Kohlenberg

24d. LOCATION (City, town, or county) (State): Nampa Idaho.

DATE REC'D BY LOCAL REG.: March 8, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Stark

25. FUNERAL DIRECTOR: George H. Walker ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021 Belknap

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 518
Local Reg. No. 44
Reg. Dist. No. 363

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lucy; b. (Middle) Diller; c. (Last) Wright

4. DATE OF DEATH: (Month) (Day) (Year) February 25-1952

5. SEX: Fe Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: August 28-1872

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months 5, Days 27 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chemung, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David McNally
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Betsy Diller
BIRTHPLACE: Clarence, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Ellen Bonnell
ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Degeneration
INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum
?

19a. DATE OF OPERATION: 2/19/52

19b. MAJOR FINDINGS OF OPERATION: obstructing lesion of recto sigmoid

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 9, 1951 *to* Dec 25, 1951, *that I last saw the deceased alive on* Dec 24, 1951, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Homedale Idaho

23c. DATE SIGNED: Dec 26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: February 28-1952

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: March 3, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
[signature]
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 819
Local Reg. No. 25
Reg. Dist. No. 362

BIRTH NO. FEB 11 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 31 yrs. 11 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Buckley

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/16/1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Not known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Frazer Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH 481X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza complicated by senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 2/4, 1952, *that I last saw the deceased alive on* 2/4, 1952, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Wentworth M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/11/52
24c. NAME OF CEMETERY OR CREMATORY: Kohderlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb. 8, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: George N. Walker — ADDRESS: Nampa Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 32
Reg. Dist. No. 363

BIRTH NO. FEB 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Charlie; b. (Middle) Henry; c. (Last) Scott

4. DATE OF DEATH: (Month) (Day) (Year) February 9-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 23-1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smith Center, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Winefield Scott — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Eliza Van Meter — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: ✓ Mrs Ethel Hubbard — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic hypertensive heart disease — 20 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C.K. Dietz (Degree or title): M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 12 1952

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Feb. 17 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Peckham-Bakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. C21
Local Reg. No. 39
Reg. Dist. No. 362

RECEIVED
MAR 3 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) JAMES; c. (Last) BAUMGARTNER

4. DATE OF DEATH: (Month) Febr. (Day) 12, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 4, 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Walter E. Baumgartner
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute dilatation Heart — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Flu bronchitis
DUE TO (c): Arteriosclerosis

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 1952, *to* ———, 19——, *that I last saw the deceased alive on* 2-12, 1952, *and that death occurred at* 8:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. J. P. Buchner
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 2/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stocks
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 622
Local Reg. No. 47
Reg. Dist. No. 363

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Billen
b. (Middle): Varin
c. (Last): Swarner

4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married (Child)
8. DATE OF BIRTH: 9/28/44
9. AGE (In years last birthday): 7 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - (Child) 02
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George C. Swarner — BIRTHPLACE: Hartford, Kansas
14. MOTHER'S MAIDEN NAME: Ava M. Clammer — BIRTHPLACE: Hartford, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gayle Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Burns
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Spastic quadriplegic with Idiocy - Congenital

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NAMPA STATE SCHOOL
21c. (CITY, TOWN, OR TOWNSHIP): Nampa — (COUNTY): Canyon — (STATE): Idaho

21d. TIME OF INJURY (Month) 2 (Day) 22 (Year) 52 (Hour) 2:20 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fire of undetermined origin.

22. *I hereby certify that I attended the deceased from* 2/2, 1952, *to* 2/22, 1952, *that I last saw the deceased alive on* 2/22, 1952, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Farber (Degree or title): M. D.
23b. ADDRESS: 311½-14th Ave. So, Nampa, Ida.
23c. DATE SIGNED: 2/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/25/52
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: Mar 4, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 623
Local Reg. No. 1623
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 908 Ball St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Duncan
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): February 28-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 4-1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexis, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Patterson, BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Jane Laughead Patterson, BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard L. Patterson, ADDRESS: Flagstaff, Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — 470.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1952, *to* Feb. 28, 1952, *that I last saw the deceased alive on* Feb. 28, 1952, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 25 D. M. Mitchell
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 3-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/5/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [signature] ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. C24
Local Reg. No. 2
Reg. Dist. No. 520-21

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conda Paris Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) Smedley c. (Last) Findlay

4. DATE OF DEATH: (Month) (Day) (Year): February 12, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 6, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months: 11, Days: 5 — IF UNDER 24 HRS.: Hours, Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Thomas Smedley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ann Eaton — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: L. L. Findlay — ADDRESS: Conda, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-3, 1952, *to* 2-12, 1952, *that I last saw the deceased alive on* 2-12, 1952, *and that death occurred at* 9:40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen N. Tiget, M.D.
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Paris Cemetery
24d. LOCATION (City, town, or county) (State): Paris Idaho

DATE REC'D BY LOCAL REG.: Feb. 12, 1952
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Dale Matthews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 28 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 3
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CARIBOU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CARIBOU CO. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): none
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) SARDICE c. (Last) AYERS

4. DATE OF DEATH (Month) (Day) (Year): 2-21-52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: OCT-1-1861

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR Months: 4 Days: 20
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELL DIGGER 31

10b. KIND OF BUSINESS OR INDUSTRY: WELL DRILLING

11. BIRTHPLACE (State or foreign country): NEWTON, ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEO. W. AYERS
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: NANCY CUTLER
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: Louise Ayers ADDRESS: SODA SPRINGS IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Ht disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 2-21, 1952, *that I last saw the deceased alive on* 21 Feb, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen N. Leavitt (Degree or title): M.D.

23b. ADDRESS: Soda Springs, Idaho

23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 2-24-52.

24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM.

24d. LOCATION (City, town, or county) (State): SODA SPRINGS IDA.

DATE REC'D BY LOCAL REG.: 2-29-52

REGISTRAR'S SIGNATURE: Donna E. Ellis

25. FUNERAL DIRECTOR: E. L. Whitmore ADDRESS: SODA SPRINGS IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 626
Local Reg. No. 5
Reg. Dist. No. 520-521

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grace, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location): Grace

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Allsop

4. DATE OF DEATH (Month) (Day) (Year): Feb 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5 Nov. 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tooele, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Tanner — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha Craner — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Evelyn A. Sessions — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis + senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Feb, 1952, *that I last saw the deceased alive on* 28 Feb, 1952 *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Emmett E. Herron (Degree or title): MD
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 29 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grace
24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 3/3/52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Oberrin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

State File No. 627
Local Reg. No. 4
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy b. (Middle) Irene c. (Last) Hopkins

4. DATE OF DEATH: (Month) Feb. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 11 1935

9. AGE (In years last birthday): 17

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Going to School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soda Springs Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernal Hopkins — BIRTHPLACE: Soda Springs Ida.

14. MOTHER'S MAIDEN NAME: Juanita Romero — BIRTHPLACE: Mt Pleasant Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vernal Hopkins — ADDRESS: Soda Springs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated Lupus — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

014.2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to 29 Feb, 1952, that I last saw the deceased alive on 29 Feb, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Alley H. Tuttle M.D. (Degree or title)

23b. ADDRESS: Soda Springs, Idaho

23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar 5 1952

24c. NAME OF CEMETERY OR CREMATORY: Soda Springs Cemetery

24d. LOCATION (City, town, or county) (State): Soda Springs Idaho

DATE REC'D BY LOCAL REG.: 3/3/52

REGISTRAR'S SIGNATURE: Donna E. Ellis

25. FUNERAL DIRECTOR: C. D. Whitman

ADDRESS: Soda Springs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 638
Local Reg. No. 12
Reg. Dist. No. 470

BIRTH NO. MAR 1952

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 46 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1058 Normal Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1058 Normal Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Matilda
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 12, 1860
9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months 3 Days -
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Theodore Smith
BIRTHPLACE: -------, Alabama
14. MOTHER'S MAIDEN NAME: Susanna Baird
BIRTHPLACE: ------, Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: D.A. Christopherson
ADDRESS: 1058 Normal Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10-20 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 8, 1951, *to* Feb 12, 1952, *that I last saw the deceased alive on* Feb 12, 1952, *and that death occurred at* 10:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S.R. Kircher (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Feb 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: View Cemetery
24d. LOCATION (City, town, or county) (State): View, Cassia County, Idaho

DATE REC'D BY LOCAL REG.: Feb 25 1952
REGISTRAR'S SIGNATURE: B.F. Wilson
25. FUNERAL DIRECTOR: Vern B. McPulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

111-52-C0 1797

Certificate of Death

STATE OF IDAHO

State File No. 629
Local Reg. No. 12
Reg. Dist. No. 470

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 17 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Chester
c. (Last): Stephenson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 18, 1952
9. AGE (In years last birthday): --
IF UNDER 1 YEAR: Months -- Days --
IF UNDER 24 HRS.: Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Chester John Stephenson
BIRTHPLACE: Sheridan, Indiana
14. MOTHER'S MAIDEN NAME: Dorothy Wickel
BIRTHPLACE: Elba, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. J. Stephenson
ADDRESS: Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Premature Infant
ANTECEDENT CAUSES
Anoxemia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 18 Feb, 1952, *to* 19 Feb, 1952, *that I last saw the deceased alive on* 19 Feb, 1952, *and that death occurred at* 7:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas H Lehmann MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 22 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Feb 25 1952
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach
ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. C30
Local Reg. No. 15
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1534 Burton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1534 Burton Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Vernal b. (Middle) B. c. (Last) Craner

4. DATE OF DEATH (Month) (Day) (Year): February 19, 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug. 11, 1909

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potato Buyer 36

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Ray Craner — BIRTHPLACE: Grantsville, Ut.

14. MOTHER'S MAIDEN NAME: Ella Briggs — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: La Mar Craner — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Endocarditis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley Cassia Id

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1942, 19__, *to* Feb 19, 1952, *that I last saw the deceased alive on* Feb 19, 1952, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hyrum R. Craner 089 — (Degree or title): M.D. — **23b. ADDRESS**: Burley Id — **23c. DATE SIGNED**: 2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/22/52 04

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar 3 1952 — REGISTRAR'S SIGNATURE: R. T. Nilson

25. FUNERAL DIRECTOR — ADDRESS: J. Garth Payne — Burley

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 21
Local Reg. No. 11
Reg. Dist. No. 470

BIRTH NO. MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington ?
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle ?
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Lewis; b. (Middle) Wesley; c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown

8. DATE OF BIRTH: Oct. 12, 1922

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR: Months 4; Days 8
IF UNDER 24 HRS.: Hours ; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): San Antonio, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Echols Young, BIRTHPLACE: Fort Smith, Arkansas

14. MOTHER'S MAIDEN NAME: Grace Wood, BIRTHPLACE: Fort Smith, Ark.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 530-14-3073

17. INFORMANT'S OWN SIGNATURE: Frank M. Pulloch C.E. Coroner. ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injury and/or Internal Abd Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Right Tibia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) Burley (Rural) (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 20 1952 10 30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident.

22. *I hereby certify that I attended the deceased from* Never Attended, ____, 19____, *that I last saw the deceased alive on* Feb. 20, 1952, *and that death occurred at* 12 15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Tucker M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Feb 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Tulsa, Oklahoma
24d. LOCATION (City, town, or county) (State): Tulsa, Oklahoma

DATE REC'D BY LOCAL REG.: Feb 25 1952
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Frank M. Pulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 14
Reg. Dist. No. 470

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Veterans Apts. A1, Yale Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Micheal; b. (Middle) Dean; c. (Last) Fox

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 30, 1950

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 10, Days 27
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Floyd T. Fox — BIRTHPLACE: Downey, Idaho

14. MOTHER'S MAIDEN NAME: Ilean Ross — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Floyd Fox — ADDRESS: A1 Vets Yale Burley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute Laryngo-Tracheo-Bronchitis: — 24 hrs.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): None

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 1952 *to* Feb 27, 1952, *that I last saw the deceased alive on* Feb 27, 1952 *and that death occurred at* 12:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. B. Sutton (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 2/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-29-52

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley IDaho

DATE REC'D BY LOCAL REG.: Feb. 29 1952

REGISTRAR'S SIGNATURE: B. Wilson

25. FUNERAL DIRECTOR: Vern E. McCulloch — ADDRESS: Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 31 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 633
Local Reg. No. 9
Reg. Dist. No. 4-7-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Jane c. (Last) Werner

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1874

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 3 Days: - IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Gilead, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Sausaman BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Catherine Feller BIRTHPLACE: ----- Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John C Werner ADDRESS: Celina

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-6-47 19__, *to* 2-Feb, 1952, *that I last saw the deceased alive on* 9-15, 1948, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: (423) (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Feb 6 1952
REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Frank B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 634
Local Reg. No. 10
Reg. Dist. No. 470

BIRTH NO.

MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley (Rural)
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 South

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 3006 E. Cherry

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle); c. (Last) Underwood

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months 1 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer ?

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Memphis, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME: L. D. Underwood, BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Bessie Green, BIRTHPLACE: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO. 556-36-0111

17. INFORMANT'S OWN SIGNATURE: Vern B. McCulloch Co Coroner ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Cervical Vertebra - Cord Transection — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: 1) Compound Fracture lower Rt. Tibia & Fibula 2) Fracture Rt. Femur 3) Compression injury Left Chest-Ind all ribs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) Burley (Rural) (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY (Month) Feb (Day) 20 (Year) 1952 (Hour) 10:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from Never attended, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: James R. Rucker (Degree or title) M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: Feb 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rock Springs Cemetery

24d. LOCATION (City, town, or county) (State): Rock Springs, Wyoming

DATE REC'D BY LOCAL REG.: Feb-25 1952

REGISTRAR'S SIGNATURE: Pete Nelson

25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 635
Local Reg. No. 15
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Corbett
c. (Last): James

4. DATE OF DEATH (Month) (Day) (Year): 2-3-1952

5. SEX: M
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 10-25-1925
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Lapwai, Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jones C. James — BIRTHPLACE: Ahsahka, Idaho
14. MOTHER'S MAIDEN NAME: Ida Luton — BIRTHPLACE: Pendleton, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Joseph J. Joye — ADDRESS: Ahsahka

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 981X Gun shot of L. chest injuries to — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lungs, Spleen, stomach,
DUE TO (c): transverse colon and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Mesentery

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Rt. 6 Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-3-52 12:05a m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Shot with 22 rifle.

22. *I hereby certify that I attended the deceased from* 2-3-52 *19*__, *to* 2-3-52, *19*__, *that I last saw the deceased alive on* 2-3-52, *19*__, *and that death occurred at* 15:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Pappenhagen M.D 304
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-1952
24c. NAME OF CEMETERY OR CREMATORY: Ahsahaka cemetery
24d. LOCATION (City, town, or county) (State): Ahsahka Idaho

DATE REC'D BY LOCAL REG.: 2/4/52
REGISTRAR'S SIGNATURE: Joel E Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 210

BIRTH NO.

FEB 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) E. c. (Last) Steiner

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 8 1882

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Kent Co Mich.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: P. D. Steiner — BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: Anna Kesterson — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: E. L. Burney M.D. — ADDRESS: Orofino Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic cardio renal disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): cerebral arteriosclerosis — 4 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: fracture hip [Not related to cause of death] — 7 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1, 1943, *to* 2-13, 1952, *that I last saw the deceased alive on* 2-13, 1952, *and that death occurred at* 3:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Burney M.D. (Degree or title)

23b. ADDRESS: Orofino Ida

23c. DATE SIGNED: 2-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-15-52

24c. NAME OF CEMETERY OR CREMATORY: Pilgrim Fun. Home

24d. LOCATION (City, town, or county) (State): Bluffton Ohio

DATE REC'D BY LOCAL REG.: 2/15/52

REGISTRAR'S SIGNATURE: Joel E. Darley

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 637
Local Reg. No. 17
Reg. Dist. No. 210

BIRTH NO. FEB 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer

c. LENGTH OF STAY (in this place): 2mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino

d. STREET ADDRESS (If rural, give location): Brown Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Michael; b. (Middle) I.; c. (Last) Shepley

4. DATE OF DEATH (Month) (Day) (Year): 2-15-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 DAY: Hours / Min.
M	W	Married	9-29-1874	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mt. Lebanon Syria

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Isac Shepley — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Selina Shepley — ADDRESS: Orofino

CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis (Cardiac failure) — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940 19__, *to* Feb. 15 1952, *that I last saw the deceased alive on* Feb 15, 1952, *and that death occurred at* 7:25p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A B Coppinger M D	Orofino	2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-19-1952	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-18-52	Elsie E. Hartley Dep.	W. E. Gilbert	Orofino

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED MAR 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location): (Ahsahka)

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): SINGLETON JAHUE BRYANT

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 28, 1874

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrison, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Joseph W Bryant — BIRTHPLACE: So. Carolina

14. MOTHER'S MAIDEN NAME: Cynthya Buebottom — BIRTHPLACE: Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518 05 4435

17. INFORMANT'S OWN SIGNATURE: Mrs. Nelson Dawson — ADDRESS: Ahsahka, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia with pleurisy — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 8 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-15, 1952, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb 19, 1952, *and that death occurred at* 12:30 PM. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. C. Harson M.D. — **23b. ADDRESS**: Orofino, Ida — **23c. DATE SIGNED**: Feb 21-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-25-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Cavendish — **24d. LOCATION** (City, town, or county) (State): Cavendish, Idaho

DATE REC'D BY LOCAL REG.: 2/23/52 — **REGISTRAR'S SIGNATURE**: Joel E Bailey

25. FUNERAL DIRECTOR: W. E. Gifford — **ADDRESS**: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 539
Local Reg. No. 19
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAR 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 15 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Radovich c. (Last)

4. DATE OF DEATH: (Month) Feb (Day) 22 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single (Div)

8. DATE OF BIRTH: ?. 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 07

10b. KIND OF BUSINESS OR INDUSTRY: mining

11. BIRTHPLACE (State or foreign country): Yugoslavia

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: unk
BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: unk
BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Berry M D
ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chron myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholism — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerotic psychosis 15 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-21 *, 19*50*, to* 2-22 *, 19*52*, that I last saw the deceased alive on* 2-21 *, 19*52*, and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Berry M D (023) (Degree or title)
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-22-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 2/22/52
REGISTRAR'S SIGNATURE: J. E. Pauley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 640
Local Reg. No. 449
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Lewis	Ebberts	Feb. 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Mar. 3, 1890	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 62	State Highway	Challis, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Lewis Ebberts	Penn.	Emma DeMoss	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-14-2220	William L. Ebberts	Challis, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2yrs.?
DUE TO (c) Arteriosclerotic Heart Disease — 1yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 6mos

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 10, 1951, *to* Feb 19, 1952, *that I last saw the deceased alive on* Feb 19, 1952, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert T. Barker	MD	Mackay, Ida.	2-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-22-52	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 22, 1952	Edna McKenney	Delbert C. Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 41
Local Reg. No. 420
Reg. Dist. No. 28

RECEIVED MAR 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Challis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Duster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edgar	Amos	Cummings	Feb. 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 12, 1870	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ranching 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wheatland County, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Amos Marihew Cummings — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Elnore unknown — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-8220
17. INFORMANT'S OWN SIGNATURE Amos M. Cummings ADDRESS Boise, Ida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelitis + Cystitis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs.
DUE TO (c) Cardiac Decompensation — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2 1950, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb 19, 1952, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert T. Barter	MD	Mackay, Ida.	2-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-23-52	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 24 1952	Edna M. Kenney	Hulbert C. Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 451
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mill Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location): Mill Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Carey
c. (Last): Grannis

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iroquois, S. Dakota
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Louis Grannis — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Minnie Alitz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 547-14-5661
17. INFORMANT'S OWN SIGNATURE: Fred J. Sechler — ADDRESS: ElMonte, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1952, *to* Feb 21, 1952, *that I last saw the deceased alive on* 7, 19__, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Barter 036 — Mr Deputy Physician
23b. ADDRESS: Mackay, Ida
23c. DATE SIGNED: 2-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-26-52
24c. NAME OF CEMETERY OR CREMATORY: Olive
24d. LOCATION (City, town, or county) (State): Riverside, California

DATE REC'D BY LOCAL REG.: Feb. 24 1952
REGISTRAR'S SIGNATURE: Edna McKinney
25. FUNERAL DIRECTOR: Gilbert C. Jones — ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 43
Local Reg. No. 452
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) Louis c. (Last) Giraud

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 24-1952.

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: Aug-30-1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 5 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm labor

11. BIRTHPLACE (State or foreign country): Roussin France

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Jacque Giraud
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Celestine Dye
BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

584X

17. INFORMANT'S OWN SIGNATURE: Reed Nelson
ADDRESS: Mackay

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Osteomyelitis, L foot — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cachexia — 6 months
DUE TO (c): Gall Stones + Cholecystitis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 19, 1951, *to* Feb 24, 1952, *that I last saw the deceased alive on* Feb. 23, 1952 *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Barker M.D 1036

23b. ADDRESS: Mackay, Ida.

23c. DATE SIGNED: 3-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 27-52

24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb Cem

24d. LOCATION (City, town, or county) (State): Mackay - Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1952

REGISTRAR'S SIGNATURE: Edna M. Kenney

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco Ida
F.D. #19

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No.
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 30yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stump Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) FAY c. (Last) Mc CULLOUGH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5, 1894

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months 11 Days 17
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Woomsocket South Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi Mc Cumber
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Peter J. Bastida
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertension, arteriosclerotic disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with many cerebro -

DUE TO (c) vascular accidents

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1951, *to* Feb 22, 1952 *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord W. Broom (Degree or title) M.D.

23b. ADDRESS: Mountain Home, Ida

23c. DATE SIGNED: 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1952

REGISTRAR'S SIGNATURE: H. Anderson

25. FUNERAL DIRECTOR: Eddy J. Bay
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 645
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) Howard b. (Middle) Pilgrim c. (Last) Twinning

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months 11 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific

11. BIRTHPLACE (State or foreign country): Butte Montana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Twinning
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): World War#1

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X [illegible] Twinning
ADDRESS: Glenn Ferry

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) dissecting Aneurysm of the Aorta
INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
F Glenn

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1952 *to* Feb 25, 1952 *that I last saw the deceased alive on* Feb 25, 1952 *and that death occurred at* 2 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward A. Parker M.D. (Degree or title)
23b. ADDRESS: Glenn Ferry Idaho
23c. DATE SIGNED: Feb 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: Feb 28-1952
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Filer J. Bay Mountain Home Idaho
ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-001844

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 546
Local Reg. No. 65
Reg. Dist. No. 540

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1740 Yellowstone Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BABY	BOY	SPACKMAN	Feb. 12, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 12, 1952.				1	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby	none	Preston, Idaho.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stuart D. Spackman	Preston, Ida.	Lanore Winn	Preston, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Stuart D. Spackman	Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity - 8½ weeks — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pre eclampsia - Mother — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
congenital microcephalic
congenital atresia Rectum

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 12, 1952, *to* Feb 12, 1952, *that I last saw the deceased alive on* Feb 12, 1952, *and that death occurred at* 3:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Smith 396	M.D.	Preston, Idaho	2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 13, 1952	Preston	Preston, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-13-1952	Effie W. Brower	Richards & Son	Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-00653

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 547
Local Reg. No. 7
Reg. Dist. No. 540

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 South 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 110 South 1st East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KIM	IVAN	CROCKETT	Feb. 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Jan. 5, 1952.		1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Preston, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DeRay G. Crockett — BIRTHPLACE: Preston, Ida.
14. MOTHER'S MAIDEN NAME: Cleo Rasmussen — BIRTHPLACE: Preston, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: DeRay G. Crockett — ADDRESS: Preston Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4928

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Premature baby

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 12, 1952 *to* Feb 13, 1952, *that I last saw the deceased alive on* Feb 13, 1952, *and that death occurred at* 4:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler 064	MD	Preston Ida	2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-52	Whitney	Whitney, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-14-1952	Effie W. Brower	Richards & Son	Preston, Ida.

Thomas J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. C48
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

RECEIVED MAR 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of LeRoy Archibald

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: Donna Anna
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Las Cruces
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	FAWN		PAGE		2	28	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Nov. 22, 1951.		3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	At Home	Las Cruces, New Mexico.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leo D. Page	Preston, Ida.	Nelda Archibald	Preston, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Leo D. Page	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease 754.4 — INTERVAL BETWEEN ONSET AND DEATH: Nov 22 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-24, 1952, *to* 2-28, 1952, *that I last saw the deceased alive on* 2-24, 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cobb M.D.	Preston Ida	2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-1-52	Dayton	Dayton, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
3-1-52	Effie W. Brown	Richards & Son Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 819
Local Reg. No. 9
Reg. Dist. No. 6-50

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 425 West 3rd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Burton
d. STREET ADDRESS (If rural, give location) 2 Blocks west Burton Church

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Cherry

4. DATE OF DEATH (Month) (Day) (Year) Feb 11, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 23, 1880

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laboreer 54

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Ephriam, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Moroni Cherry BIRTHPLACE Wooton Bedford England

14. MOTHER'S MAIDEN NAME Lena Christensen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mae Cherry ADDRESS Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro - vascular accident — 6 months
DUE TO (c) Hypertension - arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 25, 1952, *to* 11 Feb, 1952, *that I last saw the deceased alive on* 11 Feb, 1952, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. O. Burton (Degree or title) M.D.

23b. ADDRESS St. Anthony, Idaho

23c. DATE SIGNED 13 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/15/52

24c. NAME OF CEMETERY OR CREMATORY Burton

24d. LOCATION (City, town, or county) Madison Co. (State) Idaho

DATE REC'D BY LOCAL REG. 13 Feb 52

REGISTRAR'S SIGNATURE M. L. Hansen

26. FUNERAL DIRECTOR Ballard & Nelson ADDRESS Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 850
Local Reg. No. 12
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANE BIRD
c. (Last): MUNK

4. DATE OF DEATH (Month) (Day) (Year): Feb., 23, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct., 3, 1881
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 5 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mendon, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Bird
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Harriet Clifford
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-2138
17. INFORMANT'S OWN SIGNATURE: Arby A. Munk
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of blatter — 8 ms.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis — 6 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 23 Feb, 1952, *that I last saw the deceased alive on* 23 Feb., 1952, *and that death occurred at* 8:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack A. Jensen M.D.
23b. ADDRESS: Ashton - Ida
23c. DATE SIGNED: 26 Feb 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 Feb 52
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Teton, Idaho.

DATE REC'D BY LOCAL REG.: 26 Feb 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 651
Local Reg. No. 13
Reg. Dist. No. 650

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) VETTA b. (Middle) MAY c. (Last) ROSEBOROUGH BALBI

4. DATE OF DEATH: (Month) Feb., (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 19, 1872

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 01

10b. KIND OF BUSINESS OR INDUSTRY: Restaurants

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Logan Roseborough — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Susan A. Fitzgerald — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 516-09-7469

17. INFORMANT'S OWN SIGNATURE: Mrs. John Nelson — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 33.1X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro - vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac failure — 2 months
Coronary artery disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 17 Dec, 1952, *to* 26 Feb, 1952, *that I last saw the deceased alive on* 25 Feb, 1952, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Brinton M.D.

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 27 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-1-52

24c. NAME OF CEMETERY OR CREMATORY: Riverview

24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: Feb 28 1952

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR — ADDRESS: M L Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 852
Local Reg. No.
Reg. Dist. No. 650

BIRTH NO.

RECEIVED MAR 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 S 2 W

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 204 S 2 West

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) MUNRO; c. (Last) DURNEY

4. DATE OF DEATH: (Month) Feb., (Day) 29, (Year) 1952

5. SEX: Feamle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct., 10, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 4, Days 19
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Fairview, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Munro — BIRTHPLACE: Spanish Fork, Utah

14. MOTHER'S MAIDEN NAME: Emily Maria Davis — BIRTHPLACE: Worchester, Mass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jennie W. Barton — ADDRESS: Murray, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — 3 years
DUE TO (c): Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 19 49, *to* Feb, 19 52, *that I last saw the deceased alive on* 29 Feb., 19 52, *and that death occurred at* 10:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Brinton MD

23b. ADDRESS: St Anthony, Idaho

23c. DATE SIGNED: 4 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4 March 52

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RTD#1, Idaho

DATE REC'D BY LOCAL REG.: 4 March 52

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St, Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-001557

Certificate of Death

STATE OF IDAHO

State File No. 653
Local Reg. No. 8
Reg. Dist. No. 650

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Mark
b. (Middle) Lynn
c. (Last) Schwendiman

4. DATE OF DEATH (Month) Feb. (Day) 5, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Feb. 5, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Anthony Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Mark Schwendiman BIRTHPLACE Newdale Ida.
14. MOTHER'S MAIDEN NAME Louise Clark BIRTHPLACE Buhl, Ida.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mark Schwendiman ADDRESS Newdale Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Feb, 1952, *to* 5 Feb, 1952, *that I last saw the deceased alive on* 5 Feb, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J O Brinton MD (Degree or title)
23b. ADDRESS St Anthony
23c. DATE SIGNED 6 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 7-52
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) Idaho Falls (State) Ida.

DATE REC'D BY LOCAL REG. Feb 6-52
REGISTRAR'S SIGNATURE M D Hansen
25. FUNERAL DIRECTOR M D Hansen ADDRESS St Anthony Ida
Hansen Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 654
Local Reg. No. 10
Reg. Dist. No. 651

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D.#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Christian b. (Middle) B. c. (Last) REber

4. DATE OF DEATH: (Month) Febuary (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January, 27, 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired ... Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SWITzerland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter, Reber
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Elizabeth, Schleiter
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ernest Reber
ADDRESS: St. Anthony, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cardiac failure — 4 days

DUE TO (c): Arteriosclerosis — 20 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1948, *to* 14 Feb, 1952, *that I last saw the deceased alive on* 13 Feb, 1952, *and that death occurred at* 3:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Burton (Degree or title): MD

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 14 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 16-52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: 4 Feb 52

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No. 11
Reg. Dist. No. 651

BIRTH NO. FEB 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EVAN b. (Middle) c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year): Feb., 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 14, 1887

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Sheep Business

11. BIRTHPLACE (State or foreign country): Teton, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry E. Thomas — BIRTHPLACE: Brigham City, Utah

14. MOTHER'S MAIDEN NAME: Jane Maughan — BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Effie Thomson — ADDRESS: Teton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

322.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Alcoholism — 1 wk.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 16, 1952, *to* Feb 16, 1952, *that I last saw the deceased alive on* Feb 16, 1952, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 597: W. W. Pennington, M.D. (Degree or title)

23b. ADDRESS: [illegible] St. Anthony Idaho

23c. DATE SIGNED: Feb 18 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 05: 21 Feb 52

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county) (State): Teton, Madison County, Idaho.

DATE REC'D BY LOCAL REG.: 18 Feb 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR — **ADDRESS**: M. L. Hansen — St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. C56
Local Reg. No. 156
Reg. Dist. No. 651

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Adam b. (Middle) James. c. (Last) Mang.

4. DATE OF DEATH: (Month) (Day) (Year): 2/25th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Jan. 24th 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer o/o

10b. KIND OF BUSINESS OR INDUSTRY: General work

11. BIRTHPLACE (State or foreign country): North Branch. Ind.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Adam. Mang.
BIRTHPLACE: Dont Know

14. MOTHER'S MAIDEN NAME: Dont Know
BIRTHPLACE: U.K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-9048

17. INFORMANT'S OWN SIGNATURE: Mrs Adam Mang
ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.8

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Feb. 25, 1952, *that I last saw the deceased alive on* Feb 25, 1952, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 234 La Grande C Larsen M.D
23b. ADDRESS: Ashton Idaho
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/28th 1952
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: 3-2-52
REGISTRAR'S SIGNATURE: L Larsen
25. FUNERAL DIRECTOR: Lewis Keser
ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 557
Local Reg. No. 15
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Louvilla b. (Middle) Fuller c. (Last) Burdge

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 11, 1878

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. F. Fuller — BIRTHPLACE: Franklin Ohio

14. MOTHER'S MAIDEN NAME: Eliza Jane McMinn — BIRTHPLACE: Parkersburg, Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Albert Burdge — ADDRESS: Emmett Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion — 3 days
DUE TO (c): Coronary sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 20 Jan, 1952, *to* 2 Feb, 1952, *that I last saw the deceased alive on* February 1 1952, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin C. Howard, M.D. 582

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 5 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: Feb. 5, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn A. Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1952 DIVISION OF VITAL STATS

Certificate of Death

STATE OF IDAHO

State File No. C58
Local Reg. No. 16
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett, Idaho
d. STREET ADDRESS (If rural, give location): 120 No. Johns

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) c. (Last) Saum

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 12, 1867

9. AGE (In years last birthday): 84
If UNDER 1 YEAR Months: 11 Days: 21
If UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stockman 51

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Anamosa, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Saum
BIRTHPLACE: Anamosa, Iowa

14. MOTHER'S MAIDEN NAME: Charlotte A. Miller
BIRTHPLACE: Linn Co. Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x A. Saum
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis
INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: "

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Feb 3rd, 1952, *that I last saw the deceased alive on* Jan 3, 1952, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 325 Ronald P. Rawlinson MD

23b. ADDRESS: Emmett

23c. DATE SIGNED: 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: February 6, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO.

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 59
Local Reg. No. 17
Reg. Dist. No. 340 341

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 2
d. STREET ADDRESS (If rural, give location): Emmett, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) James c. (Last) Beutler

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Marcy 4, 1883

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Beutler — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Eliza Beck — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wayne Beutler — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Psychosis due — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

430.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Feb 11, 1952, *that I last saw the deceased alive on* Feb 9, 1952, *and that death occurred at* 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 325 Ronald P. Lenhum
23b. ADDRESS: Emmett
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 5, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. C 60
Local Reg. No. 18
Reg. Dist. No. 540-241

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 So. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 608 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Gilbert c. (Last) Byers

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Aug. 8, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months: 6 Days: 5
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Ringgold, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wesley J. Byers
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Emily Martin
BIRTHPLACE: morgan C. Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Mrs. Chauncey Payne
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Myocerdial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — Not Known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 18 Jan, *19* 52, *to* 13 Feb, *1952*, *that I last saw the deceased alive on* Feb 6, *1952*, *and that death occurred at* Time Unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD 582

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: 20 Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 20 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. CS1
Local Reg. No. 19
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett.
c. LENGTH OF STAY (in this place): 50 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Gem.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett.
d. STREET ADDRESS (If rural, give location): 407. North, Boise, Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): HENRY
c. (Last): HIARING.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21.1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.
8. DATE OF BIRTH: Nov. 29. 1869.
9. AGE (In years last birthday): 82-2-22. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer.-4
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stavanger, Norway.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Norway.
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Norway.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: Mrs Evelyn Swenson ADDRESS: Emmett Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Rectum

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Feb 21, 1952, *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Reynolds 331 Hto
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal. 3
24b. DATE: Feb. 23. 1952.
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Blue Earth, Minnesotta.

DATE REC'D BY LOCAL REG.: Feb. 24, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 562
Local Reg. No. 20
Reg. Dist. No. 340-341

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 313 So. Hays St

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle); c. (Last) Vancil

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 18, 1874

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR Months: 2 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Jackson Co. Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert L. Vancil — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Sarah Farley — BIRTHPLACE: White Co. Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: James R. Mitchell — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: five days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive cardio-vascular disease — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* Feb 22, 1952, *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 1 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 1, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty — **ADDRESS**: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 663
Local Reg. No. 21
Reg. Dist. No. 340-341

BIRTH NO.

MAR 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 918 So. Hays

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Louise c. (Last) Davis

4. DATE OF DEATH: (Month) Feb. (Day) 29, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 19, 1875

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otto Ohms — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Louise Becker — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: X Emma Louise Davis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: two days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January, 1952, *to* February 29, 1952, *that I last saw the deceased alive on* Feb 29, 1952 *and that death occurred at* 8:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: March 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 6, 1952

REGISTRAR'S SIGNATURE: Jean A. Batty

25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
BIRTH NO. FEB 16 1952
DIVISION OF VITA

Certificate of Death
STATE OF IDAHO

State File No. 554
Local Reg. No. 359
Reg. Dist. No. 421

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. LENGTH OF STAY (in this place): 4DY.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING MEMO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location): 4 MI. E

3. NAME OF DECEASED (Type or Print): a. (First) GRACE b. (Middle) M c. (Last) ATKINSON

4. DATE OF DEATH: (Month) (Day) (Year) 2/12/1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 3/3/1884

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DONAPHAN NEB.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN Mc.Clennsgan BIRTHPLACE: ILL.

14. MOTHER'S MAIDEN NAME: MARTHA WHEELER BIRTHPLACE: ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: B M Atkinson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large bowel obstruction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mass in sigmoid

DUE TO (c) inflam. lesion or Ca.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2-12-52

19b. MAJOR FINDINGS OF OPERATION: Distended bowel

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1952 *to* 2-12, 1952 *that I last saw the deceased alive on* 2-12, 1952 *and that death occurred at* 1:06 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel M.D.

23b. ADDRESS: Wendell, Ida

23c. DATE SIGNED: 2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 2/15/1952

24c. NAME OF CEMETERY OR CREMATORY: SUNSET MEMORIAM PARK

24d. LOCATION (City, town, or county) (State): TWIN FALLS. IDAHO.

DATE REC'D BY LOCAL REG.: Feb. 14, 1952

REGISTRAR'S SIGNATURE: Veronica Mann

25. FUNERAL DIRECTOR: J Farrel Weaver ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. F55
Local Reg. No. 1529
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 121 S. 9th St

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) E. c. (Last) Forbes

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: May 11, 1913
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 48
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): U.S. - Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Forbes — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Pearl — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 526-12-0690
17. INFORMANT'S OWN SIGNATURE: Dr. Brady — ADDRESS: T.B. Hosp. Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

527.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmone - of Liver Chronic Congestion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bubon Emphysema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1951, *to* Feb 26, 1952 *that I last saw the deceased alive on* Feb 26, 1952, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin H Brady MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: Feb 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-3-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Huntingdon, Tenn.

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: Gooding

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 566
Local Reg. No. 355
Reg. Dist. No. 721

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Valentines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Adolph b. (Middle) G c. (Last) Ploss

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 14 1878

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months: — Days: — IF UNDER 24 HRS. Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Council Bluffs Iowa

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles Ploss — BIRTHPLACE: Bohemia

14. MOTHER'S MAIDEN NAME: Henrietta Market — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs. C. G. Ploss — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-6, 1952, *to* 2-5, 1952, *that I last saw the deceased alive on* 2-5, 1952, *and that death occurred at* 2:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D. — **23b. ADDRESS**: Jerome Ida — **23c. DATE SIGNED**: 2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan. 9. 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Jerome — **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Feb. 9, 1952 — **REGISTRAR'S SIGNATURE**: Veronica Moms

25. FUNERAL DIRECTOR: J.R. Wiley — **ADDRESS**: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 667
Local Reg. No. 357
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Valintine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): % C.C. Metts

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): G
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Feb 9 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Mar 14 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Bradford Wis
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marion Smith — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Julia Dykeman — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 510-03-1228
17. INFORMANT'S OWN SIGNATURE: Mariel Bloem — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

585X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute cholecystitis — 2 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-8-52.
19b. MAJOR FINDINGS OF OPERATION: Acute cholecystitis and hydrops.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8-, 1952, *to* 2-9-, 1952, *that I last saw the deceased alive on* 2-9-, 1952, *and that death occurred at* 12:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Leber, M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb 10 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Enid Okla

DATE REC'D BY LOCAL REG.: 2-12-52
REGISTRAR'S SIGNATURE: Veronica Mans
25. FUNERAL DIRECTOR: LeRoy A. Frazier — ADDRESS: Jerome, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 558
Local Reg. No. 358
Reg. Dist. No. 421

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Valentine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle) C; c. (Last) TEDERMAN

4. DATE OF DEATH: (Month) FEBRUARY (Day) 9, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-13-1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ol

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Winebago, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: BLAIR HAMER
BIRTHPLACE: PENN.

14. MOTHER'S MAIDEN NAME: ELIZA WRIGHT
BIRTHPLACE: ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: x [signature]
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer Lung, Vertebrae, lt humerus & radius, skin of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chest

DUE TO (c) Cancer of rt breast

INTERVAL BETWEEN ONSET AND DEATH: 3 mo. / 18 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1951

19b. MAJOR FINDINGS OF OPERATION: Nodes in axilla & supraclavicular area beyond excision

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* death, 19___, *that I last saw the deceased* ✓ *alive on* 2/8, 1952, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold L. Holsinger

23b. ADDRESS: Wendell Idaho

23c. DATE SIGNED: 2/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 2-12-1952

24c. NAME OF CEMETERY OR CREMATORY: WENDELL

24d. LOCATION (City, town, or county) (State): WENDELL, IDAHO

DATE REC'D BY LOCAL REG.: 2-12-1952

REGISTRAR'S SIGNATURE: Vernice Evans

25. FUNERAL DIRECTOR: J. Forrest Weaver
ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

State File No. 659
Local Reg. No. 360
Reg. Dist. No. 421

Certificate of Death

STATE OF IDAHO

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Valintine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 521 W-E-St

3. NAME OF DECEASED (Type or Print): a. (First) Elliott b. (Middle) Merlin c. (Last) Simmons

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 7 1946
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Lyman Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reed Simmons — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Elizebeth Clements — BIRTHPLACE: Bates Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Reed Simmons — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia & edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tracheal Compression & Hanging — 12 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema — 12 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near Home Tree
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Jerome Idaho

21d. TIME OF INJURY: (Month) Feb. (Day) 8 (Year) 1952 (Hour) 5:30 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? accidently hung by neck while playing

22. *I hereby certify that I attended the deceased from* Feb 8, 1952, *to* Feb 9, 1952, *that I last saw the deceased alive on* Feb 9, 1952, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D. 399
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: Feb 11 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 2-17-52
REGISTRAR'S SIGNATURE: Veronica Mann
25. FUNERAL DIRECTOR: Leroy A. Frazier — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 670
Local Reg. No. 361
Reg. Dist. No. 421

BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Valentines Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Jerome

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle): ELMER
c. (Last): MYERS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 17, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Bledsoe Co., Tenn.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Landsdon Myer — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Jane Hill — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Blanche Roylance — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): mitral stenosis c̄ Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinsonism — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 27, 1951, *to* Feb 10, 1952, *that I last saw the deceased alive on* Feb 10, 1952, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D. 399
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: Feb 12 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 15 1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemtery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 15 1952
REGISTRAR'S SIGNATURE: Veronica Mann
25. FUNERAL DIRECTOR: Dep. [illegible] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 671
Local Reg. No. 70
Reg. Dist. No. 240

BIRTH NO.

RECEIVED FEB 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
c. LENGTH OF STAY (in this place) 47yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EMIL c. (Last) STINEBAUGH

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 23, 1902

9. AGE (In years last birthday) 49
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic

10b. KIND OF BUSINESS OR INDUSTRY construction

11. BIRTHPLACE (State or foreign country) Salisbury, Mo.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Otto Stinebaugh, BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Rose Kressig, BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-12-0869

17. INFORMANT'S OWN SIGNATURE Izetta J. Stinebaugh ADDRESS Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) "flu" — 1 Week.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* Feb 5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE K. M. Guttermuth M.D. (Degree or title)

23b. ADDRESS Grangeville Idaho

23c. DATE SIGNED Feb 8/1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb 9 1952

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Feb. 8 1952

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Jas Peterson ADDRESS Grangeville, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Permit issued to: Robert R. Hansen
Grangeville, Idaho

March 1, 1958

Feb 27 1957
Date

Department of Public Heatlh
Boise, Idaho

I hereby give authorization for the disinterment of:

NAME OF DECEASED George Emil Stinebaugh

DATE OF DEATH Feb 5, 1952

CAUSE OF DEATH Coronary Occlusion

ATTENDING PHYSICIAN Dr Ralph Butterworth

BURIED IN Prairieview CEMETERY

TO BE REMOVED TO Walla Walla CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT _____

NAME OF LICENSED EMBALMER Robert R Hansen E433

REASON FOR DISINTERMENT Family Request

Very truly yours,

_____
Signature of relative or person requesting permit.

_____
Address

* * * * * * * * * * * * * * *

State of Idaho (
County of _____) ss.

On this _____ day of _____, 194__, before me _____ a Notary Public in and for the within county and state personally appeared _____ known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

_____
Notary Public, residing at _____, Idaho
My commission expires _____

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 12 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 672
Local Reg. No. 69
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) J. c. (Last) Nelson

4. DATE OF DEATH (Month) 2 - (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Divorced
8. DATE OF BIRTH Nov. 5, 1879
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 3 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retire Powder Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Nelson BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-28-9847
17. INFORMANT'S OWN SIGNATURE Mrs. Nellie Nelson. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arythmia & degeneration.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1947, *to* May 29, 1951, *that I last saw the deceased alive on* _____, 1952, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. H. E. Kale D.O. (Degree or title) 201
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED Feb 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/7/1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, Idaho (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 6 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Georgiana

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 673
Local Reg. No. 71
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADA	F.	CYR	Feb. 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Oct. 3, 1888	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife -clerk
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Fruita, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hilliard Smith, BIRTHPLACE Rochester, New York
14. MOTHER'S MAIDEN NAME Ada Harold BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Clifford Cyr. ADDRESS Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus with abdominal metastasis — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Obesity.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1950	Carcinoma of uterus	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Feb 1950, *to* 5 Feb 1952, *that I last saw the deceased alive on* 5 Feb 1952, *and that death occurred at* 1:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald J. Altman M.D.	Grangeville, Idaho	7 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 9, 1952	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG. Feb. 8 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jno Peterson ADDRESS Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 674
Local Reg. No. 73
Reg. Dist. No. 240

BIRTH NO.

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NEIL	OSCAR	WARDEN	Feb. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	July 27, 1927	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machine operator 57	logging 05	Grangeville, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Warden	Ottumwa, Iowa	Erma Halford,	Grangeville, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW. II	519-18-3881	Richard D Warden	Grangevill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Self inflicted

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 32 caliber rifle, Held close to eye, exploded cranium.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	Cranium	Grangeville,	Ida.	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Feb. 24, 1952. 1:30 AM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* Never, 19___, *to* Feb. 24, 1952, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos Robertson	Coroner	Grangeville, Idaho.	Feb, 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 27 1952	Prarrie View	Grangeville - Idg

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 27 1952	Irma Cone	Jos Robertson	Grangeville Idg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 675
Local Reg. No. 4
Reg. Dist. No. 3-4

BIRTH NO. 111-51-004846

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LINDA b. (Middle) KAY c. (Last) BENNETT

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April 8, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 10 Days 3; IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Ike Bennett — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Amanda Davis — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ike M. Bennett — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Acute Upper Respiratory Infection 3 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-11 8 a.m., 19___, *to* 2-12 ___, 1952, *that I last saw the deceased alive on* 2-11, 1952, *and that death occurred at* 7:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr, M.D. — **23b. ADDRESS**: Cottonwood, Idaho — **23c. DATE SIGNED**: Feb. 12, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 2-12-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-12-1952 — **REGISTRAR'S SIGNATURE**: Wesley F. Orr, M. D. by TB — **25. FUNERAL DIRECTOR** — **ADDRESS**: Cottonwood Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 576
Local Reg. No. 72
Reg. Dist. No. 240

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BETTY b. (Middle) ANNA c. (Last) DE FORD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar, 10, 1906

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Canfield, Idaho.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry A. Shinn
BIRTHPLACE: Fulton, Ill.

14. MOTHER'S MAIDEN NAME: Georgia Bousman
BIRTHPLACE: Lafayette, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: J Henry Roy DeFord
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 331X Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 1, 1941, *to* Dec 1, 1951, *that I last saw the deceased alive on* Feb. 20, 1952, *and that death occurred at* 4:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H.R. Kale (Degree or title): M.D.
23b. ADDRESS: Grangeville Idaho.
23c. DATE SIGNED: 7 d 22 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Grangeville,

Federal Security Agency
United States Public Health Service
Form DPH-40021

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RECEIVED FEB 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 677
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Theo
c. (Last): Pearson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1902
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John A. Pearson — BIRTHPLACE: Malmo, Sweden
14. MOTHER'S MAIDEN NAME: Margaret Ricks — BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John A. Pearson — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

140X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lip — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* Jan 19, 1952, *that I last saw the deceased alive on* Dec 20, 1951, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Hall, M.D. 421
23b. ADDRESS: Rigby Ida
23c. DATE SIGNED: 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/23/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Russell F. Camm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 18
Local Reg. No. 6
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monteview Post Office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
d. STREET ADDRESS (If rural, give location): Monteview Post Office

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): ESTELLA
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): January 20 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmistress 34
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Mails
11. BIRTHPLACE (State or foreign country): Whitewater, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charley Goldsby — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Harry Ellis — ADDRESS: Monteview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1951, *to* Jan 20, 1952, *that I last saw the deceased alive on* Jan 4, 1952, *and that death occurred at* 5:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 Aldon Hall M. D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 20, 1952 09
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 1/24/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 79
Local Reg. No. 7
Reg. Dist. No. 640

BIRTH NO.

RECEIVED FEB 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte.#1 Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte. #1 Rigby
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print): a. (First) Rosetta b. (Middle) c. (Last) Jenkins

4. DATE OF DEATH: January 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 29, 1869

9. AGE (In years last birthday): 82 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): West Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William B. Bennett — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Chapple — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Gerald Jenkins — ADDRESS: Rte. #1 Rigby, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) Hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1952, *to* Jan. 29, 1952, *that I last saw the deceased alive on* Jan 29, 1952, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 Idon Hall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE OF: Feb. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Lewisville, Idaho
24d. LOCATION (City, town, or county) (State): Lewisville Jefferson, Ida

DATE REC'D BY LOCAL REG.: 2/15/52
REGISTRAR'S SIGNATURE: Mrs A B Eskenell
25. FUNERAL DIRECTOR: Bruce A Eskenell — ADDRESS: Rigby Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 680
Local Reg. No. 10
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1952

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
c. LENGTH OF STAY (in this place): 66 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELSIE b. (Middle) MAY c. (Last) LARSEN

4. DATE OF DEATH (Month) (Day) (Year): February 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 11 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brigham City, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Lorenzo Smith BIRTHPLACE: Nauvoo Ill.

14. MOTHER'S MAIDEN NAME: Eunice Elvira Tippets BIRTHPLACE: Brigham Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: x George M Larsen ADDRESS: Menan, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs.
DUE TO (c): Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none Performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 15, 1951, *to* Feb. 21, 1952, *that I last saw the deceased alive on* Feb. 10, 1952, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: Feb. 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/25/1952

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis Idaho

DATE REC'D BY LOCAL REG.: 2-26-52

REGISTRAR'S SIGNATURE: Mrs A B Eskersell

25. FUNERAL DIRECTOR ADDRESS: Bruce A. Eckersell Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 11 1952

Certificate of Death

STATE OF IDAHO

State File No. C-81
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 148 1St Ave West

3. NAME OF DECEASED (Type or Print): a. (First) Sam_ b. (Middle) c. (Last) Louie

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 1870

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Gardener

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canton China

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Louie Hong — ADDRESS: Murray Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 d.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-3-, 1951, *to* 2-7-, 1952, *that I last saw the deceased alive on* 2-6-, 1952, *and that death occurred at* 1:43 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Jerome.

23c. DATE SIGNED: 2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 13 52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-8-52

REGISTRAR'S SIGNATURE: Irvin L Mohr

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 11 1952

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. C 32
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 205 W Ave E

3. NAME OF DECEASED (Type or Print): a. (First) Bateman b. (Middle) R c. (Last) Huffman

4. DATE OF DEATH: (Month) Feb (Day) 8. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 13 .1860

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months: 3 Days: 25 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Gives kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Toledo Illinois

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Huffman BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Emily Sparks BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Hinton ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age-
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Febr 1, 1952, *to* 2-8, 1952, *that I last saw the deceased alive on* Feb 6, 1952, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.

23b. ADDRESS: Jerome Ida.

23c. DATE SIGNED: 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 12 52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 2-8-52

REGISTRAR'S SIGNATURE: Irvin L Mohr

25. FUNERAL DIRECTOR: J.R. Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

State File No. 583
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED FEB 19 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Freda; b. (Middle) E; c. (Last) Roholt

4. DATE OF DEATH: (Month) Feb (Day) 12. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 11. 1884

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Copenhagen Denmark

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Jim Paulson — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: ? Christopherson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Iris Morrison — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 3, 1951, *to* Febr 2, 1952, *that I last saw the deceased alive on* 12-3, 1952, *and that death occurred at* 2:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD

23b. ADDRESS: Jerome Ida

23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 16.52

24c. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery

24d. LOCATION (City, town, or county) (State): Thatcher Idaho

DATE REC'D BY LOCAL REG.: 2-14-52

REGISTRAR'S SIGNATURE: Irvin L Mabey

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 54
Local Reg. No.
Reg. Dist. No.

BIRTH NO. FEB 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Falls City
c. LENGTH OF STAY (in this place): 25yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rt 3
d. STREET ADDRESS (If rural, give location): Rural Rt 3

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Stanley c. (Last) Westfall

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 6. 1879

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months: 3 Days: 29 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 64

11. BIRTHPLACE (State or foreign country): Abilene Kansas

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James S Westfall
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Jenevie Johnston
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Carroll C. Westfall ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* Feb 5, 1952, *and that death occurred* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Wiley (Coroner) (Degree or title): 47

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: Feb 6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 3.1952

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 2-8-52

REGISTRAR'S SIGNATURE: Irma L Mabe

25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. C.G. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 535
Local Reg. No. 29
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home-16th, & Dalton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 16th, & Dalton

3. NAME OF DECEASED (Type or Print): a. (First) Victor b. (Middle) E. c. (Last) Leinum

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 28, 1911

9. AGE (In years last birthday): 41
If UNDER 1 YEAR Months / Days
If UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker

10b. KIND OF BUSINESS OR INDUSTRY: P.F.I Inc.

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Leinum
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Johanna
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War Two

16. SOCIAL SECURITY NO.: 518-05-0204

17. INFORMANT'S OWN SIGNATURE: Esther Leinum
ADDRESS: Coeur d' Alene Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): dehydration & malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2-4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): widespread metastatic carcinoma 1 yr

DUE TO (c): of the stomach — 1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1951, *to* 12-17, 1951, *that I last saw the deceased alive on* 12-17, 1951, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Barclay M.D.

23b. ADDRESS: Coeur d'Alene, Ida.

23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE RECD BY LOCAL REG.: 2-6-52

REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Don English

ADDRESS: Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. C96
Local Reg. No. 25
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-002007

RECEIVED FEB 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' lene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1006 Nth 4Th St

3. NAME OF DECEASED (Type or Print): a. (First) Phyliss b. (Middle) Rae c. (Last) Gage

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED—specify): Never Married
8. DATE OF BIRTH: Feb 4, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Coeur d'Alene
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Edward Gage — BIRTHPLACE: S.D.
14. MOTHER'S MAIDEN NAME: Arsceil Jones — BIRTHPLACE: N.Y.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Edward Gage — ADDRESS: Coeur d'Alene Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): immaturity — INTERVAL BETWEEN ONSET AND DEATH: 80 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 5 mo. pregnancy.
DUE TO (c): unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

776X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1952, *to* 2-4, 1952, *that I last saw the deceased alive on* 2-4, 1952, *and that death occurred at* 3 20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred Barclay M.D. — 23b. ADDRESS: Coeur d'Alene — 23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 2-5-52 — 24c. NAME OF CEMETERY OR CREMATORY: Forest Cemty — 24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-5-52 — REGISTRAR'S SIGNATURE: Lorraine K Brush — 25. FUNERAL DIRECTOR: Gilbert Funeral Home — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

State File No. 697
Local Reg. No. 28
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
FEB 18 1952
Kootenai Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene
c. LENGTH OF STAY (in this place) 1-year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1021-First St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laura	J.	Duthie	Feb. 5 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 14, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	Own Home	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Lull	Unknown	Harriett Caley	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Edna M Duthie	Cda Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Jaundice + Liver enlgt — 1 mo
DUE TO (c) Ca Head of pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 2-5, 19 52 *and that death occurred at* 3:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Moseley 270 M.D.	Coeur d'Alene	2-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-7-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-7-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40621

State File No. 688
Local Reg. No. 27
Reg. Dist. No. 120

Certificate of Death

Dr. Husted

BIRTH NO.

RECEIVED FEB 18 1952 DIVISION OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1- Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 711-8th, St.

3. NAME OF DECEASED (Type or Print)
a. (First): Loree
b. (Middle): Marie
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 30, 1928
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. C. Wolfe — BIRTHPLACE: Rockford, Wash.
14. MOTHER'S MAIDEN NAME: Vivian Jones — BIRTHPLACE: Lakeside, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert P. Johnston — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Glomerulo-Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Malignant Hypertension — ?

DUE TO (c): Scarlet Fever — 7 years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8, 1951, *to* 2/6, 1952, *that I last saw the deceased alive on* 2/6, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O M Husted MD
23b. ADDRESS: Coeur d' Alene Id
23c. DATE SIGNED: 2/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-52
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 899
Local Reg. No. 34
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 602 2nd St

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) c. (Last) Utteridge

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 1870

9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultry Farmer 24

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Warbois Huntington Shire England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. A.W. Pyle DdA. — ADDRESS: Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4428

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia — 1 wk
DUE TO (c): Cardio vascular renal disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 2-7, 52 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Coeur d'Alene — **23c. DATE SIGNED**: 2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-9-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-9-52 — **REGISTRAR'S SIGNATURE**: Lorraine K. Brush — **25. FUNERAL DIRECTOR** — **ADDRESS**: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. A. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 590
Local Reg. No. 26
Reg. Dist. No. 120

RECEIVED FEB 13 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Silver Beach

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Silver Beach

3. NAME OF DECEASED (Type or Print)
a. (First) Justus
b. (Middle) Gordon
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 17, 1891
9. AGE (In years last birthday) 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Work 25
10b. KIND OF BUSINESS OR INDUSTRY Winton Lbr. Co.
11. BIRTHPLACE (State or foreign country) Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward F. Smith — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Anna H. Cameron — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Justine M. Smith — ADDRESS Cd'a Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) art. sclerosis — 5 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Brandon Barclay Jr. M.D. (Degree or title)
23b. ADDRESS Coeur d'Alene, Ida.
23c. DATE SIGNED 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-12-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. 2-12-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Barker

Certificate of Death

STATE OF IDAHO

State File No. C91
Local Reg. No. 35
Reg. Dist. No. 120

RECEIVED
FEB 28 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 40-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 818-Mullan Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Della	May	Mudge	Feb. 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar. 23, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Downs — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Florence Wing — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Virginia Hodge — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Cancer of breast. General metasteses — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1948	Cancer of breast	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1948, *to* Feb. 11, 1952, *that I last saw the deceased alive on* Feb. 11, 1952, *and that death occurred at* 12:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H Barker M.D.	609 Sherman Coeur d'Alene, Idaho	2/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1952	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-14-52	Lorraine K Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 692
Local Reg. No. 32
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Deree
b. (Middle): Warner
c. (Last): Fredenberg

4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 24 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Roader 70
10b. KIND OF BUSINESS OR INDUSTRY: N.P. Railroad
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Fredenberg — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Emily Warner — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 2-16-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 270 Moseley, M.D.
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-21-52
REGISTRAR'S SIGNATURE: Lorraine K. Breesh
25. FUNERAL DIRECTOR: [signature] Gilbert Falls Coeur d'Alene Idaho — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 593
Local Reg. No. 33
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 502 Sth 15th St

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Oren
c. (Last): Porter

4. DATE OF DEATH (Month) 2 (Day) 16- (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 29 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: 05
11. BIRTHPLACE (State or foreign country): Wis
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Porter — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Mary unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes — (If yes, give war or dates of service): don't know
16. SOCIAL SECURITY: 430-07-1119
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Heart failure — 6 mo
DUE TO (c) Cardiovascular renal disease — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 2-16, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M.D. 270
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-21-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: [illegible] Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Wm. Wood

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 694
Local Reg. No. 31
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fernan Ranger Station

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Fernan Ranger Station

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): E.
c. (Last): Whiting

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 31, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forestry
10b. KIND OF BUSINESS OR INDUSTRY: U.S.F.S.
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-20-9955
17. INFORMANT'S OWN SIGNATURE: Floyd H. Whiting — ADDRESS: Omak, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner-4
23b. ADDRESS: Coeur d' alene, Idaho
23c. DATE SIGNED: 2-20-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No. 42
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LakeCity Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	Eugene	Brokaw		2	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Oct 28 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own Farm	New Jersey	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Brokaw	Unkown	Letecia Van Nice	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown)	(If yes, give WAR or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. Charles A. Brokaw	Calif

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 23 Feb, 1952 *to* 24 Feb, 1952, *that I last saw the deceased alive on* 24 Feb, 1952 *and that death occurred at* 1 00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm Thompson 548	MD	318 N 4th.	27 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2-28-52	Plains	Plains Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-27-52	Lorraine K Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. D. Mosel

RECEIVED MAR 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 96
Local Reg. No. 42
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knight's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 415-S-19th, Street

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle) J.; c. (Last) Hallows

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never

8. DATE OF BIRTH: Jan 25, 1888

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ont. Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Hallows — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Alpharetta Lawson — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-34-5003

17. INFORMANT'S OWN SIGNATURE: Don English — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic passive Congestion, Hepatitis, Ascites — 3 mo

DUE TO (c): Cardio vascular renal Disease — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 2-25, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don Manley MD.

23b. ADDRESS: Coeur d'Alene, Ida

23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 2-29-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 607
Local Reg. No. 41
Reg. Dist. No. 120

Dr. Hawkins
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2301-Cd'a Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2301-Cd'a Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Erwin	W.	Fuller	Feb. 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Apr. 27, 1866	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pattern Maker ob	Machines	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Fuller	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. M. Hopson.	Cd'a Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Old Age — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis. — 15 yrs.
DUE TO (c): 8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4501.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 15, 1950, *to* 2-25, 1952, *that I last saw the deceased alive on* 1-7, 1952, *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins MD	Coeur d Alene Idaho	2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2-26-1952	Gray Mt Burn Gray Lake	Gray Lake, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
2-26-52	Lorraine K. Brush	Don English Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must [illegible] with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 598
Local Reg. No. 36
Reg. Dist. No. 120

Dr. Wm. Wood

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home-303-Park Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash.
b. COUNTY Kittitas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellenburg
d. STREET ADDRESS (If rural, give location) 309-W-5th, St.

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes
b. (Middle) E.
c. (Last) Schanno

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 11, 1877
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY Ice & Fuel
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Satterwhite — BIRTHPLACE Va.
14. MOTHER'S MAIDEN NAME Susan J. Dooley — BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 532-16-7733 ~~None~~
17. INFORMANT'S OWN SIGNATURE X Florence Schanno — ADDRESS Shellow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 2-27, 1952, *that I last saw the deceased alive on* 2-17, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D.
23b. ADDRESS Coeur d' alene Idaho
23c. DATE SIGNED 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY Ellenburg Cemetery
24d. LOCATION (City, town, or county) (State) Ellenburg Wash.

DATE REC'D BY LOCAL REG. 2-28-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 99
Local Reg. No. 40
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jeffrey; b. (Middle); c. (Last) Dean

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Logger 24

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown Dean
BIRTHPLACE: Unknwon

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Don English
ADDRESS: Cd'a Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420,1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure — year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/15/51, 19___, *to* 2/14/52, 19___, *that I last saw the deceased alive on* 2/14/52, 19___, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Fredrickson M.D.
23b. ADDRESS: Spirit Lake Idaho
23c. DATE SIGNED: 2/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-19-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Dr. Wm. Wood

Certificate of Death

STATE OF IDAHO

State File No. 7700
Local Reg. No. 30
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum Praire
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 632-Lincoln Way

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) George; c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8, 1885

9. AGE (In years last birthday): 66
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Larvik Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Axel Anderson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-8722

17. INFORMANT'S OWN SIGNATURE: Mrs. Selma Anderson
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. & Coroner

23b. ADDRESS: Coeur d'alene Idaho

23c. DATE SIGNED: 2-20-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 2-21-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 701
Local Reg. No. 10
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 709 East Sixth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 709 East Sixth St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Aca
c. (Last): VandeMark

4. DATE OF DEATH (Month) (Day) (Year): Feb 8 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 3, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret) 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baraboo, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter VandeMark — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Rebecca O'Dell — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-0971A
17. INFORMANT'S OWN SIGNATURE: Mrs. H. J. Hughes — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis with senility. Mild cardio disease — 4 to 5 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Years ago, 19__, *to* Feb. 8, 19 1952, *that I last saw the deceased alive on* Feb. 8, 19 52, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Klaarin MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 32
Local Reg. No. 15
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John Clay; b. (Middle); c. (Last) McVay

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 7, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Frank McVay
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rebecca Lowe
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank McVay
ADDRESS: Princeton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the larynx — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cacchexia — 1 month

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1951, *to* February 11, 1952, *that I last saw the deceased alive on* 2-14, 1952, *and that death occurred at* 11:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Clymer (Degree or title): M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-17-52

24c. NAME OF CEMETERY OR CREMATORY: Potlatch Cemetery

24d. LOCATION (City, town, or county) (State): Potlatch, Idaho

DATE REC'D BY LOCAL REG.: 2/20/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: H. E. Kimball

ADDRESS: Potlatch Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 703
Local Reg. No. 12
Reg Dist. No. 220

RECEIVED FEB 23 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 811 So. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Clyde	Northrup	Feb 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	March 12, 1884	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Not Known — BIRTHPLACE **********
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE **********

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-32-9554
17. INFORMANT'S OWN SIGNATURE Eugene Northrup — ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Feb 5 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Second attack on Feb 13, 1952
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 19 45, *to* Feb 14, 19 52, *that I last saw the deceased alive on* Feb 14, 19 52, *and that death occurred at* 10 0 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph L Wilson MD	Moscow Ida	2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-18-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/18/52	Lois E. Angel	H.R. Short	Moscow, Idaho

Short's Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 19
Reg. Dist. No. 200

BIRTH NO. [illegible]

RECEIVED FEB 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 302 North Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Hubbell
c. (Last): Craig

4. DATE OF DEATH (Month) Feb (Day) 20, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 1, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drayman
10b. KIND OF BUSINESS OR INDUSTRY: Transfer
11. BIRTHPLACE (State or foreign country): Wilson Co., Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. Craig — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Ledy J. Sharp — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-1954
17. INFORMANT'S OWN SIGNATURE: x [illegible] Craig — ADDRESS: Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-19-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) With Cardiac failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4-4-, 1933, *to* 2-20, 1952, *that I last saw the deceased alive on* 2-20-, 1952 *and that death occurred at* 4:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Wilson MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-1952
24c. NAME OF CEMETERY OR CREMATORY: Palouse Cemetery
24d. LOCATION (City, town, or county) (State): Palouse Wash.

DATE REC'D BY LOCAL REG.: 3/26/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 05
Local Reg. No. 20
Reg. Dist. No. 200

BIRTH NO.

FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location): Garfield, road

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Serenus
c. (Last): Seitz

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy farm
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Micheal Seitz — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Stephens — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Earl Owen — ADDRESS: Pullman Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriv - sclerosis - Hypertension — 10 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1944, *to* Feb. 22, 1952, *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J.W. DeBree M.D. (Degree or title)
23b. ADDRESS: Palouse Wn.
23c. DATE SIGNED: 2/22/52

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: 2-24-52
24c. NAME OF CEMETERY OR CREMATORY: Oakesdale Cemetery
24d. LOCATION (City, town, or county) (State): Oakesdale, Washington

DATE REC'D BY LOCAL REG.: 2/26/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. E. Kimball — ADDRESS: Palouse Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

State File No. 706
Local Reg. No. 21
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Weber

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed

8. DATE OF BIRTH: Sept. 23, 1878

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Senica, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Mueller — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Margaret Ficker — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs O. W. Schmeltzer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 5927 Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic glomerulonephritis - yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: No operation performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29-, 1949, *to* 2-9-, 1952 *that I last saw the deceased alive on* 2-9-52, 19___, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Jenatzy (Degree or title): M.D. — **23b. ADDRESS**: Genesee, Idaho — **23c. DATE SIGNED**: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2/14/52 — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State): Genesee, Idaho.

DATE REC'D BY LOCAL REG.: 2/10/52 — REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 '952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. M 2 M
Local Reg. No. 13
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mundells Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 318 So. Monroe

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) K. c. (Last) Moore

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1962

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 27, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Reynolds, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rudolph Van Kleist
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L. L. Robinson
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive-arteriosclerotic heart disease — years

DUE TO (c) ~~[illegible]~~ generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased* ~~from~~ on Feb 13, 1952, to _____, 19___, *that I last saw the deceased alive on* Feb 13, 1952, *and that death occurred at* 7 ~~AM~~ PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis H. Hart M.D.

23b. ADDRESS: Gray, Idaho

23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 2-18-1952

24c. NAME OF CEMETERY OR CREMATORY: Hazen and Jaeger

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 2/20/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: W R Hart
ADDRESS: Moscow

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 220

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avon Rt. 1
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avon Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emil; b. (Middle); c. (Last) Nelson

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 20, 1892

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Avon, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Olaf Nelson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Karin — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Emil Nelson — ADDRESS: Avon Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease — few weeks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis H. Hart M.D. — **23b. ADDRESS**: Troy Idaho — **23c. DATE SIGNED**: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-17-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Dry Creek Cemetery — **24d. LOCATION** (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 2/20/52 — **REGISTRAR'S SIGNATURE**: Lois E. Angell

25. FUNERAL DIRECTOR: J R Short — **ADDRESS**: Moscow

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 709
Local Reg. No. 16
Reg. Dist. No. 200

BIRTH NO. Myers

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola Rural

c. LENGTH OF STAY (in this place): 60 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ira Chaney's residence

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola Rural

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Chaney

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 17, 1861

9. AGE (In years last birthday): 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Flora, ~~Kansas~~ Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Chaney BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sly BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Ralph Carpenter ADDRESS: Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of esophagus — 6 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1949, *to* February, 1952, *that I last saw the deceased alive on* December 7, 1951, *and that death occurred at* 4:00 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Myers M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 2-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-19-1952

24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery

24d. LOCATION (City, town, or county) (State): Viola, Idaho

DATE REC'D BY LOCAL REG.: 2/26/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: W.R. Short ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 710
Local Reg. No.
Reg. Dist. No. 200

BIRTH NO. FEB 28 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
c. LENGTH OF STAY (in this place): 1916
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	David	Fredrick	Gentry	Feb	19	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Mar 17, 1879	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming and Cattle
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Galena, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gentry	Mo.	Winnie Blunk	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William Holt — ADDRESS: Kendrick

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial (chiefly cerebral) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus. Cancerous of thyroid removed 2 yrs ago. — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1950	Ca of thyroid	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19[illegible], *to* Feb , 1952, *that I last saw the deceased alive on* Feb 15 , 1952, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D A Christensen	M.D.	Kendrick, Idaho	Feb 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-23-1952	Wild Rose Cemetery	Latah Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/26/52	Lois E. Angel	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoup
d. STREET ADDRESS (If rural, give location) Panther Creek Orchards

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) c. (Last) McCafferty

4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 15, 1879

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Edgeston, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter M. McCafferty BIRTHPLACE Columbus, Wis.

14. MOTHER'S MAIDEN NAME Mary Belle Larrick BIRTHPLACE Johnson Co., Kans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish Am.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S OWN SIGNATURE Rose M. McCafferty 1954 Fifth ADDRESS Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 13 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1952 *to* 2-4, 1952 *that I last saw the deceased alive on* 2-4-, 1952 *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Walter L Blackadar M.D.
23b. ADDRESS Salmon, Idaho
23c. DATE SIGNED 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-7-52
24c. NAME OF CEMETERY OR CREMATORY Salmon
24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. Feb. 11-52
REGISTRAR'S SIGNATURE Viola E. Johnson
25. FUNERAL DIRECTOR Delbert C. Jones ADDRESS Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. 712
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) Cook

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1952

5. SEX Mle

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH about 1852

9. AGE (In years last birthday) 100
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock foreman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unknown
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE None, no known relatives
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.0 General Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 10 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1 1951 *to* 2-6, 1952 *that I last saw the deceased alive on* 2-1, 1952 *and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Mullen MD (Degree or title)

23b. ADDRESS Salmon Ida

23c. DATE SIGNED 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-8-52

24c. NAME OF CEMETERY OR CREMATORY Salmon

24d. LOCATION (City, town, or county) Salmon, Idaho (State)

DATE REC'D BY LOCAL REG. Feb 16-52

REGISTRAR'S SIGNATURE Viola E Johnson

25. FUNERAL DIRECTOR Elliot C. Jones

ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40071

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-002056

RECEIVED FEB 20 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 713
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mrm. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Boy
b. (Middle):
c. (Last): Withington

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 8, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 27
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Virgil Withington
BIRTHPLACE: Salmon, Ida.
14. MOTHER'S MAIDEN NAME: Melva Nichols
BIRTHPLACE: Cedar City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Virgil Withington
ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8, 1952 *to* 2-9, 1952 *that I last saw the deceased alive on* 2-9, 1952 *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Blackadar M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb-16-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 690
Reg. Dist. No.

RECEIVED FEB 22 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gustaf b. (Middle) Hilmer c. (Last) Swanson

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 2, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: 04
11. BIRTHPLACE (State or foreign country): Smoland Sweden
12. CITIZEN OF WHAT COUNTRY? Sweden
13. FATHER'S NAME: Swan Peter Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Kristeen Lundgreen — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Siri Fortney — ADDRESS: Idaho Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound through & Brst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) through - entering Right side

DUE TO (c) of temple exiting at left side

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. of temple

INTERVAL BETWEEN ONSET AND DEATH: Inst.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salmon Lemhi Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 12 52 10 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Delbert C. Jones 470 Lemhi Co Coroner
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/16/52
24c. NAME OF CEMETERY OR CREMATORY: Salmon cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb. 16-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 715
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 35yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): P.
c. (Last): Corcoran

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Nov. 1, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minner 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Boise Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Micheal Corcoran — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Ann McArthur — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): disease — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fractured Left Hip — 14 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salmon Lemhi Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Pt struck by automobile

22. *I hereby certify that I attended the deceased from _____, 19__, to* 2-27, 1952, *that I last saw the deceased alive on* 2-26, 1952 *and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter L Blachadar MD 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar. 17-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 716
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Patterson
c. LENGTH OF STAY (in this place) 1 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ima Mine

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Patterson
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lloyd c. (Last) Sayler
4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 3, 1919
9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ozawkie, Kansas
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Hatfield Sayler BIRTHPLACE Oskaloosa, Kans
14. MOTHER'S MAIDEN NAME Harold Sayler-Caldwell, Idaho BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO. yes-?
17. INFORMANT'S OWN SIGNATURE Gertrude May Mullindor ADDRESS Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 918.2 Crush injury chest & skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) C laceration liver and 1 hr -

DUE TO (c) hemoperitoneum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ima mine Patterson
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 22 52 8A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Slab hit pt.

22. *I hereby certify that I attended the deceased from* — , 19___, to — , 19___, *that I last saw the deceased alive on* Mar. , 19___, *and that death occurred at* 9A m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Blackadar (Degree or title) M.D.
23b. ADDRESS Salmon Idaho
23c. DATE SIGNED 2-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-26,52
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 3-12-52
REGISTRAR'S SIGNATURE Viola E. Johnson
25. FUNERAL DIRECTOR
ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 717
Local Reg. No. 1
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont R F D
c. LENGTH OF STAY (in this place): 56 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) AUGUSTUS c. (Last) PATTON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 1 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 14
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Hot Springs, N. C.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: WILLIAM D. PATTON, BIRTHPLACE: SWANNOA, N. C.
14. MOTHER'S MAIDEN NAME: RODA JANE ALEXANDER, BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. L. Patton — ADDRESS: Craigmont, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 4, 1952, *to* Feb. 29, 1952, *that I last saw the deceased alive on* Feb. 28, 1952, *and that death occurred at* 4:29A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Collins (Degree or title): M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 3/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-1952
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: 3-1-1952
REGISTRAR'S SIGNATURE: C. E. Clovig
25. FUNERAL DIRECTOR: C. E. Clovig — ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 10
Local Reg. No. 4
Reg. Dist. No. 63

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Lusina c. (Last) Moulton

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Feb. 8, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: XX; IF UNDER 24 HRS. Hours: 4 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 52

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dan T. Moulton BIRTHPLACE: Talmadge, Utah

14. MOTHER'S MAIDEN NAME: Nancy L. Davis BIRTHPLACE: New Brunswick, N.J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Enlarged Thymus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2. Premature birth 7 hrs.

DUE TO (c) Asphexia.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9-, 1952, *to* 2-9-, 1952, *that I last saw the deceased alive on* 2-9-, 1952, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Rigby M.D.

23b. ADDRESS: Rexburg Ida.

23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 2-11-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 5
Reg. Dist. No. 63

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 431 So. 2nd West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 12 East 1st So.

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Amelia
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): Feb.9,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 20,1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Salt Lake City.Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ezra Thornton — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Augusta Matson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ecco J. Bott — ADDRESS: Clementsville.Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

585X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Sclerosis~~ Cirrhosis Liver ~~Sclerosis~~

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Infected Gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10-, 1952, *to* 2-9-, 1952, *that I last saw the deceased alive on* 2-8-, 1952, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Rigby (Degree or title) Md.
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.12,1952
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 2-12-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Rolland G. Neuser — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 720
Local Reg. No. 7
Reg. Dist. No. 6-30

BIRTH NO. MAR 1 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): 1 mile west of Thornton

3. NAME OF DECEASED (Type or Print): a. (First) Tillie b. (Middle) Alma c. (Last) Carlson Martin

4. DATE OF DEATH: (Month) Feb. (Day) 14. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1878

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kalmar, Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Olaf Carlson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Mary Catherine Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Norman A Bade — ADDRESS: 2701 Fremont TR San Mateo Cal

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastritis with Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10, 1952 *to* 2/14, 1952, *that I last saw the deceased alive on* 2/14, 1952, *and that death occurred at* 10:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Bagley MD — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 2/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2/16/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Cedar Butte — **24d. LOCATION** (City, town, or county) (State): Annis Idaho

DATE REC'D BY LOCAL REG.: 2-16-52 — REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Holland O Reese — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 630

BIRTH NO.

MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rt.

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rt.

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) c. (Last) Rock

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 17, 1875

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morgan, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Rock — BIRTHPLACE: Tombstown, Penn.

14. MOTHER'S MAIDEN NAME: Leanah Robison — BIRTHPLACE: Tombstown Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gordon Rock — ADDRESS: Rexburg Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Victor L. Chandler — (Degree or title): County Coroner — **23b. ADDRESS**: Rexburg, Idaho — **23c. DATE SIGNED**: 2/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2,16-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Rexburg — **24d. LOCATION** (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 2-16-52 — REGISTRAR'S SIGNATURE: Leona Flamm — **25. FUNERAL DIRECTOR**: Kenneth B. Flamm — ADDRESS: Rexburg, Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 7[illegible]
Local Reg. No. 8
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Salem
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. No.1 mi. west Rexburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City .Utah
d. STREET ADDRESS (If rural, give location): 4230 Highland Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Chadwick James

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 23,1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Ogden,Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Chadwick — BIRTHPLACE: St. Louis,Ill.
14. MOTHER'S MAIDEN NAME: Mary Miranda Garner — BIRTHPLACE: Bluff City,Iowa

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Abraham J. James Black — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocardelis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/13, 1952 *to* 2/18, 1952 *that I last saw the deceased alive on* 2/18, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby Mrs
23b. ADDRESS: Rexburg
23c. DATE SIGNED: 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/21/52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City
24d. LOCATION (City, town, or county) (State): Salt Lake City,Utah

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Gollan J. Reiser — ADDRESS: Rexburg,Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 723
Local Reg. No. 9
Reg. Dist. No. 630

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
d. STREET ADDRESS (If rural, give location): Rexburg RFD 2

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1952

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 26, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Cyrus R.J. Harris — BIRTHPLACE: Pleasant Grove Utah
14. MOTHER'S MAIDEN NAME: Mary C. Black — BIRTHPLACE: Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Myocarditis — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* D.O.A., 19__, *to* _____, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 8:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. D. Hoffman, MD
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City, Ida.

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Jesse M. Flamm — ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 114
Local Reg. No. 10
Reg. Dist. No. 450

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 806 4th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): E.
c. (Last): Morgan

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem	white	Widowed	Apr 8 1871	80	10	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marysville Cal.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick McDermott — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Canavan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Willard J. Morgan — ADDRESS: Sparks Nevada

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis in right leg. — 10 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1st, 1952 *to* Feb 10, 1952, *that I last saw the deceased alive on* Feb 8th, 1952 *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Mollmann 258 (Degree or title) M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: Feb 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-12-52
24c. NAME OF CEMETERY OR CREMATORY: Elko Cemetery
24d. LOCATION (City, town, or county) (State): Elko Nevada

DATE REC'D BY LOCAL REG.: 2-14-52
REGISTRAR'S SIGNATURE: M Eskmore
25. FUNERAL DIRECTOR: Rodney Goodman
ADDRESS: Rupert

Federal Security Agency
United States Public Health Service
Form DPH-48021

Pine

111-52-00775

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED
FEB 15 1952
DIVISION OF VITAL STATISTICS

State File No. 775
Local Reg. No. 25
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St Joseph's Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Carol; b. (Middle) Lynn; c. (Last) Bensching

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan, 29, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl Bensching — BIRTHPLACE: Clarkston, Wash

14. MOTHER'S MAIDEN NAME: Beverly Bower — BIRTHPLACE: Sandpoint, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown; If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE. ADDRESS: Earl J. Bensching

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Heart Disease
DUE TO (c): Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

754.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/29, 52, *to* 2/1, 52, *that I last saw the deceased alive on* 2/1, 52, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Schuyler M.D.
23b. ADDRESS: 307 St. Johns, Lewiston Idaho
23c. DATE SIGNED: 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 4, 52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Feb 8 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: A.F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 530-5th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 530-5th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mildred; b. (Middle) Fern; c. (Last) Addison

4. DATE OF DEATH: (Month) Feb, (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 2[illegible], 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marshalltown, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Green
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Elizebith Thomas
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ella Thomas
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 4 3 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Renal vas D.S.
INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1946, *to* Feb 2, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Casson M D
23b. ADDRESS: Lewiston Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 8 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [illegible] Casson
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 24
Reg. Dist. No. 220

RECEIVED FEB 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) HILL c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 14 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ELIJAH HILL, BIRTHPLACE: WEST VIRGINIA
14. MOTHER'S MAIDEN NAME: SARRAH HARTSHORN, BIRTHPLACE: WEST VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ben J. Pedigo — ADDRESS: Craigmont, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremias — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular-renal syndrome — 1 yr
DUE TO (c) Arteriosclerosis & hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 2-2, 1952, *that I last saw the deceased alive on* 2-2, 1952 *and that death occurred at* 8:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. S. Newton 291 (Degree or title) MD
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-3-52 01
24c. NAME OF CEMETERY OR CREMATORY: Reubens
24d. LOCATION (City, town, or county) (State): Reubens, Idaho

DATE REC'D BY LOCAL REG.: Feb 8, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 60
Local Reg. No. 29728
Reg. Dist. No. 220

BIRTH NO. [illegible] 1952

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESIDENCE

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 406 Delso Lane

3. NAME OF DECEASED (Type or Print) a. (First) Melinda b. (Middle) Rosetta c. (Last) Mull

4. DATE OF DEATH (Month) (Day) (Year) February 4, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 28, 1879
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Housewife in
10b. KIND OF BUSINESS OR INDUSTRY the home)
11. BIRTHPLACE (State or foreign country) St Johns, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Loomis
BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Elizabeth Lossie
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE George W. Stapleton ADDRESS Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. , 1951 , to ~~Dec~~ Feb 4, 1952, that I last saw the deceased alive on Feb 4 , 1952, and that death occurred at 11:20 P m., from the causes and on the date stated above.

23a. SIGNATURE John E. Braddock, M.D. (Degree or title) 23b. ADDRESS 707-11th St. Lewiston 23c. DATE SIGNED Feb 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston, (State) Idaho

DATE REC'D BY LOCAL REG. Feb 6 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Wann Co., By- K.H. Malcom ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Braddock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 729
Local Reg. No. 35
Reg. Dist. No. 220

BIRTH NO.

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 223-26 St.

3. NAME OF DECEASED (Type or Print)
a. (First): G.
b. (Middle): Wendell
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): 2-8-52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-15-1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store
11. BIRTHPLACE (State or foreign country): Sprague, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Phillips — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~yes~~ no
16. SOCIAL SECURITY NO.: 537-07-8237
17. INFORMANT'S OWN SIGNATURE: Ellamae Phillips Habel — ADDRESS: Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Feb 8, 1952, *to* Feb 8, 1952, *that I last saw the deceased alive on* Feb 8, 1952, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Braddock M.D.
23b. ADDRESS: 707-11th St Lewiston
23c. DATE SIGNED: Feb 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-11-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 18, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent O. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 28
Reg. Dist. No. 220

BIRTH NO. [illegible] 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1454 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA; b. (Middle); c. (Last) GORDON

4. DATE OF DEATH: (Month) (Day) (Year) February 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 16, 1860
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months –, Days – — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper
11. BIRTHPLACE (State or foreign country): Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Woodruff — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Margaret Tanner — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): – – – – – –
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Marie Young — ADDRESS: Clarkston, Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of Femur L.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing home
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): Clarkston, Idaho

21d. TIME OF INJURY: (Month) 1 (Day) 30 (Year) 52 (Hour) [illegible] m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fall in home.

22. *I hereby certify that I attended the deceased from* 9 Feb, 1952 *to* Death, *that I last saw the deceased alive on* 2-8-, 1952, *and that death occurred at* 7:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Samuel Rogers MD (Degree or title) — 23b. ADDRESS: Clarkston, Wash. — 23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/11/52
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Feb 12, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W C Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 11
Local Reg. No. 38
Reg. Dist. No. 220

BIRTH NO.

REGISTERED FEB 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316½ Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 316½ Main St

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) c. (Last) Gusseck

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 4 1906

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piano tuner 45

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Goodrich N. Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 504-03-0338

17. INFORMANT'S OWN SIGNATURE: Bendell R. Gusseck
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Found dead in bed Feb 19,

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew H. Vassar (Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb21,52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 23, 52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 25, 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: A. H. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 32
Local Reg. No. 39
Reg. Dist. No. 220

BIRTH NO. 352

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1144 - Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle):
c. (Last): Fitterer

4. DATE OF DEATH (Month) (Day) (Year): 2 - 12 - 52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-18-1872
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 05
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. B. Boyce — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral vascular accident
DUE TO (c): Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-11, 1952 *to* 2-12, 1952 *that I last saw the deceased alive on* 2-12, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W. Eastwood M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-14-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 25, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vasser — ADDRESS: Pawlin, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 220

BIRTH NO.

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Irvin	L.	Gibbs	2-12-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	4-10-1900	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill worker	Lumber	Drewsey, Oregon	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jess L. Gibbs	unknown	Daisy Duffett	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Litha L. Gibbs	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma Right Kidney

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-6-52	Large tumor Right Kidney, Metastatic nodules omentum	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-22, 1952, *to* 2-12, 1952, *that I last saw the deceased alive on* 2-12, 1952, *and that death occurred at* 9:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Barnes, M.D	307 St. Johns Wtg Lewiston	2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2-12-1952	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 18, 1952	Jean Wegelius	[illegible]	Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Barnes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 734
Local Reg. No. 42
Reg. Dist. No. 220

BIRTH NO. 111-51-011713

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1613-G St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1613-G St

3. NAME OF DECEASED (Type or Print)
a. (First) Carol
b. (Middle) Jean
c. (Last) Dorendorf

4. DATE OF DEATH (Month) (Day) (Year) 2-14-52

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 8-16-51
9. AGE (In years last birthday) —
IF UNDER 1 YEAR Months 5 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodor Dorendorf
BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Ruth Schilling
BIRTHPLACE North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Ruth Dorendorf
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

924.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lewiston - Nez Perce - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-14-52 4 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? smothered by bed covers

22. *I hereby certify that I attended the deceased from* 2-14-52, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 215
23b. ADDRESS 412 6th St Lewiston Ida.
23c. DATE SIGNED Feb 22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 2-16-52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. Feb. 25 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR U. Vassar
ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 735
Local Reg. No. 36
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 414-4th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 414-4th St

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Gilbert
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1952

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan, 26, 1952
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stacker 06
10b. KIND OF BUSINESS OR INDUSTRY: P.F.I.
11. BIRTHPLACE (State or foreign country): Emida, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: W.E. Nichols — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Cora M. Briggs — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Lena Margaret Nichols — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* I saw patient only after death, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.W. Eastwood Jr. (Degree or title) 114 D
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Feb, 20, 52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St Maries Benewah Idaho.

DATE REC'D BY LOCAL REG.: Feb. 20, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 736
Local Reg. No. 37
Reg. Dist. No. 220

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1319-- 14th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1319-- 14th St.

3. NAME OF DECEASED (Type or Print): a. (First) ANNIE b. (Middle) SUTHERLAND CLOUSTON c. (Last) LONGFELLOW

4. DATE OF DEATH (Month) (Day) (Year): February 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 4, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orphin Scotland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Clouston
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Annie Bows
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Stanley Longfellow
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Previous similar non fatal attack — 10 wks

DUE TO (c) Generalized arterio-sclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): neither
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Jan 20, 19 48 *to* Feb 18, 19 52, *that I last saw the deceased alive on* Feb 18, 1952, *and that death occurred at* 5.45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Douglas M.D. (Degree or title): MD
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 2-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 21 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Brower-Wann by V.A. Malcom
ADDRESS: Lewiston,

Dr. W. S. Douglas

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 737
Local Reg. No. 40
Reg. Dist. No. 220

BIRTH NO.

FEB 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15-09 - Grelle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 15-09 - Grelle

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle); c. (Last) Bentley

4. DATE OF DEATH: (Month) (Day) (Year): 2 - 20 - 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-22-1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenup, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jarvey Bentley
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Jones
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Charles Bentley
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary sclerosis - 420.1
INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Progressive heart failure.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 3, 1951, *to* Jan 25, 1952; *that I last saw the deceased alive on* Jan 25, 1952; *and that death occurred at* 1 30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 383 MD (Degree or title)
23b. ADDRESS: 307 St John Way, Lewiston.
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-23-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 25 1952
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Vincent D. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 738
Local Reg. No. 41
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY: NezPerce	**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (in this place): 1 Wk.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital	d. STREET ADDRESS (If rural, give location): 1402 - "G" Street

3. NAME OF DECEASED (Type or Print)	a. (First): Christina	b. (Middle): High	c. (Last): Wester	**4. DATE OF DEATH** (Month) (Day) (Year): February 24, 1952
5. SEX: Female	**6. COLOR OR RACE**: White	**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed	**8. DATE OF BIRTH**: Dec. 24, 1865	**9. AGE** (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01	**10b. KIND OF BUSINESS OR INDUSTRY**: Home	**11. BIRTHPLACE** (State or foreign country): Jesup, Iowa	**12. CITIZEN OF WHAT COUNTRY?**: USA	
13. FATHER'S NAME: Tom High	BIRTHPLACE: Michigan	**14. MOTHER'S MAIDEN NAME**: Rhoda McWilliams	BIRTHPLACE: Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	**16. SOCIAL SECURITY NO.**: none	**17. INFORMANT'S OWN SIGNATURE**: Mrs. Andy Verzani	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.1

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	aspiration pneumonia	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Ileus c̄ distention	1 wk
DUE TO (c)	Prolonged bed rest	5 mo.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Fracture neck L. femur	8 mo.

19a. DATE OF OPERATION: Nov '51 Jan '52	**19b. MAJOR FINDINGS OF OPERATION**: Fracture neck L. femur	**20. AUTOPSY?** YES ☐ NO ☒
21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~	**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home	**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston NezPerce Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 51 m.	**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒	**21f. HOW DID INJURY OCCUR?**: Fell

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* 2-24, 1952, *that I last saw the deceased alive on* 2-24, 1952, *and that death occurred at* 11:10 *am., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Newton MD 291	**23b. ADDRESS**: Lewiston, Ida	**23c. DATE SIGNED**: 2-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	**24b. DATE**: Feb. 26, 1952 01	**24c. NAME OF CEMETERY OR CREMATORY**: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho		
DATE REC'D BY LOCAL REG.: Feb 25 1952	**REGISTRAR'S SIGNATURE**: Jean Wegelius	**25. FUNERAL DIRECTOR**: By K. H. Malcom Brower-Wann Co., ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Newton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 739
Local Reg. No. 44
Reg. Dist. No. 220

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 726 6th. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 726 6th. Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Long

4. DATE OF DEATH (Month) 2 (Day) 29 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 3-7-1880

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME not obtainable BIRTHPLACE

14. MOTHER'S MAIDEN NAME not obtainable BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Emma Long ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Fibrillation — 1 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1951, *to* 2/28, 1952, *that I last saw the deceased alive on* Feb 28, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frank E. Baird M.D.

23b. ADDRESS

23c. DATE SIGNED 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. March 4 1952

REGISTRAR'S SIGNATURE Jean Magelina

25. FUNERAL DIRECTOR Ed Powell ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 710
Local Reg. No. 27
Reg. Dist. No. 220

BIRTH NO. FEB 15 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		White	Feb	3,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Married	Jan. 27, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Wilma Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
D. M. White	no record	Eliza White Thompson	Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	James Andrews	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 470X Died in his sleep

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ill about one week had a cold

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew G. Vassar Coroner	Lewiston, Idaho.	Feb 5th 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Feb 6, 1952	Sweetwater Cemetery	Sweetwater Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 8 1952	Jean Wegeline	A. G. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. F 11
Local Reg. No. 30
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce Dist. 2 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hy # 9
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Lapwai

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Juanita	Parsons	Marks	Feb	10	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Indian	Married	Nov 3, 1922	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lapwai, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME T. Parsons BIRTHPLACE Lapwai, Idaho.
14. MOTHER'S MAIDEN NAME Lillie Jim BIRTHPLACE Warm Springs Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ernest Chapman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Full term pregnancy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hy # 9	NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Feb, 10, 52 6:45PM		auto Accident

22. *I hereby certify that I attended the deceased from* autopsy only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise	12 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 15, 52	Lapwai, Cemetery	Lapwai, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 18, 1952	[signature]	[signature]	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 220

BIRTH NO.

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hy # 9
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle):
c. (Last): Marks

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec, 28, 1918

9. AGE (In years last birthday): 33
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Asahka Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mark White Bull
BIRTHPLACE: Wash.

14. MOTHER'S MAIDEN NAME: Luie Min Thorn
BIRTHPLACE: Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 825,4

17. INFORMANT'S OWN SIGNATURE: Ernest Chapman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hy # 9

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb, 10 1952 6:45 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew H. Vassar Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb, 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Lapwai Cemetery

24d. LOCATION (City, town, or county) (State): Lapwai, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 18, 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: A.H. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33
Reg. Dist. No. 220

BIRTH NO.

FEB 9 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hy # 9
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edwin; b. (Middle) Jerome; c. (Last) Marks

4. DATE OF DEATH: (Month) (Day) (Year) Feb, 10, 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: March 8,1950

9. AGE (In years last birthday): 1, IF UNDER 1 YEAR: Months 11, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Homer Marks
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Juanita Marks
BIRTHPLACE: Lapwai, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Samuel Chapman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825,4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hy # 9

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 10, 52 6;45 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar
(Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb.12,1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb 15, 52

24c. NAME OF CEMETERY OR CREMATORY: Lapwai, Cemetery

24d. LOCATION (City, town, or county) (State): Lapwai, Idaho.

DATE REC'D BY LOCAL REG.: Feb 18, 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: A.F. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

State File No. 11
Local Reg. No. 34
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hy # 9
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eileen; b. (Middle) Mary; c. (Last) Marks

4. DATE OF DEATH (Month) (Day) (Year): Feb 10, 1952

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan 26, 1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Homer Marks
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Juanita Marks
BIRTHPLACE: Lapwai, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Daniel Chapman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hy # 9

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 10 1952 6;45 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew H. Vassar (Degree or title): coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 15, 52

24c. NAME OF CEMETERY OR CREMATORY: Lapwai, Cemetery

24d. LOCATION (City, town, or county) (State): Lapwai, Idaho.

DATE REC'D BY LOCAL REG.: Feb 18 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: A. H. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form OPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 32
Reg. Dist. No. 220

BIRTH NO.

1952

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hy # 9
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Wilfred; b. (Middle) Duane; c. (Last) Woster

4. DATE OF DEATH: (Month) Feb (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct, 19, 1947

9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: August Woster — BIRTHPLACE: Tocoma, Wash.

14. MOTHER'S MAIDEN NAME: Juanita Marks — BIRTHPLACE: Lapwai, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ernest Chapman — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation due to drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hy # 9

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NezPerce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb, 10, 1952 6;45 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar — (Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Feb. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb, 15, 52

24c. NAME OF CEMETERY OR CREMATORY: Lapwai, Idaho.

24d. LOCATION (City, town, or county) (State): Lapwai, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 18 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: A F Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 746
Local Reg. No. 7
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 344 West 500 North

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): William
c. (Last): Kent

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 4 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel W. Kent — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha Denning — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dan N. Kent — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute & Chronic Asthma
DUE TO (c) c̄ Pleural Edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19, 1951, *to* Febr 2, 1952, *that I last saw the deceased alive on* Febr. 2, 1952, *and that death occurred at* 6:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Cowlishaw, MD.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 6 1952
24c. NAME OF CEMETERY OR CREMATORY: St John
24d. LOCATION (City, town, or county). (State): Rt 1 Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Feb. 4. 1952
REGISTRAR'S SIGNATURE: J Guy Henson
25. FUNERAL DIRECTOR: J Guy Henson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 8
Reg. Dist. No. 530

BIRTH NO. 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 179 North Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Franklin b. (Middle) Morgan c. (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 9 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David R. Jones
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Ada Morgan
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jayne Jones Broucek
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Feb 11, 1952, *that I last saw the deceased alive on* Feb 11, 1952, *and that death occurred at* 11:55 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Burgoyne, M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: 2/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: 2.13.1952
REGISTRAR'S SIGNATURE: J. Leroy Hansen
25. FUNERAL DIRECTOR: J. Leroy Hansen
ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 46
Local Reg. No. 9
Reg. Dist. No. 530

BIRTH NO.

RECEIVED 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 425 North 400 West

3. NAME OF DECEASED (Type or Print): a. (First) Blanch b. (Middle) Evelyn c. (Last) Landon John Babbitt

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 7 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Portage Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles P. Landon
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Maria E. Ashton
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Betty Johnson
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — 5 years.

DUE TO (c) Rheumatic Heart Disease & Arteriosclerosis — 70 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1949, *to* Feb 22, 1952, *that I last saw the deceased alive on* Feb 22, 1952, *and that death occurred at* 4:24 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward [illegible] M.D.
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: 2/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23. 1952
REGISTRAR'S SIGNATURE: J. Guy Duncan
25. FUNERAL DIRECTOR: J. Guy Duncan
ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 710
Local Reg. No. 9
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1117 - 2nd Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1117 - 2nd Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle): ESCOTT
c. (Last): LOVELAND

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11, 1884
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Madison, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Scott Wolfe, Bible Grove, Illinois
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Corah Alice Clark, Louisville, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT'S OWN SIGNATURE ADDRESS: Theron A. Loveland, Sacramento, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199 H

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Carcinomatosis — 4 months.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Feb. 4, 1952, *that I last saw the deceased alive on* Feb. 4, 1952 *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John J Kaiser (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb. 4, 1952
REGISTRAR'S SIGNATURE: Bessie M. Noodleau
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1952 DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 750
Local Reg. No. 10
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2207 - 1st Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 2207 - 1st Avenue South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	THEODORE	HARPER	February 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 5, 1904	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Dairy truck driver	Raymond, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac L. Harper	Virginia	Harriet J. Roller	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-5636	Constance R. Harper	Payette, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 10, 1952 *to* Feb. 10, 1952, *that I last saw the deceased alive on* Feb. 10, 1952, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Payette, Idaho	2/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1952	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 12-52	Bessie M. Woodward	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 751
Local Reg. No. 12
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) AILEEN b. (Middle) ELIZABETH c. (Last) MARLER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27, 1903

9. AGE (In years last birthday): 48-8-19 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Haven, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George McProud — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Minnie Redmond — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George W. Marler — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound of face — with fracture of posterior and top of skull — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) causing excessive bleeding.....

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

976X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Star Rt. Payette, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 16, 1952 9:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: self inflicted gunshot wound

22. *I hereby certify that I* made inquiry & investigation *and found that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shafer — (Degree or title): Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

24b. DATE: Feb. 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb 16-52

REGISTRAR'S SIGNATURE: Bessie M. Woodward

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 13
Reg. Dist. No. 330

BIRTH NO.

FEB 26 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) DAISY; c. (Last) ALDRICH

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1892

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months –; Days –
IF UNDER 24 HRS.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Polk County, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lewis
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. L. Aldrich
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis and obesity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: diabetes

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1952, *to* Feb. 18, 1952, *that I last saw the deceased alive on* Feb. 18, 1952, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb 20-52
REGISTRAR'S SIGNATURE: Bessie M Woodward
25. FUNERAL DIRECTOR: Gifford R Shaffer
ADDRESS: Payette, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 758
Local Reg. No. 14
Reg. Dist. No. 380

BIRTH NO.

FEB 26 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 52 N. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 53 N. 9th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	ELIZA	WICKHAM	Feb. 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 27, 1863	88	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Muskingdon County, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Davis Steers	Ohio	Naomi Ross	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — — — — —	None	H.B. Catron D.O.	Payette, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — — — —	— — — — — — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
— — — — — —	— — — — — — — — — —	— — — — — — — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— — — — — — — — — m.		— — — — — — — — — — — — — — — — — — — —

22. *I hereby certify that I attended the deceased from* 1-18, 1952, *to* 2/21/52, 19____, *that I last saw the deceased alive on* 2/21/52, 19____, *and that death occurred at* 2:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H.B. Catron MD	Payette, Idaho	2/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 23, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 23-52	Bessie M Woodward	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

State File No. 754
Local Reg. No. 154
Reg. Dist. No. 330
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 505 North 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Jasper
b. (Middle): Valentine
c. (Last): Martin

4. DATE OF DEATH: (Month) February (Day) 25, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 18, 1870

9. AGE (In years last birthday): 81-11-7
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Cedar County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James R. Martin
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Susan Daniels
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Argie E. Martin
ADDRESS: Baker, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia & Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Urinary retention. — 2 yrs.
DUE TO (c): Carcinoma of prostate with extension to surrounding parts. — 3 or more years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Nov 9, 1951, *to* Feb. 25, 1952, *that I last saw the deceased alive on* Feb. 25, 1952, *and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo E. Davis M.D.
23b. ADDRESS: New Plymouth, Ida.
23c. DATE SIGNED: Feb. 25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 28-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb 28-52
REGISTRAR'S SIGNATURE: Bessie M. Woodward
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No. 16
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 330 - North 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) HELEN b. (Middle) c. (Last) PUGH

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR Months 10 Days 16 — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Tendring, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stanley F. Stanford — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Boggis — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Frances A. Pugh — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1708

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Carcinomatosis — 6 months

DUE TO (c) Carcinoma left breast — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Feb. 26, 19 52, *that I last saw the deceased alive on* Feb. 26, 19 52, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Kaiser (Degree or title) M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 2/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb 29 52
REGISTRAR'S SIGNATURE: Bessie M. Woodruff
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-00 2129
BIRTH NO.

Certificate of Death

RECEIVED MAR 7 1952 STATE OF IDAHO

State File No. 56
Local Reg. No. 17
Reg. Dist. No. 830

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 730 North 11th St.

3. NAME OF DECEASED (Type or Print): a. (First) GREGORY; b. (Middle) WILLIAM; c. (Last) GRADEN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Feb. 25, 1952

9. AGE (In years last birthday): - - -
IF UNDER 1 YEAR: Months -; Days 3
IF UNDER 24 HRS.: Hours -; Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Payette, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyle Graden — BIRTHPLACE: Watertown, South Dakota

14. MOTHER'S MAIDEN NAME: Betty R. Robinson — BIRTHPLACE: Yale, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lyle Graden — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tumor left lung.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - -

22. *I hereby certify that I attended the deceased from* Feb. 25, 19 52, *to* Feb. 28, 19 52 *that I last saw the deceased alive on* Feb. 28, 19 52 *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Kaufer M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Feb. 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial removal
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: Feb. 29-52
REGISTRAR'S SIGNATURE: Bessie M. Woodcock
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 8
Reg. Dist. No. 330

BIRTH NO.

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway # 30, South of Payette
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 30, South of Payette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1336 North 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) LOUIS; b. (Middle) EUGENE; c. (Last) PENNINGTON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 2, 1921

9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 5, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery store operator

10b. KIND OF BUSINESS OR INDUSTRY: Grocery store

11. BIRTHPLACE (State or foreign country): Basin, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Edson Pennington — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Ellen Johnston — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 520-14-1171

17. INFORMANT'S OWN SIGNATURE: H. G. Barrett — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): severe concussion and shock — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): caused by multiple frontal injuries received in automobile accident.

DUE TO (c): fractured left femur and knee, with fractured neck, fractured pelvis and fractured left clavicle and multiple fractures of ribs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 30 South

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): of Payette, Payette County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 28, 1952 9:20pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* made inquiry & investigation *, that I last saw the deceased alive on* Jan. 28 *, 1952, and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer — (Degree or title): Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: Jan. 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery

24d. LOCATION (City, town, or county) (State): Basin Wyoming

DATE REC'D BY LOCAL REG.: Feb. 2, 1952

REGISTRAR'S SIGNATURE: Deputy Odette E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 558
Local Reg. No. 11
Reg. Dist. No. 330

BIRTH NO. MAR 7 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbonsville
d. STREET ADDRESS (If rural, give location): Gibbonsville

3. NAME OF DECEASED (Type or Print)
a. (First): VIVIAN
b. (Middle): JUNE
c. (Last): ACHORD

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1906
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Cripple Creek, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charley Pine — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Katherine Kellogg — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): – – – – –
16. SOCIAL SECURITY NO.: – – – – – –
17. INFORMANT'S OWN SIGNATURE: Thad Achord — ADDRESS: Idaho, Gibbonsville,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Left Arm shoulder neck

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Origin cancer Left Breast Removal of the

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2/23 - 1951
19b. MAJOR FINDINGS OF OPERATION: Left Breast Feb 23 - 1951
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): –
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~[illegible]~~ ~~[illegible]~~

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12, 1952, *to* Feb. 12, 1952, *that I last saw the deceased alive on* Feb. 12, 1952, *and that death occurred at* 12:45am, *from the causes and on the date stated above.*

23a. SIGNATURE: W C Nolte M.D. (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 2/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: March 4-52
REGISTRAR'S SIGNATURE: Bessie M. Noodman
25. FUNERAL DIRECTOR: Gifford Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 759
Local Reg. No. 5
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 5 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Schultz Memorial - 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Orlando c. (Last) Savage.

4. DATE OF DEATH (Month) (Day) (Year) 2 - 21 - 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.

8. DATE OF BIRTH Sept. 14 - 1909

9. AGE (In years last birthday) 42
IF UNDER 1 YEAR Months 5 Days 7
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm.

11. BIRTHPLACE (State or foreign country) Elba, Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marion Savage BIRTHPLACE Willard, Utah.

14. MOTHER'S MAIDEN NAME Lola Graham BIRTHPLACE Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None No.

16. SOCIAL SECURITY NO. 519-07-5245

17. INFORMANT'S OWN SIGNATURE Valeria Savage ADDRESS Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular fibrillation — 3 yrs.

DUE TO (c) Chronic Myocarditis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiplegia — 2 1/2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to 2-21, 1952, that I last saw the deceased alive on 2-21-, 1952, and that death occurred at 8:04 P m., from the causes and on the date stated above.

23a. SIGNATURE G. L. Harris, M.D. (Degree or title)

23b. ADDRESS Aberdeen Idaho

23c. DATE SIGNED Feb. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 25-52

24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery.

24d. LOCATION (City, town, or county) Aberdeen. (State) Idaho

DATE REC'D BY LOCAL REG. Feb 25-1952

REGISTRAR'S SIGNATURE Irene Ealing

25. FUNERAL DIRECTOR

ADDRESS Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-404

RECEIVED
FEB 16 1952
DIVISION OF VITAL
BIRTH STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 50
Local Reg. No. 1
Reg. Dist. No. 1

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Osburn Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Sadie b. (Middle) E c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) February 5, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH November 8, 1897
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Oliver Carver BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Estella Myers BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Freeman Beede ADDRESS Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/0 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis from old R.F. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 47, *to* 5 Feb, 19 52 *that I last saw the deceased alive on* 5 Feb, 19 52 *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitsell (Degree or title) M.D.
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 6 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 2/9/52
REGISTRAR'S SIGNATURE Joe Devine
25. FUNERAL DIRECTOR Gordon Glenn ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 761
Local Reg. No. 16
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kellogg Silver King Dist.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Silver King

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Frank Henry Reagan

4. DATE OF DEATH (Month) (Day) (Year): February 7, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 24 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Manchester New Hampshire
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Reagan — BIRTHPLACE: New Hampshire
14. MOTHER'S MAIDEN NAME: Catherine Spain — BIRTHPLACE: New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 477-03-7293
17. INFORMANT'S OWN SIGNATURE: Anna Reagan — ADDRESS: Kellogg Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca. of Lungs. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 51, *to* Febr 7, 1952, *that I last saw the deceased alive on* 2-7-, 1952, *and that death occurred at* 11 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stevens
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 2-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/12/52
24c. NAME OF CEMETERY OR CREMATORY: Fairmont
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 2-13-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Graham Flash — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 18
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 218 W Riverside

3. NAME OF DECEASED (Type or Print): a. (First) Milo b. (Middle) E c. (Last) Teed

4. DATE OF DEATH (Month) (Day) (Year): February 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 25, 1883
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanist
10b. KIND OF BUSINESS OR INDUSTRY: Mines
11. BIRTHPLACE (State or foreign country): Council Grove Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel C Teed
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Estella Tuffee
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mayme Teed
ADDRESS: Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 18+ mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Feb, 1952, *that I last saw the deceased alive on* 16 Feb, 1952 *and that death occurred at* 3:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 26 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 2/26/52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Gordon Funeral Home
ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No. 17
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hardware

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 11 Station Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Grace	Holden	February 17 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	July 21, 1890	61	6	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	White Bird Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Crooks	Pennsylvania	Victoria Clendenin	Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Claudine Butler	Kellogg

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) INTESTINAL OBSTRUCTION — PERFORATION. — INTERVAL BETWEEN ONSET AND DEATH: 3-4 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) LEIOMYOSARCOMMA OF CERVIX. — 1½ yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kellogg SHOSHONE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 Jan, 1952, *to* 17 Feb, 1952, *that I last saw the deceased alive on* 17 Feb, 1952 *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Whitwell M.D	Kellogg Idaho	18 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/19/52	White Bird Cemetery	White Bird Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/19/52	[signature]	[illegible]	Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]4
Local Reg. No. 19
Reg. Dist. No. 142

BIRTH NO. 111-52-002217

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print): a. (First) Teresa b. (Middle) Jean c. (Last) Paulos

4. DATE OF DEATH: (Month) February (Day) 25, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 23, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kellogg Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Paulos BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Tony Nikkonen BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service) SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Theodore Paulos ADDRESS: Pinehurst Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7767

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxemia of Pregnancy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb, 1952 to 25 Feb, 1952, that I last saw the deceased alive on 25 Feb, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) MD.

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 26 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/26/52

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/3/52

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Gordon & Glady ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 11
Reg. Dist. No. 1-0

BIRTH NO. 111-52-3627

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kalama
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	EARL	MAY	Feb 27-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	infant	Feb 26-1952				6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Wallace Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence E May	No. Dak.	Hessie Dillon	Lead So Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Lawrence E. May.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7628

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Atelectasis. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Maternal. (Prolapsed Umbilical Cord 6hrs)
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emergency Cesarian Section 6 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-26-, 1952, *to* 2-27-, 1952, *that I last saw the deceased alive on* 2-27-, 1952, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon B. Hunter MD.	Wallace, Idaho	2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 28-1952	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 29-1952	Dale L Cornell	Dale L Cornell	Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 506
Local Reg. No. 10
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) C c. (Last) Gillen

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 17 1880
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dunkirk Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clara Dunkle ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sun [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis & Constriction Coronary — 3-4 Ao
DUE TO (c) Artery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* 2-8, 1952, *that I last saw the deceased alive on* 2-8, 1952, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H C Mowery M.D. (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 2-9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 12-1952
24c. NAME OF CEMETERY OR CREMATORY: Dunkirk Ohio
24d. LOCATION (City, town, or county) (State): Dunkirk Ohio

DATE REC'D BY LOCAL REG.: Feb 12-1952
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. FUNERAL DIRECTOR: Dale L Cornell ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 767
Local Reg. No. 35
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 362 7th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): E. M. WOLFE
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): February 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 26, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Attorney
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John E. Wolfe — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Mills — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lucile Wolfe — ADDRESS: 362-7th Ave E.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage (Massive) — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26th, 1952, *to* Feb 1, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M Peterson
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Feb 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/4/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 708
Local Reg. No. 31
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Violet	Bernice	Gates	February 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 16, 1924	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Tacoma, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ledbetter	Missouri	Theodosha Keyes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Donald L. Gates	Tacoma, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Abscess Sub Diaphragmatic, left	1 week
ANTECEDENT CAUSES DUE TO (b)	Peritonitis following Bowel Obstruction	6 weeks
DUE TO (c)	Fistula Fecal	3 weeks
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Secondary Anemia	3 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
II/17/51 I2/19/51	Acut bowel obstruction and left ovarion cyst Acute bowel obstruction I/II/52 Incision and drainage	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
No		Sub Diaphragmatic case

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* II/17, 1951, *to* 2/1, 1952, *that I last saw the deceased alive on* 2/1, 1952, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas. E. Beymer M.D.	Twin Falls, Idaho	2-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/3/52	Tacoma Cem.	Tacoma, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-8-52	Donna Lick	James C. Reynolds	Reynolds Funeral Home Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. F-50
Local Reg. No. 36
Reg. Dist. No. 460

BIRTH NO.

FEB 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem.Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1517 Kimberly Road

3. NAME OF DECEASED (Type or Print): a. (First) Philip; b. (Middle) F.; c. (Last) Zeigler

4. DATE OF DEATH: (Month) (Day) (Year) February 1,1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20,1901

9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Sta.Operator

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Stillwater,Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J.W.Zeigler — BIRTHPLACE: Decatur,Ind.

14. MOTHER'S MAIDEN NAME: Godwin — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 518-05-6242

17. INFORMANT'S OWN SIGNATURE: Philip F Zeigler — ADDRESS: San Diego,Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 1/31/52

19b. MAJOR FINDINGS OF OPERATION: Normal appearing dura (no evidence subdural hemorrhage)

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY: (Month) Jan (Day) 21 (Year) 52 (Hour) 4pm

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Slipped on ice

22. *I hereby certify that I attended the deceased from* 1/22, 1952, *to* 2/1, 1952, *that I last saw the deceased alive on* 2/1, 1952, *and that death occurred at* 7:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Treadaway (Degree or title) M.D.

23b. ADDRESS: Twin Falls,Idaho

23c. DATE SIGNED: 2/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/12/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 2-8-52

REGISTRAR'S SIGNATURE: Donna Lund

25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Idaho. James C. Reynolds

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 0
Local Reg. No. 34
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 2 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Eden

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Grafton
c. (Last): Varnes

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 20, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington, Illinois
12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME: Ezra Doty Varnes — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ruth Varnes Lockwood — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amylotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 12, 1951, *to* Feb. 2, 1952, *that I last saw the deceased alive on* Feb. 2, 1952, *and that death occurred at* 10:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Hazelton, Idaho
23c. DATE SIGNED: Feb/4, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: Donna Rack
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 39
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Co. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Idaho
d. STREET ADDRESS (If rural, give location): R R # 2.

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) H. c. (Last) Nash

4. DATE OF DEATH: (Month) Feb. (Day) 7---- (Year) 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	13 July 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Union Co. Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: M. V. Nash — BIRTHPLACE: Knoxville Tenn.
14. MOTHER'S MAIDEN NAME: Rachel Lamerr — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 4200
17. INFORMANT'S OWN SIGNATURE: Ella Soden — ADDRESS: Pendelton Org.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — yrs
DUE TO (c) Generalized Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. ---, 1950, *to* Feb 7, 1952 *that I last saw the deceased alive on* Feb 7, 1952 *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Twin Falls Idaho	Feb. 9

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
		Salt Lake Mem. Mausoleum	Salt Lake City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-11-52	Alma Rich	D. C. Phillips	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 460

BIRTH NO. B-A-352

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 519 4th Ave. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): No st. address

3. NAME OF DECEASED (Type or Print)
a. (First): Bjorn
b. (Middle):
c. (Last): Bjornson

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Dec. 6, 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bjor Bjorn	Sweden	Sophia Hansen	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		none	x Hans Bjorn	Moore, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, gastric ulcer — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric & duodenal ulcer, several years.
DUE TO (c) - - - -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1947, *to* 2/9/1952, *that I last saw the deceased alive on* Feb 8, 1952, *and that death occurred at* 12:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. F. Passer, M.D.	Twin Falls, Ida.	2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/13/52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-18-52	Donna Finch	James E. Reynolds	Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

V

FEB 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 41
Local Reg. No. 460
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): R.R. #3

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) E.; c. (Last) Boone

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 14, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Table Rock, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Eli T. Boone
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Eunice Pepoon
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roger D. Lewis
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4167

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Failure — months
DUE TO (c): Rheumatic Heart Disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/25, 1952 *to* 2/12/, 1952, *that I last saw the deceased alive on* 2/11/, 1952, *and that death occurred at* 7:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): London D. Oldham M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/14/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Norma Lack
25. FUNERAL DIRECTOR: Reynolds Funeral Home
ADDRESS: Twin Falls, Idaho
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

FEB 21 1952

BIRTH NO.

State File No. 4
Local Reg. No. 44
Reg. Dist. No. 46

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): F.
c. (Last): Farrar

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16th, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 17, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warrensburg, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Farrar — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Adams — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Lula Farrar — ADDRESS: Ida. TwinFalls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c): of coronary arteries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, *19*__, *to* Feb. 16, *19*52, *that I last saw the deceased alive on* Feb. 16, 1952, *and that death occurred at* 6.20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/20/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-20-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 45
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1642 Kimes Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1642 Kimes Street

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): L.
c. (Last): KOEBEL

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 22, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York, New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edgar Garrison — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Jennie Smith — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Elmer L. Casad — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis with pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. Disease with Heart failure congestive — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis. — 6 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1952 *to* Feb. 21, 1952, *that I last saw the deceased alive on* Feb. 21, 1952, *and that death occurred at* 12:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Sickles. MD
23b. ADDRESS: Twin Falls, Idaho — Twin Falls Clinic
23c. DATE SIGNED: 2/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/22/52
24c. NAME OF CEMETERY OR CREMATORY: The New Hackensack Cem.
24d. LOCATION (City, town, or county) (State): Pleasant Valley, New York

DATE REC'D BY LOCAL REG.: 2-22-52
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 776
Local Reg. No. 47
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 890 3rd Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
d. STREET ADDRESS (If rural, give location): 890 3rd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): OSCAR
c. (Last): LIPE

4. DATE OF DEATH (Month) (Day) (Year): February 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 20, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DeQuoin, Illinois
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Abraham Lipe — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nancy Yerian — BIRTHPLACE: Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H O Lipe — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — 420.1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ?

DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-, 1951, *to* 2-22, 1952, *that I last saw the deceased alive on* 1-15, 1952, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 365 (Degree or title):
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 2/27/52
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 9.26.52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 777
Local Reg. No. 48
Reg. Dist. No. 460

RECEIVED FEB 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 353 3rd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) A. c. (Last) GINGRICH

4. DATE OF DEATH: (Month) (Day) (Year): February 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 4, 1873

9. AGE (In years last birthday): 78
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Fulton, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Phillips Gingrich — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Elizabeth Orwin — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs George M. Wentworth ADDRESS: Wenatchee, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer — Jaw — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer Lip — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 19 49 *to* Feb. 22, 19 52, *that I last saw the deceased alive on* Feb. 22, 19 52, *and that death occurred at* 4P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean W. Affleck
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/26/52
24c. NAME OF CEMETERY OR CREMATORY: TwinFalls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-26-52
REGISTRAR'S SIGNATURE: Donna Lair
25. FUNERAL DIRECTOR: Ray H. Gillispie
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 778
Local Reg. No. 50
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 310 3rd Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) B. c. (Last) KERNS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 9, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired anager

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Salina County, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: A. J. Kerns

BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Anna Plumber

BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-09-7299

17. INFORMANT'S OWN SIGNATURE: Mrs Zenith Kerns
ADDRESS: Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis & hemorrhage into pericardial sac — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Bilateral Virus pneumonitis — 10 da

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive vascular-disease — 5 yrs

492 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W. Marshall (Degree or title) M.D.

23b. ADDRESS: Twin Falls. Idaho

23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/1/52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-29-52

REGISTRAR'S SIGNATURE: Lena Lind

25. FUNERAL DIRECTOR: Dwight Williams

ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 29
Local Reg. No. 52
Reg. Dist. No. 460

RECEIVED MAR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Schmidt

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 29, 1874

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Parowan, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lars Christensen
BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Margaret Jensen
BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. Floyd Lincoln
ADDRESS Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 1 year

DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Feb. 27, 1952, *that I last saw the deceased alive on* Feb. 27, 1952, *and that death occurred at* 7:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean H Affleck
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/29/52
24c. NAME OF CEMETERY OR CREMATORY Cem. City- Salt Lake City
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 9-29-52
REGISTRAR'S SIGNATURE Dean Leach
25. FUNERAL DIRECTOR Ben W Fullmer
ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 780
Local Reg. No. 51
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1316 Poplar
d. STREET ADDRESS (If rural, give location): Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. EDNA
b. (Middle):
c. (Last): PINK

4. DATE OF DEATH (Month) (Day) (Year): Feb.27,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.27,1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spokane County, Wash.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ralph Pink — ADDRESS: TwinFalls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma; colon, ascending. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): - - -

DUE TO (c): - - -

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr., 1949, *to* Feb.27, 1952, *that I last saw the deceased alive on* Feb.27, 1952, *and that death occurred at* 5.20A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. E. Passer, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/28/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-29-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: Dwight Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED 1952 DIVISION OF VITAL

STATE OF IDAHO

State File No. 781
Local Reg. No. 54
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): D. G. Byram
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 9, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Smithcenter, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph N Byram — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: * Jay N Byram — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral-Thrombosis, Right middle meningeal artery — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Generalized cerebral arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Heart Disease — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall - M.D.
23b. ADDRESS: Twin Falls Clinic
23c. DATE SIGNED: 2/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/3/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-5-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: Doug W. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 51
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAR 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): 328 12TH NORTH

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): HAIGHT

4. DATE OF DEATH (Month) (Day) (Year): Feb 29, 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Oct. 2, 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): GRANTSVILLE, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES STODDARD
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARINTHA EASTHAM
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmer Haight
ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 1 yr
DUE TO (c): Myocardial Insufficiency — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-26, 1952, *to* 2-29, 1952, *that I last saw the deceased alive on* 2-29, 1952, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Twin Idaho
23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Feb 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: OAKLEY CEMETERY
24d. LOCATION (City, town, or county) (State): OAKLEY, IDAHO

DATE REC'D BY LOCAL REG.: 3-11-52
REGISTRAR'S SIGNATURE: Norma Lind
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No. 49
Reg. Dist. No. 460

RECEIVED MAR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tomlinson Apt. Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Tomlinson Apt. Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) E. c. (Last) Binder

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 11, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 16, 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Fort Ancient, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jessie Urton
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Ertel
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Clifford D. Linder
ADDRESS: San Francisco Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic myocarditis — yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Feb 11, 1952, *that I last saw the deceased alive on* Feb 11, 1952, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Feb 24 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman Idaho

DATE REC'D BY LOCAL REG.: 2-29-52
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 38
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls county Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Hans b. (Middle) Christian c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 6, 1864

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Frank S. Lavender
ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Bladder with Metastases

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 yrs
(b)
(c)
Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951 to Feb 6, 1952, that I last saw the deceased alive on Feb 6, 1952 and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Herbert Anderson MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: Feb 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/9/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Donna Link
25. FUNERAL DIRECTOR: Kenneth R. Callentine
ADDRESS: Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 95
Local Reg. No. 43
Reg. Dist. No. 460

RECEIVED FEB 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister -Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles S.E.of Hollister

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister- Rural
d. STREET ADDRESS (If rural, give location): 4 miles S.E.of Hollister

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle):
c. (Last): Charles

4. DATE OF DEATH (Month) (Day) (Year): February 17,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 30,1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lyman,Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm.De St.Jour — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Burnette — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Gifford Charles — ADDRESS: Lyman, Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

171X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of cervix

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 2/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/18/52
24c. NAME OF CEMETERY OR CREMATORY: Evanston Cemetery
24d. LOCATION (City, town, or county) (State): Evanston,Wyoming

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 96
Local Reg. No. 46
Reg. Dist. No. 460

RECEIVED FEB 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Pine St.

3. NAME OF DECEASED (Type or Print): a. (First) Elva b. (Middle) c. (Last) Cornwall

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum C. Larsen — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Karleen Cornish — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elva L. Cornwall — ADDRESS: Kimberly, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c) Acute pulmonary edema

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 3:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Kimberly Idaho

23c. DATE SIGNED: 2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/21/52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2.25.52

REGISTRAR'S SIGNATURE: Donna Lack

25. FUNERAL DIRECTOR: James G. Reynolds Reynolds Funeral Home

ADDRESS: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 69
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home (Castleford)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Castleford

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) J. c. (Last) Feurer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): New Athens, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Feurer
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.: 519 - 01 2840

17. INFORMANT'S OWN SIGNATURE: X Mrs Charlene Feurer
ADDRESS: Castleford, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE): Buhl, Twin Falls, Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. , 195 C, *to* Feb. 28, 195 2, *that I last saw the deceased alive on* 2-28-, 195 2, *and that death occurred at* 5:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M A Drake (Degree or title) MD

23b. ADDRESS: Buhl Ida

23c. DATE SIGNED: 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-13-52

REGISTRAR'S SIGNATURE: Donna Lund

25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 2
Reg. Dist. No. 3/

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 1 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): REINO
b. (Middle):
c. (Last): PASSI

4. DATE OF DEATH (Month) (Day) (Year): 2 - 4 - 52

5. SEX: male
6. COLOR OR RACE: Finnish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 31, 1917
9. AGE (In years last birthday): 34-6-3 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: automobile
11. BIRTHPLACE (State or foreign country): Diamondville, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Passi — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ray Passi — ADDRESS: Cascade Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

227X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fibromatosis (spinal cord) — INTERVAL BETWEEN ONSET AND DEATH: 4 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949
19b. MAJOR FINDINGS OF OPERATION: Fibromas of spinal cord.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ *19*49, *to* Feb., *19*52 *that I last saw the deceased alive on* 2 - 3, *19*52, *and that death occurred at* 6:40 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. B. Patterson md
23b. ADDRESS: Cascade
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Finnish Cemetery
24d. LOCATION (City, town, or county) (State): Lake Fork, Idaho

DATE REC'D BY LOCAL REG.: Feb-6-1952
REGISTRAR'S SIGNATURE: Maydle M. Gardner
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Schmitz

Certificate of Death

STATE OF IDAHO

State File No. 789
Local Reg. No. 10
Reg. Dist. No. 330

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 436 E. Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 436 E. Court

3. NAME OF DECEASED (Type or Print): a. (First) SALLIE b. (Middle) ANN c. (Last) BULLARD

4. DATE OF DEATH (Month) (Day) (Year): February 4 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 6 1872

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Waco Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harrison — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ezra Anderson — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 7948 senility — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-10-, 1946, *to* 2-3-, 1952, *that I last saw the deceased alive on* 2-3-, 1952, *and that death occurred at* 8:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Schmitz M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/6/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 2/4/52

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR — ADDRESS: C. S. Foor — Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 790
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ARTHUR c. (Last) SHAFFER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 28, 1882

9. AGE (In years last birthday): 69-6-7
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntington, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel B. Shaffer - BIRTHPLACE: Huntington, Ind.

14. MOTHER'S MAIDEN NAME: Melvina McEntaffer - BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Melvina A. Compton - ADDRESS: 1101 Lincoln

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4434

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart decompensation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 29, 19 52, *to* Feb. 5, 19 52, *that I last saw the deceased alive on* Feb. 5, 19 52, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt, Jr. M.D. — **23b. ADDRESS**: 16 E. Idaho St. Weiser — **23c. DATE SIGNED**: 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Feb. 9, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-9-1952 — **REGISTRAR'S SIGNATURE**: Marie Faulkner — **25. FUNERAL DIRECTOR**: Clyde E. Summers — **ADDRESS**: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 791
Local Reg. No. 13
Reg. Dist. No. 32a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 641 W. Butterfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 641 W. Butterfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Augustus	William	Sears	2-8-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1-17-1869	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. B&B Foreman 27	Union Pacific R.R.	Plattsmouth, Nebr.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alson Sears		Marguerite Pinkley	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Agnes H Sears	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-2, 1952, *to* 2-8, 1952, *that I last saw the deceased alive on* 1-20, 1952, *and that death occurred at* 1a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T A Schmitz M.D.	Weiser Idaho	2-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-12-52	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-8-52	Marie Hawthorn	R. Dale Thomason	Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 792
Local Reg. No. 14
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 707 E. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 707 E. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): PAULINE
c. (Last): McDONALD

4. DATE OF DEATH (Month) (Day) (Year): 2-8-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-10-1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Detroit, Mich.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't know — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Clara C. Storm — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1952, *to* 2-8, 1952, *that I last saw the deceased alive on* 2-8-52, 19__, *and that death occurred at* 11:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Schmidt M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-12-52 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: 2-9-52
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 793
Local Reg. No. 12
Reg. Dist. No. 220

BIRTH NO.

FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1033 N. State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: WAsh.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1033 N. State

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): RANDALL
c. (Last): MORSE

4. DATE OF DEATH: (Month) 2-10- (Day) (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 6-16-1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dane Co. Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore C. Morse
BIRTHPLACE: N.Y.

14. MOTHER'S MAIDEN NAME: Mary Bryant
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: #####

17. INFORMANT'S OWN SIGNATURE: R B Morse
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility, Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia — 2 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anorexia, Anoxemia — 2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?:

22. *I hereby certify that I attended the deceased from* February 19 52 *to* Feb 10 , 1952 , *that I last saw the deceased alive on* Feb 9 , 1952 , *and that death occurred at* 8:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. James E. McCormick D.C.

23b. ADDRESS: 308 Liberty St., Weiser

23c. DATE SIGNED: Feb 10,52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 2-13-52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 2-13-52

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR: R. Alec Thomason

ADDRESS: Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 794
Local Reg. No. 13
Reg. Dist. No. 320

BIRTH NO. FEB 21 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1105 West Third Street

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ELIZABETH
c. (Last): CRIM

4. DATE OF DEATH (Month) (Day) (Year): February 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 15 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Litchfield Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Clayfield — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry Crim — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Feb, 1952, *to* 13 Feb, 1952, *that I last saw the deceased alive on* 13 Feb, 1952, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Hancher, M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 2/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/15/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2/14/52
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED MAR 12 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 795
Local Reg. No. 19
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) KEIJIRO b. (Middle) c. (Last) UYEKI

4. DATE OF DEATH: (Month) (Day) (Year): 2-18-52

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-20-1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Hiroshima, Japan

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: Don't Know
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James T. Uyeki ADDRESS: Route #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 156 Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 Feb 52, 19___, *to* 18 Feb, 1952, *that I last saw the deceased alive on* 2-18, 1952, *and that death occurred at* 4:23 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hayden Hancher, M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-25-52

24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-20-52

REGISTRAR'S SIGNATURE: Maree Hamilton

25. FUNERAL DIRECTOR: R. Dale Thomason ADDRESS: Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 796
Local Reg. No. 17
Reg. Dist. No. 320

BIRTH NO.

REC'D FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 912 West 1st St

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) W c. (Last) FERGUSON

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 19 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 2 1905

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Sparta Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know — BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Lily Allison — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lucy V. Ferguson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Subject was found dead on Union

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pacific R.R. tracks after body had been
DUE TO (c): severed by passing local train. Through investigation by all local authorities

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: indicated death was probably due to exposure. Last seen alive 1:30 A.M.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: February 19,1952. Remains found 8:40 A.M. February 19,1952.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.P.R.R. Weiser, Ida.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Febr. 19,1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: See above.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Jones (Degree or title): Coroner

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/22/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2/20/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. S. Jones — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 797
Local Reg. No. 18
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1154 E. Second

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1154 East Second

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ALFRED
c. (Last): WILLEY

4. DATE OF DEATH (Month) (Day) (Year): 2/20/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 6 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook. (REt'd) 20
10b. KIND OF BUSINESS OR INDUSTRY: Forest Service
11. BIRTHPLACE (State or foreign country): Clinton Co., Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bray Willey — BIRTHPLACE: Montreal, Canada
14. MOTHER'S MAIDEN NAME: Mary Gilbert — BIRTHPLACE: Aarnin, Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1951, *to* Feb. 20, 1952, *that I last saw the deceased alive on* Dec 23, 1952, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 365
23b. ADDRESS: Weiser, Idaho.
23c. DATE SIGNED: 2/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/26/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 2/23/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No.
Reg. Dist. No. 32d

BIRTH NO.

RECEIVED
MAR 12 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 69 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 703 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) LOUISA b. (Middle) MINNIE c. (Last) BILHORN

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 30 1873

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carthage Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T.W. Kimbrough
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary E. Riley
BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Doris Nicklund
ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1952 *to* 2-23, 1952, *that I last saw the deceased alive on* Feb 23, 1952, *and that death occurred at* 8:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. A. Schmidt M.D. (Degree or title)

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/28/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 2/25/52

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: A. L. Jones

ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service.

Form DPH-49021

State File No. 799
Local Reg. No. 1
Reg. Dist. No. 322

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle): Francis
c. (Last): Jordan

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan. 17 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J.N. Havenner — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Presley — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frank L. Havenner — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Death occured before aid was summoned) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral hemorrhage with hemiplegia in 1951.

DUE TO (c) Arteriosclerosis-Senile change.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Decompensated heart lesion of duration. — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/1/52, 19__, *to* 2/16/52, 19__, *that I last saw the deceased alive on* 2/15/52, 19__, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/52
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cem.
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 2/18/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 800
Local Reg. No. 16
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): NORA
b. (Middle): ALICE
c. (Last): RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rondo Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melvin Mitchell — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ann Brown — BIRTHPLACE: Rondo, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Homer Richardson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 3, 1952 *to* Feb 15, 1952, *that I last saw the deceased alive on* Feb. 15, 1952 *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt, Jr. M.D. 565
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2/20/52 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2/19/52
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 801
Local Reg. No. 93
Reg. Dist. No. 370

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1317 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): LEMON
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 9, 1880
9. AGE (In years last birthday): 71-5-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): East St. Louis, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wyckliff Lemon — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Wilhelmina Sanders — BIRTHPLACE: -Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William O. Lemon — ADDRESS: 1110 N 14

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis. — ?
DUE TO (c) Hypertensive heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 29, 1952, *to* March 1, 1952, *that I last saw the deceased alive on* March 1, 1952, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. Chalmers MD 056
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 802
Local Reg. No. 88
Reg. Dist. No. 370

111-52-1871 Dr. Wirk
BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise. Rt. 4
d. STREET ADDRESS (If rural, give location): 1403 Rand

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): LeRoy
c. (Last): Harvey

4. DATE OF DEATH: March 1 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Feb 28 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2 — IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Ida.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noel Harvey
BIRTHPLACE: Port, Oaklahoma

14. MOTHER'S MAIDEN NAME: Imogene Ensey
BIRTHPLACE: Sentinel Oaklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: X Noel V. Harvey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Isoimmunization

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/28, 1952 *to* 3/1, 1952 *that I last saw the deceased alive on* 3/1, 1952 *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: 215 N. 18 Boise

23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 4 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-4-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson-Boise

Daniel H. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 893
Local Reg. No. 8
Reg. Dist. No. 370

RECEIVED MAR 5 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO. 111-52-02374

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JACKIE b. (Middle) c. (Last) POWER

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 2, 1952

9. AGE (In years last birthday): - IF UNDER 1 YEAR Months: - Days: - IF UNDER 24 HRS. Hours: - Min.: 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unk — BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Marjorie Power — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Lee E Ellis ADDRESS: Meridian Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrops Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 2, 1952 *to* 3-2, 1952, *that I last saw the deceased alive on* 3-2, 1952 *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max A Gudmundsen MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: C. E. Alden Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 804
Local Reg. No. 100
Reg. Dist. No. 370

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3105 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): LeMoyne

4. DATE OF DEATH (Month) (Day) (Year): Mar. 4th. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13. 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bureau of Reclamation
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boston Mass.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: McPherson LeMoyne — BIRTHPLACE: Montreal Can.
14. MOTHER'S MAIDEN NAME: Mary Brooks Brigham. — BIRTHPLACE: Boston Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles LeMoyne Jr. — ADDRESS: Washington D.C

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* March 4, 1952, *that I last saw the deceased alive on* March 4, 1952, *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Hoelsch MD.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 8. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 805
Local Reg. No. 101
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle): Joseph
c. (Last): Doherty

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Feb. 3, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 3; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roger Joseph Doherty — BIRTHPLACE: Emmett, Ida.
14. MOTHER'S MAIDEN NAME: Olive Bobo — BIRTHPLACE: Grand Island, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: x Roger Joseph Doherty

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

756.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): perforation duodenal ulcer — 6 days.

DUE TO (c): hypertrophic pyloric stenosis — 2 weeks.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: pyloric tumor
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 1952, *to* March 6, 1952, *that I last saw the deceased alive on* March 1, 1952, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert S. McLean M.D. 249
23b. ADDRESS: 200 E. Bannock, Boise
23c. DATE SIGNED: 7/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Glenn W. Beatty — Beatty Chapel, Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 805
Local Reg. No. 47
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAR 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4202 Dorian St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4202 Dorian St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Greg	Richard	Christensen	3	7	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	-----	2/16/47	5				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----
10b. KIND OF BUSINESS OR INDUSTRY ------
11 BIRTHPLACE (State or foreign country) Boise, Idaho
12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel R. Christensen — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Marie Hatch — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT'S OWN SIGNATURE x Samuel R. Christensen — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

204.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/14/51, 19__, *to* 3/6/52, 19__, *that I last saw the deceased alive on* 1/25/52, 19__, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Boise Idaho	3.10.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/11/52	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG. 3-13-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Russell A. Relyea — ADDRESS P.O. 29 Relyea Memory Chapel Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Chalanpha

Certificate of Death

STATE OF IDAHO

State File No. 807
Local Reg. No. 95
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAR 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1020 East Jefferson St

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle):
c. (Last): Poncia

4. DATE OF DEATH (Month) (Day) (Year): Mar. 8. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 1st. 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bordeaux France
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Paul Poncia — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) ~~Hypertension~~ Hmc Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, *to* March 8, 1952, *that I last saw the deceased alive on* March 8, 1952, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Chalanpha MD
23b. ADDRESS: 611 First Nat Bank
23c. DATE SIGNED: 3/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar.13. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 401
Local Reg. No. 48
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wiand Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2303 No. Hartman St.

3. NAME OF DECEASED (Type or Print): a. (First) Louise; b. (Middle) M.; c. (Last) O'Connor

4. DATE OF DEATH: (Month) Mar. (Day) 9. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: July 22. 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Litchfield Ill.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: E.L. Schwarz
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: No Record.
BIRTHPLACE:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: T.H. Chapman
ADDRESS: 1110 E Ban. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-8-, 19 49, *to* 3-9-, 19 52, *that I last saw the deceased alive on* 3-9-, 19 52, *and that death occurred at* 7:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.F. Swindell M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 10. 52.
24c. NAME OF CEMETERY OR CREMATORY: Terre Haute Cemetery.
24d. LOCATION (City, town, or county) (State): Terre Haute. Indiana

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Bpise

J & B McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 809
Local Reg. No. 102
Reg. Dist. No. 3

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1700. North 19 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): MAYNE
c. (Last): SHOEMAKER.

4. DATE OF DEATH (Month) (Day) (Year): March. 9.1952.

5. SEX: Female
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: July. 20.1867.
9. AGE (In years last birthday): 84-7-19. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Center, Minnesotta.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Bedal. BIRTHPLACE: Canada.
14. MOTHER'S MAIDEN NAME: Cynthia Henshaw. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: Mrs Jesse Miller ADDRESS: Eagle Ida 12144

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* 3/9 1952, *and that death occurred at* 6:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. Baindurfer M.D. (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: March. 12.1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 816
Local Reg. No. 107
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 100 East Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) LELA b. (Middle) D c. (Last) PAINTER

4. DATE OF DEATH: (Month) (Day) (Year) March 11, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 5, 1887

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Timothy Driscoll — BIRTHPLACE: Skiburn, Ireland

14. MOTHER'S MAIDEN NAME: Emma Susann Jolly — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Charles D. Painter — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 20 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31, 1950, *to* March 11, 1952, *that I last saw the deceased alive on* March 11, 1952, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title) M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 811
Local Reg. No. 111
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1217 N. 11th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1217 N. 11th Street

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) CORBUS c. (Last) WYMAN

4. DATE OF DEATH: (Month) (Day) (Year): March 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1878

9. AGE (In years last birthday): 73-4-1 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Franklin Corbus — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Frances Leonard — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frances M. Koelsch — ADDRESS: 3216 Crescent Rim Dr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

356.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1945, *to* 3-12-1952, *that I last saw the deceased alive on* 3-12-1952, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 215 Frances M. Koelsch
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 March 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

812

State File No.
Local Reg. No. 78
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
MAR 26 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 9.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) A. c. (Last) Esslinger

4. DATE OF DEATH: (Month) Mar. (Day) 13th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 9 1887

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Strawberry Kansas

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Charles Long
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Schlax
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Opal E. Smith
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & Cardio-vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-7, 19 50, *to* 3-13, 19 52, *that I last saw the deceased alive on* 3/13/, 19 52, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 14th. 52.

24c. NAME OF CEMETERY OR CREMATORY: Clifton

24d. LOCATION (City, town, or county) (State): Clifton Kansas

DATE REC'D BY LOCAL REG.: 3-14-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
[signature]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 813
Local Reg. No. 103
Reg. Dist. No. 370

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1422 Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1422 Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): AMY
b. (Middle):
c. (Last): WOMACK

4. DATE OF DEATH (Month) (Day) (Year): 3-14-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 5, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fort Denver, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Sagers — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Ruth Wheaton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Basil Womack — ADDRESS: LaGrande, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension + — 10 years
DUE TO (c): Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 10, 1952, *to* March 14, 1952, *that I last saw the deceased alive on* March 12, 1952 *and that death occurred at* 8:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe Edward M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-14-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. L. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 814
Local Reg. No. 113
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2314 N. 20th Street

3. NAME OF DECEASED (Type or Print) a. (First) LUCILE b. (Middle) GARRISON c. (Last) REID

4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1904
9. AGE (In years last birthday) 47-9-1 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Julietta, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lucius Garrison BIRTHPLACE North Carolina
14. MOTHER'S MAIDEN NAME Cecelia Miles BIRTHPLACE North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James Reid ADDRESS 2314-N 20th Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix
DUE TO (c) with pelvic Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1951, *to* Mar 16, 1952, *that I last saw the deceased alive on* Mar 10, 1952, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson 197 (Degree or title) M.D
23b. ADDRESS Boise Ida
23c. DATE SIGNED 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-25-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E Summers ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 315
Local Reg. No. 105
Reg. Dist. No. 370

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 102 East Jefferson St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Pinkney; c. (Last) Hill

4. DATE OF DEATH (Month) (Day) (Year): Mar. 17. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Apr. 28. 1870

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer. Desk Sgt. Boise Police Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Blue Mtn. Miss.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: David J. Hill — BIRTHPLACE: So. Carolina

14. MOTHER'S MAIDEN NAME: Mary Frances Smith. — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Betty Hill — ADDRESS: 102 E. Jeff. St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-53 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bron. Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiovascular-renal disease — 1 mo

DUE TO (c) Senility — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-1, 1952, *to* 3-17, 1952, *that I last saw the deceased alive on* 3-17, 1952, *and that death occurred at* 10:35 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-21-52

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 816
Local Reg. No. 114
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1301 Vista Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ETHEL
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1892
9. AGE (In years last birthday): 59-11-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hull, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Smith — BIRTHPLACE: Liverpool, England
14. MOTHER'S MAIDEN NAME: Nancy Ann Sego — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Forest D. Turner — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the Urethra — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with metastases to
DUE TO (c): spine

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*
Secondary anemia — 2 yrs
Chronic nephritis with uremia — 1 yr

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I did not attend the deceased from _____, 19___, to _____, 19___, that I never saw the deceased alive on _____, 19___, and that death occurred at 6.45 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Newcombe 283 (Degree or title) M.D.
23b. ADDRESS: 512 N. 16 St. Boise, Idaho
23c. DATE SIGNED: 3.19.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 617
Local Reg. No. 115
Reg. Dist. No. 370

RECEIVED APR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JOHNNY
b. (Middle): RICHARD
c. (Last): HARDER

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 9, 1951
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wendell Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elmer R. Harder — BIRTHPLACE: Bliss Idaho
14. MOTHER'S MAIDEN NAME: Angelina A. Bellegante — BIRTHPLACE: Glenn Ferry Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute septicemia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Laceration, left tentorium (minor degree) — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* autopsy, 19__, only, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Seemann (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 22 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

State File No. 811
Local Reg. No. 106
Reg. Dist. No. 370

BIRTH NO. 111-52-02465

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1205 E. Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Anthony c. (Last) Schmoeger

4. DATE OF DEATH (Month) (Day) (Year): Mar. 20 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Mar. 18. 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: — Days: 1 — IF UNDER 24 HRS. Hours: 23 — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Schmoeger. — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Elaine Hart — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Joseph A. Schmoeger — ADDRESS: Boise

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 47 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 18, 1952, *to* March 20, 1952, *that I last saw the deceased alive on* March 20, 1952, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank L Hetherington (Degree or title)

23b. ADDRESS: 200 E. Bannock Boise, Idaho

23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 22. 1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 819
Local Reg. No. 53
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1107½ Fort St.

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): May
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 25, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 5, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Wootan — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Lizzie Marrow — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X George M. Smith — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 5 years
DUE TO (c): Chronic nephritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1926, *to* Mar 21, 1952, *that I last saw the deceased alive on* March 20, 1952, *and that death occurred at* 3:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C Ward M.H. — 437
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Margaret
24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 820
Local Reg. No. 108
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 2, (Oregon Slope)
d. STREET ADDRESS (If rural, give location): Rt. # 2, Payette

3. NAME OF DECEASED (Type or Print): a. (First) OTTO; b. (Middle) LUDWIG; c. (Last) MEILI

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 27, 1873

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): LaFayette County, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Meili — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Henriette Schreiber — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elsie Meili — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile Hypertension with renal and Cardiac failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* March 22, 19 52, *that I last saw the deceased alive on* March 22, 19 52 *and that death occurred at* 6 40 *a*m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Thuson M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 3/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial

24b. DATE: March 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rosedale Memorial Park

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 821
Local Reg. No. 1821
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SUSAN
b. (Middle): EMMELINE
c. (Last): SAMS

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 14, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mrs. Orland C. Mayer — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arterio-sclerotic Heart Disease with Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1949, *to* 3-21-, 1952, *that I last saw the deceased alive on* 3-20, 1952, *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Swindell M.D. (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 822
Local Reg. No. 126
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 919. Hays Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	SYMONS	HAINES.	March. 22. 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female.	White.	Widow.	September. 14. 1867.	84-6-8.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home. 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spiceland, Indiana.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Symons, Indiana,
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Anna. K. Sheridan, Indiana.
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Jesse Campbell
ADDRESS: 919 Hays St Boise Ida

159X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Metastatic Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastro-intestinal malignancy
DUE TO (c) (Primary site undetermined) Several mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia — 3 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None.	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 8, 19 51, *to* March 22, 19 52, *that I last saw the deceased alive on* March 21, 19 52, *and that death occurred at* 4 50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray C. Croby M.D	1320 Vista Ave Boise	3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal. 3	March. 25. 01	1952. Evanston, Wyoming.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-12-52	Myrtle Palmer	Clyde E. Summers	Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 823
Local Reg. No. 110
Reg. Dist. No. 370

BIRTH NO. 111-52-02480

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1114 Grant St.

3. NAME OF DECEASED (Type or Print): a. (First) Michael; b. (Middle) Scott; c. (Last) Campbell

4. DATE OF DEATH: (Month) 3; (Day) 23; (Year) 52

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -----

8. DATE OF BIRTH: 3/22/52

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 20 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ - oz

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jay D. Campbell
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Patricia Harvey
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -----
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 1114 Grant City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta Praevia c Severe Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

761.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22, 1952, *to* 3/23, 1952, *that I last saw the deceased alive on* 3/23, 1952, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank R Fletcher MD
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
RELYEA MEMORY CHAPEL Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 524
Local Reg. No. 118
Reg. Dist. No. 370

RECEIVED APR 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2120 State St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sarah	Slaughter	James		3	24	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Widowed	8/18/76	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--0--	Beaver, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel N. Slaughter	So. Africa	Annie Huey	So. Africa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-----	-----	none	X Anna Mae Robison	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 14 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 11, 1951 *to* March 24, 1952, *that I last saw the deceased alive on* March 24, 1952 *and that death occurred at* 7:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner	MD	105 N. 8th St. Boise, Idaho	3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3/26/52	Mount Olivet	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-2-52	Myrtle Palmer	Russell A. Relyea	518 N. Latah
		Relyea Memory Chapel	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 425
Local Reg. No. 119
Reg. Dist. No. 370

BIRTH NO. [illegible]

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 509½ No. 5th. St

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Warner
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): Mar. 27th. 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Dec. 26th 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Morrison & Knudson

11. BIRTHPLACE (State or foreign country): Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: King
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-01-3012

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: V Lawrence H. King Bremerton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked Cerosara — 3 days

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27 — 5:00 PM, 19__, *to* March 27 — 6:50 PM, 19__, *that I last saw the deceased alive on* March 27, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): W M Chalcraft M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Schreiber-McCann-Gibson--Boise, Ida.
Warner H. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 826
Local Reg. No. 125
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 634. South 14th Street.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) MESSMER.

4. DATE OF DEATH: (Month) March. (Day) 27. (Year) 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: February. 18. 1895.

9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months: 1 Days: 9 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bakers Helper.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Messmer. BIRTHPLACE: Germany.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Germany.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 517005-3623.

17. INFORMANT'S OWN SIGNATURE: Harold Messmer ADDRESS: Boise 3/2 Gettysburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease — 2 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March. 27-52, 19—, *and I last saw the deceased alive on* 3/27 1952, *and that death occurred at* 11:0 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD

23b. ADDRESS: 611 First Nat Bank Boise

23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: April. 1. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Kaelsch

130

Certificate of Death

STATE OF IDAHO

State File No. 827
Local Reg. No. 116
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 1415 Hays St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: State
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 Hays St

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Anglund

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 31. 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Springfield Mass.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Joseph Geraghty. BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Ann Halloran. BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. J. Geraghty ADDRESS: Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza — 1 week.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/26, 1952, *to* 3/29, 1952, *that I last saw the deceased alive on* 3-29, 1952, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W A Koelsch MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 828
Local Reg. No. 120
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, c. LENGTH OF STAY (in this place): 34 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital	d. STREET ADDRESS (If rural, give location): Rt. 5 & 6

3. NAME OF DECEASED (Type or Print): a. (First) Gus b. (Middle) c. (Last) Chachas

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar. 16, 1884
9. AGE (In years last birthday): 68 Yrs. IF UNDER 1 YEAR Months Days: 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Nowasa Masedonia Greece
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Chachas BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: Unk. BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rt. 6 Boise ADDRESS: alex cha chas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation — 7 day

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia — months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* March 28, 1952, *that I last saw the deceased alive on* March 28, 1952, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] Chalaupka (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 329
Local Reg. No. 119
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1102 N. 21st. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1102 N. 21st. St.

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) ADELL c. (Last) DIXON

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 17, 1862

9. AGE (In years last birthday): 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bluffton, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James M. Judd BIRTHPLACE: Salem, Mass.

14. MOTHER'S MAIDEN NAME: Phylancy L. Brown BIRTHPLACE: Lake Erie, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ryking Jurries - ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 178X Carcinoma Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary left breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Mar, 1952, *that I last saw the deceased alive on* 27 Mar, 19 52 *and that death occurred at* 1 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 536 (Degree or title) MD
23b. ADDRESS 714½ N. Orchard Boise
23c. DATE SIGNED 3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 4-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 830
Local Reg. No. 59
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home, 6128 Fairview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6128 Fairview Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Bell
c. (Last): Craft

4. DATE OF DEATH (Month) (Day) (Year): Mar. 29. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 7. 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shannon Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Jesse M. Gardner. BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Augusta Phelps. BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. A. Gardner — ADDRESS: Boise Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1951, *to* Mar, 1952, *that I last saw the deceased alive on* 29 Mar, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart L. Merrill, MD
23b. ADDRESS: 714½ N. Orchard Boise
23c. DATE SIGNED: 4/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 1. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J. H. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 831
Local Reg. No. 62
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HIRAM; b. (Middle) WESTLEY; c. (Last) BROOKS

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, 1866

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 85-11-9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeton, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ely Brooks — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Emily Hendsel — BIRTHPLACE: Princeton, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ray Brooks — ADDRESS: Grandview Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 10 years senility and prostration
DUE TO (c): Arteriosclerosis Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility + Malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: No Operation

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: No injury

22. *I hereby certify that I attended the deceased from* Mar 5, 1952, *to* March 29, 1952, *that I last saw the deceased alive on* March 29 1952, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G H Clark MD

23b. ADDRESS: 515 Eastman Bldg Boise Idaho

23c. DATE SIGNED: 3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Grandview, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 832
Local Reg. No. 128
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ore
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	R	Ward	March 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 16, 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 84		Clinton, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Ward	England	Martha Russell	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-7944	George B Ward	Ontario, Ore.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of kidney — June 47 51
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-18, 1952, *to* death, 19__, *that I last saw the deceased alive on* 3-30, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
703 Jeppesen 191		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 2, 1952	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-12-52	Myrtle Palmer	John F Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 523
Local Reg. No. 123
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1107½ State St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): GEORGE
c. (Last): OATES

4. DATE OF DEATH: March 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Auction

11. BIRTHPLACE (State or foreign country): Louisville, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Anthony Oates
BIRTHPLACE: Durham, England

14. MOTHER'S MAIDEN NAME: Mary Jane Speers
BIRTHPLACE: Jarrow, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-7614

17. INFORMANT'S OWN SIGNATURE: Gertrude Oates
ADDRESS: 1107½ State Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. Myocarditis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* 3-30, 1952, *that I last saw the deceased alive on* 3-30, 1952, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: A. E. Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden Chapel

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 834
Local Reg. No. 122
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print): a. (First) BURNAM b. (Middle) MILLERD c. (Last) SCRIVNER

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 19, 1889
9. AGE (In years last birthday): 62-6-12 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Greyhound Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Millers Creek, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry C. Scrivner — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Howell — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gertrude M. Scrivner — ADDRESS: R. 4 Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 38 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 30 52 ? m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 3-30, 1952, *to* 3-31, 1952, *that I last saw the deceased alive on* 3-31, 1952, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Koelsch MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 835
Local Reg. No. 127
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location) R. D. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	CLYDE	NOBLE	March 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 10, 1876	75-10-21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep shearer		Muskegon, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Noble	England	Mary Ruby	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mattie Noble	Meridian

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 29, 1952, *to* March 31, 1952, *that I last saw the deceased alive on* March 30, 1952, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty M.D.	Meridian Ida	4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/4/52	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-12-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 425
Local Reg. No. 121
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 1 week

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Owyhee

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau

d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)

a. (First): MARIE

b. (Middle): ALVINA

c. (Last): ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1902

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 3, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ellenwood Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter B. Kempler — BIRTHPLACE: Mendota Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Backemahole — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Robertson — ADDRESS: Bruneau Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

591X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Edema & Secondary pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute Congestive Heart failure — 6 days

DUE TO (c): Subacute Glomerulonephritis — 2 weeks.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: No Operation.

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1952, *to* March 31, 1952, *that I last saw the deceased alive on* Mar. 31, 1952, *and that death occurred at* 8:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Arzier M.D.

23b. ADDRESS: 500 Eastman Bldg, Boise, Ida.

23c. DATE SIGNED: 3.31.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hot Springs Cemetery

24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 4-4-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Selby J. Ray Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 837
Local Reg. No. 43
Reg. Dist. No. 371

BIRTH NO. MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) ABRAHAM; b. (Middle) OLAF; c. (Last) LOWER

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1891

9. AGE (In years last birthday): 60-5-9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blooming Prairie, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis L. Lower
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Ethel I. Lower
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9768

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide. Shot himself in head with 32 calibre rifle.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE XX / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock Street
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/8/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 838
Local Reg. No. 46
Reg. Dist. No. 371

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill, Idaho
d. STREET ADDRESS (If rural, give location): Box 51

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) T.; c. (Last) Barnes

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-3-1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 8 Days 2
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shawnee, Okla.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jim E. Barnes
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Mary T. Brayer
BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia, terminal
INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinomatosis
INTERVAL BETWEEN ONSET AND DEATH: Prior to Adm.
DUE TO (c): Carcinoma of Right Brea st

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1952, *to* March 5, 1952, *that I last saw the deceased alive on* March 5, 1952, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 3-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenns Ferry
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 3-6-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: [signature] Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 839
Local Reg. No. 47
Reg. Dist. No. 371

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 9.

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) ALEXANDER c. (Last) BLACK.

4. DATE OF DEATH: (Month) March. (Day) 6. (Year) 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: February. 7. 1856.

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 96-0-29. IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Forest Grove, Oregon.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Henry Black, Kentucky.

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary Zackery, Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Emmet L. Black ADDRESS: RT-9 Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis with Uremia - 592X — INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-5, 1952, *to* 3-5, 1952, *that I last saw the deceased alive on* 3-5, 1952, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe. M.D.

23b. ADDRESS: 512 N. 16 St. Boise, Idaho

23c. DATE SIGNED: 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal to

24b. DATE: Walla Walla Washington, March 7, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 3-10-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 840
Local Reg. No. 99
Reg. Dist. No. 370

RECEIVED MAR 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
c. LENGTH OF STAY (in this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) L. c. (Last) Records

4. DATE OF DEATH (Month) March (Day) 6, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 6, 1875

9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Indian Grove, Ill

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John L Records. BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Margaret Johnston BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-26-0824

17. INFORMANT'S OWN SIGNATURE Eva Russman ADDRESS Cascade Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension + arteriosclerosis Several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH (a) (b) (c)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* March 6, 1952, *that I last saw the deceased alive on* February, 1952, *and that death occurred at* 7P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]

23b. ADDRESS Meridian Ida

23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/11/52

24c. NAME OF CEMETERY OR CREMATORY Meridian

24d. LOCATION (City, town, or county) (State) Meridian Ida

DATE REC'D BY LOCAL REG. 3-14-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR [illegible] ADDRESS Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 841
Local Reg. No. 49
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): A.
c. (Last): Rudisill

4. DATE OF DEATH (Month) (Day) (Year): March 9-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: February 17-1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gold Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jonah Rudisill — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary Bennett, — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: May Saari, — ADDRESS: Star Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Shot himself in head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with 45 calibre revolver.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~I attended the deceased from xxxxxxxxxx 19xxx to xxxxxxxxxx 19xxx that I last saw the deceased alive on xxxxxxxxxx 19xxx and that~~ *death occurred at* 8:15 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers, Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.
23c. DATE SIGNED: 3/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 11-1952
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 45
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JAN 5 1952
OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 34 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone, Idaho
d. STREET ADDRESS (If rural, give location): Box 53

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) F. c. (Last) Adams

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-10-87

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months: 1 Days:
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engine Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maine, Me.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Adams
BIRTHPLACE: Terra Haute, Ind.

14. MOTHER'S MAIDEN NAME: Elvira Moak
BIRTHPLACE: Paris, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519101423

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [signature] Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of liver with Anasarca — Prior to Admn.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Septic arthritis, right hip — Prior to Admn.

581.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 2, *1952, to* March 10, *1952, that I last saw the deceased alive on* March 10, *1952, and that death occurred at* 1.20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: W. E. Alden, Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE.

Certificate of Death

STATE OF IDAHO

State File No. 43
Local Reg. No. 46
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAR 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 515 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 204 Roosevelt St.

3. NAME OF DECEASED (Type or Print): a. (First) Moses b. (Middle) A. c. (Last) Rivett

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-20-90

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 9 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Butte, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Rivett
BIRTHPLACE: Montreal, Canada

14. MOTHER'S MAIDEN NAME: Clarice Lemarche
BIRTHPLACE: Montreal, Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519188671

17. INFORMANT'S NAME OR SIGNATURE: Records, VA Hospital, Boise, Idaho
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

24 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia, [illegible]
INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma & Pulmonary emphysema
INTERVAL BETWEEN ONSET AND DEATH: Prior to Admn.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Right Ventricular Hypertrophy
INTERVAL BETWEEN ONSET AND DEATH: Prior to Admn.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 13, 19 50, *to* March 11, 19 52, *that I last saw the deceased alive on* March 11, 19 52, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Calvery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Aeby
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. 844
Local Reg. No. 50
Reg. Dist. No. 371

STATE OF IDAHO

BIRTH NO.

RECEIVED
MAR 20 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Grant
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): John Day, Oregon
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): E.
c. (Last): Beal

4. DATE OF DEATH (Month) (Day) (Year): March 14 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-22-75
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Macon County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C. Beal — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lucy Norton Wooten — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wm. [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thrombosis left internal carotid artery & Bronchopneumonia. Massive infarction of left frontal temperal & parietal lobes. Incarcerated Meckel's diverticulum in right internal inguinal ring. Acute intestinal obstruction. Acute generalized peritonitis.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Terminal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 1952, *to* March 14, 1952, *that I last saw the deceased alive on* March 14, 1952 *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): John Bay, Oregon

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 845
Local Reg. No. 57
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): Ada County Hospital.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN. b. (Middle) F. c. (Last) KELSEY.

4. DATE OF DEATH: (Month) MARCH. (Day) 18. (Year) 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: February. 28. 1866.

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR Months: Days: — IF UNDER 24 HRS. Hours: Min.: 20.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Livestock.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lathrop, Missouri.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Kelsey, BIRTHPLACE: Kentucky.

14. MOTHER'S MAIDEN NAME: Emmeline Shearer. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Ora C. Hope ADDRESS: Vale Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 9, 1952 *to* Mar 18 1952, *that I last saw the deceased alive on* 3-17, 1952 *and that death occurred at* 2.05 a.m. p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: 230 Carl D Rusty (Degree or title): MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: March. 20. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 846
Local Reg. No. 51
Reg. Dist. No. 371

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 644 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 801 Huston Road

3. NAME OF DECEASED (Type or Print): a. (First) MOFFATT, b. (Middle) Francis J. c. (Last)

4. DATE OF DEATH: (Month) March (Day) 19, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 18, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor 14
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wheaton, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Moffatt — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerotic occlusion, myofibrosis, and ventricular aneurysm. — Prior to Admission
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1950, *to* March 19, 1952, *that I last saw the deceased alive on* March 19, 1952, *and that death occurred at* 8:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Beeman (Degree or title) JOSEPH M. BEEMAN, Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

MAR 29 1952
RECEIVED
MAR 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 847
Local Reg. No. 52
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) Novella b. (Middle) Emsa c. (Last) McGrath

4. DATE OF DEATH (Month) (Day) (Year): March 25 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 4th. 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): — Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Ware — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Maude Scrivner — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruth K. Collins — ADDRESS: Parma Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 237X Intracranial Tumor — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 4, 1951, *to* Mar 25, 1952, *that I last saw the deceased alive on* Mar 22, 1952, *and that death occurred at* 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D. Lusty (Degree or title) MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/27/52
24c. NAME OF CEMETERY OR CREMATORY: Star cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 3-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 528
Local Reg. No. 55
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) AdaCounty Hospital - Rural Route

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J c. (Last) NICHELS

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 1869

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) UNK.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNK. BIRTHPLACE

14. MOTHER'S MAIDEN NAME UNK. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE A. E. Alden ADDRESS 419 N. 9th Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3237

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatic Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Methyl Salicylate Poisoning unk.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* 3-26, 1952, *that I last saw the deceased alive on* 3-25, 1952 *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl D Rusty (Degree or title) M.D.

23b. ADDRESS Meridian Ida

23c. DATE SIGNED 3-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY Morris Hill

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 4-2-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1952 DIVISION OF VITAL

State File No. 849
Local Reg. No. 61
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 110 N. 22nd Street

3. NAME OF DECEASED (Type or Print): a. (First) J. b. (Middle) RUFUS c. (Last) WARNER

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1874

9. AGE (In years last birthday): 78-0-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumbering

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rensselaer, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin VanBuren Warner-Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Minerva Lewis
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 22 4051

17. INFORMANT'S OWN SIGNATURE: Ida F. Warner
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

519 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 16, 1952, *to* May 30, 1952, *that I last saw the deceased alive on* May 30, 1952, *and that death occurred at* 9:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Crusty M.D.

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52-6
Local Reg. No. 52
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon, Idaho
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Lyle; b. (Middle); c. (Last) McGuire

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-8-81

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 10 Days: 22 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mable, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. McGuire BIRTHPLACE: Mable, N. C.

14. MOTHER'S MAIDEN NAME: Margaret Whittington BIRTHPLACE: N. C.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: 554221302

17. INFORMANT'S SIGNATURE: Wm. L. Keller ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with left Ventricular Infarction — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — Prior to Admn.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis left posterior cerebral artery — Prior to Admn.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 19 52, *to* March 30, 1952, *that I last saw the deceased alive on* March 30, 19 52, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Beeman JOSEPH M. BEEMAN, Pathologist, M.D.
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 1, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 851
Local Reg. No. 57
Reg. Dist. No. 371

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ada, Boise, Idaho
c. LENGTH OF STAY (in this place): 482 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): VA Hospital, Boise, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) E.; c. (Last) Waiste

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 4-19-76
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dentist
11. BIRTHPLACE (State or foreign country): Marblerock, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry S. Waiste — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Dora Allen — BIRTHPLACE:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.: 5612-1996
17. INFORMANT'S OWN SIGNATURE: Wm. B. Ritter — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema, Terminal broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis, old right cerebral infarct & Arteriosclerotic — Prior to Admn.
DUE TO (c) degeneration of brain.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5-50, 19__, *to* March 31, 1952, *that I last saw the deceased alive on* March 31, 1952, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Beeman (Degree or title): Joseph Beeman, M.D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill's Silent Camp
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 852
Local Reg. No. 104
Reg. Dist. No. 5-10

111-52-02527 BIRTH NO.

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 749 South 10th.

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) Boy c. (Last) Fitzen

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 1, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Fitzen — BIRTHPLACE: Pocatello, Ida.

14. MOTHER'S MAIDEN NAME: LaRae Green — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta Previa
DUE TO (c) Premature Detachment

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Examined Fetus

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-1, 1952, *to* 3-1, 1952, *that I last saw the deceased alive on* 3-1-52, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock Idaho

DATE REC'D BY LOCAL REG.: 3-26-52
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Hall-Grant Mortuary Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 53
Local Reg. No. 90
Reg. Dist. No. 570

BIRTH NO. 52-0149 — 1952 — STATE OF IDAHO — DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 622 S. Fifth

3. NAME OF DECEASED (Type or Print): a. (First) STEVEN b. (Middle) KIRBY c. (Last) FLYNN

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Feb. 29, 1952	0	0	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jack Flynn — BIRTHPLACE: Mammoth Spr. Ark
14. MOTHER'S MAIDEN NAME: Viola Marie Tullington — BIRTHPLACE: Burley Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. Ray J. Johnson Pocatello Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (4 lbs) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): Toxic mother, Pre-eclamptic, labor induced

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Feb, 1952, *to* 2 Mar, 1952, *that I last saw the deceased alive on* 2 Mar, 1952, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Farrell H Daward MD
23b. ADDRESS: 310 E Center Pocatello Ida
23c. DATE SIGNED: 5 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Mar. 12, 1952
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Byron B. Dawnard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. F. H. Howard

Certificate of Death

STATE OF IDAHO

State File No. 856
Local Reg. No. 91
Reg. Dist. No. 511

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rural Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Tavashee

4. DATE OF DEATH (Month) (Day) (Year): March 4 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1867 (Record at agency indicate 1857)
9. AGE (In years last birthday): 85 (95) — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gehesope — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: "Queen" — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hudson Grant — ADDRESS: Blackfoot

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Uremia — 10 yrs
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 3, 1952, *to* Mar 4, 1952, *that I last saw the deceased alive on* Mar 4, 1952, *and that death occurred at* 20 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ferrell H Howard M.D. (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 7 Mar 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mission Cemetery
24d. LOCATION (City, town, or county) (State): Bingham, Idaho

DATE REC'D BY LOCAL REG.: March 11, 1952
REGISTRAR'S SIGNATURE: Jessie T. Powell
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 555
Local Reg. No. 13
Reg. Dist. No. 510

BIRTH NO. III-52-02531

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 69 Rosewood Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RICHARD	CLARKE	TERRELL	March	6	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Never Married	March 1, 1952	0	0	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
----	-----	Pocatello, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN R. TERRELL	Pocatello, Idaho	Aleen Clark	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	none	John R Terrell	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Term birth, neonatal death	days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1, 19 52 *to* March 6, 19 52, *that I last saw the deceased alive on* March 6, 19 52, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M D	Pocatello, Idaho	Mar. 7, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 7, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1952	Eva M. Wallin	[signature]	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 856
Local Reg. No. 100
Reg. Dist. No. S-11

Certificate of Death

RECEIVED
MAR 18 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Ida.
LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): R.
c. (Last): Hook

4. DATE OF DEATH (Month) (Day) (Year): March 6 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Employee
10b. KIND OF BUSINESS OR INDUSTRY: Liquor Disp.
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Hook — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Amanda Stocker — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Spanish Am. War.
16. SOCIAL SECURITY NO.: 518-36-3505
17. INFORMANT'S OWN SIGNATURE: Frank Louis Hook — ADDRESS: Caldwell Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 51X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Abdominal Aortic Aneurysm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 5, 1952, *to* Mar 6, 1952, *that I last saw the deceased alive on* Mar. 6, 1952 *and that death occurred at* 4:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A E Groom, M.D. 139
23b. ADDRESS: Pocatello
23c. DATE SIGNED: Mar. 14

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal + B
24b. DATE: 3-10-52
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: 3-15-52
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: Am. Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 857
Local Reg. No. 93
Reg. Dist. No. 5-10
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 830 S. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 830 S. Arthur

3. NAME OF DECEASED (Type or Print): a. (First) LIZZIE b. (Middle) C. c. (Last) MOSBY

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 18, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Benjamin Franklin Jacks
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Mary Francis Willhoite
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs M E Dallorf
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulo nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 2, 1949 *to* 7 Mar, 1952, *that I last saw the deceased alive on* 7 Mar, 1952, *and that death occurred at* 4:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Crandell (Degree or title): M.D.

23b. ADDRESS: 804 E. Carter Pocatello

23c. DATE SIGNED: 10 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-8-52

24c. NAME OF CEMETERY OR CREMATORY: Barry Cemetery

24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: Mar. 12, 1952

REGISTRAR'S SIGNATURE: Jesse J. Powell

25. FUNERAL DIRECTOR: Byron B. Dawnard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 511

BIRTH NO.

RECEIVED 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt #2 North.

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): E.
c. (Last): Packer

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Iona, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Crofts — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Walker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Elmer S. Packer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Lower Nephron Block — 10 days
DUE TO (c): Blood transfusion reaction — 10 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cholecystectomy — 10 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Chronic Cholelithiasis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1950, *to* Mar 7, 1952, *that I last saw the deceased alive on* ~~Feb 25, 1952~~ March 1952, *and that death occurred at* 940 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Call (Degree or title) MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 3/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county): Iona Bonneville (State): Idaho

DATE REC'D BY LOCAL REG.: Mar 10. 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: 229 S. Garfield Ida. Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 959
Local Reg. No. 94
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED MAR 18 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3625 McKinley Avenue

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) B. c. (Last) WHITE

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1907

9. AGE (In years last birthday): 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Signs

11. BIRTHPLACE (State or foreign country): London, Ontario Canada

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William White BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Llewella Higgins BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Mary E. White ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture base of skull & cerebral hemorrhage
DUE TO (c) Fall from 8 ft ladder on cement

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 9 52 2p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell from stepladder

22. *I hereby certify that I attended the deceased from* March 9, 1952, *to* March 9, 1952, *that I last saw the deceased alive on* Mar. 9 1952, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] **23b. ADDRESS**: Pocatello, Idaho **23c. DATE SIGNED**: Mar. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: March 12, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Mount Moriah Cemetery **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Mar. 12, 1952 **REGISTRAR'S SIGNATURE**: Jessie L. Powell

25. FUNERAL DIRECTOR: Jack Henderson ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 560
Local Reg. No. 96
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 752 North 10th. Pocatello
d. STREET ADDRESS (If rural, give location): 752 North 10th.

3. NAME OF DECEASED (Type or Print): a. (First) Dellah b. (Middle) Frances Allison c. (Last) Hughes

4. DATE OF DEATH: (Month) (Day) (Year) March 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Princeton, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. B. Allison — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Poole — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Frank D Hughes — ADDRESS: 144 Pelom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Vaginal wall & Cervix — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) extension To Colon & bladder
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

1718

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Nov, 1951, *to* 10 March, 1952, *that I last saw the deceased alive on* 10 March, 1952, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold A. MacInnes M.D.
23b. ADDRESS: 417 E. Center Pocatello Idaho
23c. DATE SIGNED: 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 3-18-52
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Allen J. Hansen — ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. McInnes

Certificate of Death

STATE OF IDAHO

State File No. 881
Local Reg. No. 98
Reg. Dist. No. 5-11

BIRTH NO. R[illegible] MAR 13 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print)
a. (First): Antone
b. (Middle): P.
c. (Last): Stewart

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 26, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Benjamin, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Franklin Stewart
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Ploughman
BIRTHPLACE: Copenhagen, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Russell Stewart
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary edema & Pneumonia
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Decomp
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Hypertrophy

19a. DATE OF OPERATION: 8 March '52
19b. MAJOR FINDINGS OF OPERATION: Hydrops of L Bladder & Stone + Infection
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1950, *to* March 11, 1952, *that I last saw the deceased alive on* 11 March, 1952, *and that death occurred at* 9:54 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth A. McInnes (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 3 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-18-52
REGISTRAR'S SIGNATURE: Josie J. Powell

25. FUNERAL DIRECTOR: Allen J. Bunning
ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 862
Local Reg. No. 10
Reg. Dist. No. 3-10

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 180 Idaho St.,

3. NAME OF DECEASED (Type or Print): a. (First) IRENE b. (Middle) WHITAKER c. (Last) HUNT

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F.	W.	widowed	Sept. 2, 1888	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Neeley Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Neeley — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Christina Nelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. A. W. Gordon — ADDRESS: Pocatello Id.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

252.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thyrotoxicosis
DUE TO (c) Multiple Adenomata Thyroid

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Adenomatous Thyroid Changes.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/9, 1952, *to* 3/12, 1952, *that I last saw the deceased alive on* 3/12, 1952, *and that death occurred at* 12:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. E. Merrell, MD
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED: 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-15-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-16-52
REGISTRAR'S SIGNATURE: Josie L. Powell
25. FUNERAL DIRECTOR: Byron B. Dunard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 863
Local Reg. No. 106
Reg. Dist. No. 510

RECEIVED
MAR 27 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Nudene Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence; b. (Middle) Stubbs; c. (Last) Evans

4. DATE OF DEATH: (Month) March, (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: December 6 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Plant

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward E. Evans
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Hephcibah Stubbs
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 720-03-1944

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull.
INTERVAL BETWEEN ONSET AND DEATH: 20 M.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Center St. Subway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 3-15 *19*52, *to* 3-15, *1952, that I last saw the deceased alive on* 3-15-, *1952, and that death occurred at* 12:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE: N. F. Hastreiter M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 15 52
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: 3-26-52
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Byron B. Barnard
ADDRESS: Pocatello Delay

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 864
Local Reg. No. 103
Reg. Dist. No. 510

RECEIVED MAR 22 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 422 S. Fifth St

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): BLANCHE IRENE CARR

4. DATE OF DEATH (Month) (Day) (Year): March, 16, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 25, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Chicago Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William R. Forbes — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Kate Walsh — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Emery P. Carr — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 3, 1952, *to* Mar 16, 1952, *that I last saw the deceased alive on* Mar 16, 1952, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Howard M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-52
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-20-1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D.C. Ray.

Certificate of Death

STATE OF IDAHO

State File No. 885
Local Reg. No. 108
Reg. Dist. No. 5-10

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 184 South Idaho Street.

3. NAME OF DECEASED (Type or Print): a. (First) Winnie b. (Middle) Bullock c. (Last) Christofferson

4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Providence, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Winnie Christofferson — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardeles — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1951, *to* 3-20, 1952, *that I last saw the deceased alive on* 3-20, 1952 *and that death occurred at* 1915 m., *from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray (Degree or title) M D
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 3-22-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: 3-26-52
REGISTRAR'S SIGNATURE: Josie L. Powell
25. FUNERAL DIRECTOR: Allen L. Manning
ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 566
Local Reg. No. 109
Reg. Dist. No. 5-11

Dr. Olsen.

BIRTH NO. 11-52-[illegible] 19

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Lloyd
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): 3 - 21 - 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nev. married

8. DATE OF BIRTH: 3 - 18 - 52

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Lloyd Day
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Utahna Ashton
BIRTHPLACE: Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Utahna Lloyd Day
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-18, 1952, *to* 3-21, 1952, *that I last saw the deceased alive on* 3-20, 1952, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Olsen M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 3-22-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): 3-21-52
24b. DATE: Burial
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 3-26-52
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Hall-Grant Mortuary
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 28 1952 OF

Certificate of Death

STATE OF IDAHO

State File No. 867
Local Reg. No. 110
Reg. Dist. No. 5-10

BIRTH NO. 01

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 444 S. Third

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 444 S. Third St.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): MARY C. McDERMOTT O'ROURKE

4. DATE OF DEATH: (Month) (Day) (Year): March, 22, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct., 25, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): County Down Ireland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Owen Hanratty — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Kinney — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Peter McDermott — ADDRESS: Pocatello Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 yr.
DUE TO (c) Generalized Arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-1, 1951, *to* 3-22, 1952, *that I last saw the deceased alive on* 3-22, 1952, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller (Degree or title): MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-27-52
REGISTRAR'S SIGNATURE: Jonie 2- Powell
25. FUNERAL DIRECTOR: Byron B. Daynard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 528
Local Reg. No. 111
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1257 N. Harrison

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) MILNER c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) March, 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	June 15, 1891	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	U.P.R.R.	Sacramento Cal.,	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Milner	England	Emma	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	—	Mrs Anne Milner	Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Viral Pneumonia, Bi lateral — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Coronary thrombosis, Severe — 1 month
(2) Arteriosclerotic Cardio-Vascular disease — yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-1, 1952, *to* 3-23, 1952, *that I last saw the deceased alive on* 3-23, 1952, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller MD	Pocatello, Idaho	3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-26-52	Mountain View	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-27-52	Jessie L. Powell	Byron B. Leonard	Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Certificate of Death

STATE OF IDAHO

State File No. 869
Local Reg. No. 112
Reg. Dist. No. 5-10

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 724 South 3rd Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 724 South 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Alta; b. (Middle) Humphrey; c. (Last) Townsend

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 7, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Champaign, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Humphrey
BIRTHPLACE: No Data

14. MOTHER'S MAIDEN NAME: Mary Yazell
BIRTHPLACE: No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lee J. Townsend
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 19 40, *to* March 24, 19 52, *that I last saw the deceased alive on* March 24, 19 52, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): RC Howard MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 26, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Mar. 26, 1952
REGISTRAR'S SIGNATURE: Jessie D. Powell
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 113
Reg. Dist. No. 5-11

111-52-02610
BIRTH NO.

APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Ida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Linda b. (Middle) Lee c. (Last) Appel

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 18 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Enos Appel — BIRTHPLACE: Moreland, Idaho.

14. MOTHER'S MAIDEN NAME: Pearl Hansen — BIRTHPLACE: Pocatello Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Enos Appel — ADDRESS: Am. Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

921.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of Vomitus into tracheobronchial passages. — INTERVAL BETWEEN ONSET AND DEATH: Minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity. — 7 Days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-18, 1952, *to* 3-25, 1952, *that I last saw the deceased alive on* 3-25, 1952, *and that death occurred at* 4:08 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Olsen, M.D. — **23b. ADDRESS**: Pocatello, Idaho. — **23c. DATE SIGNED**: 3-27-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 26-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Fairview — **24d. LOCATION** (City, town, or county) (State): Am. Falls Idaho.

DATE REC'D BY LOCAL REG.: 3-28-52 — **REGISTRAR'S SIGNATURE**: Josie D. Powell

25. FUNERAL DIRECTOR: H. L. Dorris — **ADDRESS**: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 871
Local Reg. No. 11
Reg. Dist. No. 2-11

111-52-02650
BIRTH NO. APR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R.F.D. Hawthorne Rd.

3. NAME OF DECEASED (Type or Print): a. (First) BONNIE b. (Middle) Jean c. (Last) COOPER

4. DATE OF DEATH (Month) (Day) (Year): Mar., 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Single	March 30, 1952	0	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Cooper — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Afton Coley — BIRTHPLACE: Logan Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John Cooper — ADDRESS: Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital anomalies — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Large bowel, heart
DUE TO (c) kidneys, ureters, bladder.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ureters.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph B. Hegstie M.D. (Degree or title) — 23b. ADDRESS: Pocatello. Idaho — 23c. DATE SIGNED: 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 4-2-52 — 24c. NAME OF CEMETERY OR CREMATORY: Logan — 24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: Apr. 10. 1952 — REGISTRAR'S SIGNATURE: Jessie L. Powell — 25. FUNERAL DIRECTOR: Byron B. Durrard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 75
Local Reg. No. 511
Reg. Dist. No. 117

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): APROXIMATELY 2 MILES EAST OF LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ABOVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS, IDAHO
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) LOU c. (Last) VALINO

4. DATE OF DEATH (Month) (Day) (Year): APROX. FEB. 20, 1952

5. SEX: MALE
6. COLOR OR RACE: INDIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: DEC. 27, 1929
9. AGE (In years last birthday): 23. IF UNDER 1 YEAR Months 2 Days 6. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECTION HAND LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): FARMINGTON NEW MEXICO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK VALINO BIRTHPLACE: NAGEEZI, NEW MEXICO
14. MOTHER'S MAIDEN NAME: SARAH BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Union Pacific Railroad Records ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably accidental
~~DUE TO~~ (c) Found in Portney River.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Probably accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blazer Bannock Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W. Hall (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: April 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APRIL 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: NAGEEZI, CEMETERY
24d. LOCATION (City, town, or county) (State): NAGEEZI NEW MEXICO

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Jessie T. Powell
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 9J—
Reg. Dist. No. J-11

BIRTH NO.

RECEIVED
JAN 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) WILLIAM c. (Last) SWIM

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 18, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Americus, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Swim
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Laura Curtis
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Hazel Swim
ADDRESS: Lava Hot Springs, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — 420.1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: unknown Immediate death

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Workman M.D.

23b. ADDRESS: Lava Hot Springs, Idaho

23c. DATE SIGNED: Mar. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: March 12, 1952

REGISTRAR'S SIGNATURE: Josie J. Powell

25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 102
Reg. Dist. No. 5-11

BIRTH NO.

MAR 22 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Josephine; b. (Middle) Euphemia; c. (Last) Hooper

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 16, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kanosh, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Nelson Avery
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sarah Josephine Roberts
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ida C. Hooper
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 3/11, 1952 *that I last saw the deceased alive on* 3/9, 1952, *and that death occurred at* 8:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Bjorkman M.D.
23b. ADDRESS: Lava Hot Springs
23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: 3-21-52
REGISTRAR'S SIGNATURE: Josie D. Powell
25. FUNERAL DIRECTOR: Allen J. Mannin
ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 75
Local Reg. No. 97
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED
MAR 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs,
d. STREET ADDRESS (If rural, give location): White Stone Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Samuel	Tilden	Clark	March 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 27, 1876	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Trucking Business	Hauling-Transportation	Sadorus, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Harrison Clark	Louisville, Ky.	Amelia Harrison	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-03-2177	Martha E. Boyle	Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Herniorrhaphy with excessive bleeding — 1 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/4/52	Grossly enlarged spleen -	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March 11, 1952, *that I last saw the deceased alive on* 3/11, 1952, *and that death occurred at* 3:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Horace H. Byrkman M.D.	Lava Hot Springs, Idaho.	3/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial-Removal	Mar. 14, 1952	Grove City Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/18/52	Jessie J. Powell	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Newton

Certificate of Death

STATE OF IDAHO

State File No. 75
Local Reg. No. 107
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Ellen Cahoon	Tolman	March 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 3, 1870	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Brigham City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rais Bell Carson Reynolds Cahoon	Illinois	Mary Charlotte Johnson Jackson	City Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		X G. T. Tolman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 4-5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Colitis Chronic — 6-8 yrs
DUE TO (c) Cholelithiasis Cholecystitis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 10, 1952 *to* Mch 19, 1952, *that I last saw the deceased alive on* Mch 19, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Newton M.D.	Pocatello, Idaho	3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-22-52	Inkom Cemetery	Inkom Bannock Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-26-52	Josie D. Powell	Allen J. Manning	Hall-Grant Mortuary 229 South Garfield

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 577
Local Reg. No. 116
Reg. Dist. No. 5-11

BIRTH NO. APR 11 195?

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): 1 Block No. West of Public School

3. NAME OF DECEASED (Type or Print): a. (First) Gotlob b. (Middle) c. (Last) Wanner

4. DATE OF DEATH: (Month) (Day) (Year) March 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John George Wanner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Marie Schmid
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Jesse W. Wanner ADDRESS: Inkom

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — 2 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 5, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 5, 1950, *to* March 25, 1952, *that I last saw the deceased alive on* Feb 10, 1952, *and that death occurred at* Mar 25 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Greene, M. D. (Degree or title)

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 29, 52

24c. NAME OF CEMETERY OR CREMATORY: Inkom

24d. LOCATION (City, town, or county) (State): Inkom Bannock Idaho

DATE REC'D BY LOCAL REG.: 4-10-52

REGISTRAR'S SIGNATURE: Jessie J. Powell

25. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: Hall-Grant Mortuary
229 So Garfield
Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 876
Local Reg. No. 114
Reg. Dist. No. 5-11

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
c. LENGTH OF STAY (in this place): 5yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Tommy
b. (Middle): Elizabeth
c. (Last): Young.

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: May 27-1879

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 9 | Days: 29 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calhoun, Tenn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E Lasater
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Sally Brooks
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Mrs Gilbert Jacks
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 4208 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized arteriosclerosis — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1952, *to* 3-25, 1952, *that I last saw the deceased alive on* 3-26, 1952, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R L Crandall (Degree or title): M D
23b. ADDRESS: 804 E. Center Pocatello Ida
23c. DATE SIGNED: 29 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-3
24b. DATE: 3-29-52
24c. NAME OF CEMETERY OR CREMATORY: Fallaview
24d. LOCATION (City, town, or county) (State): American Falls Idaho.

DATE REC'D BY LOCAL REG.: 4-10-52
REGISTRAR'S SIGNATURE: Jessie L Powell
25. FUNERAL DIRECTOR: [illegible] ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 570
Local Reg. No. [illegible]
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 26
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sharon Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Vonda b. (Middle) Adelia c. (Last) King

4. DATE OF DEATH (Month) Mar (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 25 1911
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lanark Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Orr BIRTHPLACE Sharon Idaho
14. MOTHER'S MAIDEN NAME Clara Watkins BIRTHPLACE Lanark Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or Unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE, ADDRESS Lawrence King

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder — INTERVAL BETWEEN ONSET AND DEATH 10 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Dec, 1950, *to* 1 Mar, 1952, *that I last saw the deceased alive on* 1 Mar, 1952, *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Lawrence Tigert Jr. (Degree or title) M.D.
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 19 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 5 1952
NAME OF CEMETERY OR CREMATORY Sharon Idaho
24d. LOCATION (City, town, or county) (State) Sharon Idaho

DATE REC'D BY LOCAL REG. 3/22/52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 880
Local Reg. No.
Reg. Dist. No. 502

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harriet b. (Middle) Eliza c. (Last) Bacon

4. DATE OF DEATH (Month) (Day) (Year) Mar 1 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Apr. 6 1865

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John S. Skinner — BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Lorne Bacon — ADDRESS Georgetown Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Dec *, 19* 51 *, to* 1 Mar *, 19* 52 *, that I last saw the deceased alive on* 1 March *, 19* 52 *, and that death occurred at* 9 a - *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Samuel Egbert Jr. M.D.

23b. ADDRESS Montpelier Idaho

23c. DATE SIGNED 19 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar 4 1952

NAME OF CEMETERY OR CREMATORY Skinner Cemetery

24d. LOCATION (City, town, or county) (State) Nounan Idaho

DATE REC'D BY LOCAL REG. 3/20/52

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Montpelier Ida. Nile Matthews — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 3 1952

Certificate of Death

STATE OF IDAHO

State File No. 481
Local Reg. No. 2752
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Ester c. (Last) Dorney

4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1952.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 30, 1870
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Blaser BIRTHPLACE France
14. MOTHER'S MAIDEN NAME Elizabeth Lark BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Gladys Hirsche ADDRESS Genesa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation Heart — INTERVAL BETWEEN ONSET AND DEATH 10 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 3 mos.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1951, *to* Mar 7, 1952, *that I last saw the deceased alive on* March, 1952 *and that death occurred at* 8 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE N. Hoeing (Degree or title) MD
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 11 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 3/11/52
REGISTRAR'S SIGNATURE N. Hoeing
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 882
Local Reg. No.
Reg. Dist. No. 552

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) Kunz.

4. DATE OF DEATH (Month) Mar. (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 14, 1865.
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Niederstocken Switzerland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME John Kunz III BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Magdalena Strudubhaar BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Willard R. Kunz ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

463.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, 1952, *to* March 15, 1952, *that I last saw the deceased alive on* March 14, 1952 *and that death occurred at* 2:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Reed G. Rich, M.D. (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 3-19-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 18 1952
24c. NAME OF CEMETERY OR CREMATORY Bern Cemetery
24d. LOCATION (City, town, or county) (State) Bern Idaho.

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE N. N. Kunz
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 483
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Nona b. (Middle) Maria Wright c. (Last) Price

4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1952.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 20, 1931.
9. AGE (In years last birthday) 20 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bennington Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Conover Wright BIRTHPLACE Bennington Idaho
14. MOTHER'S MAIDEN NAME Lenore Rich BIRTHPLACE St. Charles Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Not (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-38-6457
17. INFORMANT'S OWN SIGNATURE Conover Wright ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

578X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Exploratory Operation - removal of clots
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1952 *to* March 21, 1952 *that I last saw the deceased alive on* March 21, 1952 *and that death occurred at* 10:13 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich Md (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 26, 1952
24c. NAME OF CEMETERY OR CREMATORY Bennington Cemetery
24d. LOCATION (City, town, or county) (State) Bennington Idaho

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE N. Norring
25. FUNERAL DIRECTOR Pile Matthews ADDRESS Montpelier, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 594
Reg. Dist. No. 552

RECEIVED
APR 10 1952
BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elvier		Passey	Mar. 28, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	Feb 13 1892	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Montana Power Co. The Utah Power & Light Co.	Paris Idaho.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Passey	England	Elizabeth Clifton	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Elva Passey	Ogden Utah.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Heart attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) died in his sleep
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
434.3
Coroners Verdict

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vile Matthews Coroner	Montpelier Idaho	3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Apr. 1 1952	Paris Cemetery	Paris Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/1/52	A. Passey	Vile Matthews	Montpelier, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 885
Local Reg. No. 10
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warnke's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Warnke's

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Michael
c. (Last): Lavette

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 11, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger
10b. KIND OF BUSINESS OR INDUSTRY: Woods
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Blanche Phillips — ADDRESS: Adlon Hotel Spokane Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Intestinal bleeding probably due to G.I. malignancy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Feb 29, 1952, *that I last saw the deceased alive on* Feb 29, 1952, *and that death occurred at* 4 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title): M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 3/3/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: N. E. Wessa — ADDRESS: St. Maries, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 556
Local Reg. No. 11
Reg. Dist. No. 130

BIRTH NO. 52-6035 MAR 31 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Shirleen; b. (Middle) Carol; c. (Last) Mort

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 15 March 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months; Days: 4; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Springston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Keith Mort — BIRTHPLACE: Twin Falls, Idaho

14. MOTHER'S MAIDEN NAME: Bonnitta Ellen Eppers — BIRTHPLACE: Salem, Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Keith L. Mort — ADDRESS: Springston Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 18, 1952, *to* Mar 19, 1952, *that I last saw the deceased alive on* Mar 19, 1952 *and that death occurred at* 4:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp — (Degree or title): MD

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 20 Mar. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 22 Mar. 1952

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 3/22/52

REGISTRAR'S SIGNATURE: Casper L. Brebner

25. FUNERAL DIRECTOR: R. E. Wells — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. S.C.F.
Local Reg. No. 12
Reg. Dist. No. 130

BIRTH NO.

MAR 31 1952

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): In route to St. Maries

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkia

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louise	Ellen	Esterl	Mar. 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Sept. 30, 1951	0	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Maries Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Oswald J. Esterl — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Elizabeth T. Cosgrove — BIRTHPLACE: S. Dak.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Oswald J. Esterl — ADDRESS: Clarkia, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental suffocation & strangulation — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

924.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clarkia Shoshone Ida — Died in Benewah Co. enroute to hospital.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Suffocation & strangulation in bed.

22. *I hereby certify that I attended the deceased from* Mar 20, 1952, *to* Mar 20, 1952, *that I last saw the deceased alive on* Mar 20, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Longnecker, M.D. M. D.	St. Maries, Idaho	3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-22-52	Woodlawn	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/22/52	Esper L. Brebner	J. P. E. Wenz	St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 56
Local Reg. No. 45
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 24 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 260 S. Birch St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 260 S. Birch St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Matilda
c. (Last): Buttcane

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 10, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Portage, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Wilford Gibbs, BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sophrona McCrary, BIRTHPLACE: Willard, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ray Buttcane ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3533

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma lung metastatic

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1950, *to* March 7, 1952, *that I last saw the deceased alive on* March 7, 1952, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Packer (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: March 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 11-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 580
Local Reg. No. 47
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 30 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 264 S. Meridian St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 264 S. Meridian St.

3. NAME OF DECEASED (Type or Print)
a. (First): JERRY
b. (Middle): WAYNE
c. (Last): WHITTEN

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 9, 1949
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wayne A. Whitten. BIRTHPLACE: Blackfoot - Idaho
14. MOTHER'S MAIDEN NAME: Loraine Parkin BIRTHPLACE: ~~Idaho~~ ~~Blackfoot~~ Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Loraine P. Whitten ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

501X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Acute laryngotracheobronchitis — 24 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: Mar. 17, 1952
19b. MAJOR FINDINGS OF OPERATION: As above.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 1952, *to* March 17, 1952, *that I last saw the deceased alive on* March 16, 1952, *and that death occurred at* about 6:00a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Zabrowski M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside- Thomas
24d. LOCATION (City, town, or county) (State): Bingham County, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 18-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 599
Local Reg. No. 29
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED APR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B lackfoot
d. STREET ADDRESS (If rural, give location): 250 South University Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Haslam
c. (Last): Bankhead

4. DATE OF DEATH (Month) (Day) (Year): March 28 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Potato Whse.
11. BIRTHPLACE (State or foreign country): Ashley, Uinta County, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Crosby Bankhead — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Lucy Elizabeth Haslam — BIRTHPLACE: Cedar City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-3778
17. INFORMANT'S OWN SIGNATURE: Agnes Bankhead — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Kidney stone — 7 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1952, *to* March 28, 1952, *that I last saw the deceased alive on* March 28, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Dean Packer MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: April 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial
24b. DATE: April 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hyrum Cemetery
24d. LOCATION (City, town, or county): Hyrum — (State): Utah

DATE REC'D BY LOCAL REG.: April 2-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 891
Local Reg. No. 42
Reg. Dist. No. 601

111-52-1488
BIRTH NO.

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eaton Maternity Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shellley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Carol
b. (Middle) Elaine
c. (Last) Sage

4. DATE OF DEATH (Month) March (Day) 3, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Babe
8. DATE OF BIRTH Feb. 23, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Edward Sage
BIRTHPLACE Boise, Idaho
14. MOTHER'S MAIDEN NAME Betty Lou McClaskey
BIRTHPLACE Idaho Falls, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S OWN SIGNATURE Robert Sage
ADDRESS Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.4 Congenital Heart Lesion — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 23, 1952 *to* Mar 3, 1952 *that I last saw the deceased alive on* Mar 3, 1952 *and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Shelley Ida
23c. DATE SIGNED 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-5-52
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cem.
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 3-6-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Lloyd M Walden
ADDRESS Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 892
Local Reg. No. 43
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B LACKFOOT
c. LENGTH OF STAY (in this place): 6mo, 9da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIMBERLEY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): READ

4. DATE OF DEATH (Month) (Day) (Year): MARCH 6, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 28, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): NEPHI, UTAH
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: ROBERT READ — BIRTHPLACE: NEPHI, UTAH
14. MOTHER'S MAIDEN NAME: JANE MCCOWAN — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 40 yrs.
DUE TO (c) Psychosis, Senile — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 26, 1951, *to* MARCH 6, 1952, *that I last saw the deceased alive on* MARCH 6, 1952, *and that death occurred at* 5:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title) M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.6.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/6/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Burley, Idaho.

DATE REC'D BY LOCAL REG.: Mar 6 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho. for Burley Funeral Home, Burley, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 95
Local Reg. No. 46
Reg. Dist. No. 6-1

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4 Y. 8M.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE; b. (Middle); c. (Last) SIMMONS

4. DATE OF DEATH: (Month) MARCH (Day) 11, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	MARRIED	JAN. 4, 1872	80	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SEWARD, NEBR.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES WILSON — BIRTHPLACE: NEW YORK
14. MOTHER'S MAIDEN NAME: LOCHELLE, — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ethel M. Simmons — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 20 "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* MAR. 11, 19 52, *that I last saw the deceased alive on* MAR. 11, 19 52, *and that death occurred at* 4:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague M.D.	State Hosp. S. Blackfoot	3.12.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar. 12, 1952		Weiser Idaho

DATE REC'D BY LOCAL REG.: Mar. 12-1952
REGISTRAR'S SIGNATURE: Mrs Valeria E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 894
Local Reg. No. 37
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED APR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Eugene
b. (Middle) Clifford
c. (Last) Brems

4. DATE OF DEATH (Month) (Day) (Year) March 13, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH July - 1900
9. AGE (In years last birthday) 51 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lehi Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Francis — BIRTHPLACE Brems
14. MOTHER'S MAIDEN NAME Louisa — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-1660
17. INFORMANT'S OWN SIGNATURE Trolier — ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 470 Trolier (Degree or title) Coroner
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-19-52
24c. NAME OF CEMETERY OR CREMATORY Blackfoot
24d. LOCATION (City, town, or county) Blackfoot Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 3-20-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Lloyd McNalder — ADDRESS Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 05
Local Reg. No. 51
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JUNE		MARTIN	MARCH 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	SINGLE	MAY 31,1868	83	9			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	OXFORD, OHIO	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	UNKNOWN	Records State Hospital South	Blackfoot, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 40 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 20 "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 5, 1927, *to* March 15, 1952, *that I last saw the deceased alive on* March 15, 1952, *and that death occurred at* 12:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Sprague	M.D.	State Hosp. So., Blackfoot, Idaho	3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation		Salt Lake Crematory	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 25,1952	Mrs. Walter E. Patrie	John C. Sandberg	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 51
Reg. Dist. No. 601

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 25 Yr. 10 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JUNE
b. (Middle):
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 15 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 31, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): OXFORD, OHIO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Carmine — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 40 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 20 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR 5, 1927, *to* MAR. 15, 1952, *that I last saw the deceased alive on* MAR. 15, 1952, *and that death occurred at* 12:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Theodore H. Sprague M. D.
23b. ADDRESS: State Hosp. So. Blackfoot Ida
23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-52
24c. NAME OF CEMETERY OR CREMATORY: St Hospital South Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Mar. 25, 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Fauvie
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

J. C. SANDBERG GRACE SANDBERG

SANDBERG FUNERAL HOME

214 SOUTH UNIVERSITY AVE.

AMBULANCE BLACKFOOT, IDAHO PHONE 224

April 19, 1952

APR 21 1952

Dept. of Public Health,
Bureau of Vital Statistics,
State House,
Boise, Idaho.

Gentlemen:

June Martin age 83 died at the Idaho State Hospital South, Blackfoot, Idaho on March 15, 1952. Instructions were to contact her nephew, George S. Martin, Sioux Pass, Montana to make arrangements for cremation following her death.

The remains were embalmed and held for 10 days but we could make no contact with relatives. She was given temporary entombment (Burial) on March 25, 1952. Several days later I received word from George S. Martin that he had been snowed in and had not recieved word of the death untill about two weeks after.

He still desires to follow instructions and have cremation. We are shipping the remains today to Salt Lake Memorial Mausoleum Association Crematory.

Will you please make the correction on your Certificate of Death which was filed about March 25, 1952 to read cremation in Salt Lake City, Utah instead of Burial in State Hospital South Cemetery.

She had been a patient of the hospital more than twenty five yeafs and we thought that perhaps her relations had died or moved to other parts and would not desire to follow her wishes.

In reading the law on burials it is may understanding that burials of less than 30 (Thirty) days are considered Temporary Burials(or Entombment) and does not require the otherwise necessary "Disinterment Permit".

I am asking Mrs. W. E. Patrie to issue the Burial-Transit Permit for transportation ~~and~~ to and cremation at Salt Lake City, Utah.

Please advise me if I am not following proper proceedure.

Very truly yours,

J. C. Sandberg.

Certificate of Death

STATE OF IDAHO

State File No. 896
Local Reg. No. 46
Reg. Dist. No. 601

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMBRIDGE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): ROBINSON

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 10, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 4 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: PRESTON P. LUNDELL
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subacute Bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Congenital Cardiac Deformity — 56 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia, Infective — 4 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* FEB. 20, 19 52, *to* Mar. 16, 19 52 *that I last saw the deceased alive on* Mar. 16, 19 52, *and that death occurred at* 12:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 3.17.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Mar. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Weiser, Washington, Idaho

DATE REC'D BY LOCAL REG.: Mar. 19. 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

State File No. 605
Local Reg. No. 49
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5mo 4da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): ROSENE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 17 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: MAR. 9 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ROCK ISLAND, ILL.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: ALINUS ROSENE — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: SOPHIA ROSENE — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous Apoplexy — ?
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychopathic Personality — ? -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 13, 1951, *to* MAR. 17, 1952, *that I last saw the deceased alive on* MAR. 17, 1952, *and that death occurred at* 12:N *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague — (Degree or title): M. D.
23b. ADDRESS: State Hosp. So., Blackfoot Ida
23c. DATE SIGNED: 3.18.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Ada Cty., Idaho

DATE REC'D BY LOCAL REG.: Mar. 18 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Pickham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 898
Local Reg. No. 50
Reg. Dist. No. 601

BIRTH NO.

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
c. LENGTH OF STAY (in this place): 55 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosetta	M.	Crouch	March 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 7, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Cottonwood, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Wolfley-	Bern, Switzerland	Magdaline Shearm	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Nora Peterson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-18, 1952 *to* 3-20, 1952, *that I last saw the deceased alive on* 3-20, 1952, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Humphreys	M. D.	Blackfoot, Idaho.	3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/22/52	Moreland Cemetery	Moreland, Bingham Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 22-1952.	Mrs Wales E. Peterson	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 596
Local Reg. No. 52
Reg. Dist. No. 601

BIRTH NO. MAR 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3, Rich Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location): Route #3, Rich Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Moroni
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 3, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Murray, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Sylvester Turner — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Flora E. Bullock — BIRTHPLACE: Murray, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Tula Turner — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* March 20, 1952, *that I last saw the deceased alive on* October, 1951, *and that death occurred at* 6 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Merrill Packer (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Mar. 28-1952
REGISTRAR'S SIGNATURE: M/s Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Pickham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 004
Local Reg. No. 2
Reg. Dist. No. 602
BIRTH NO. 952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) M. c. (Last) Livingstone

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 1, 1876

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: 10 | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Almy, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John M. Livingstone — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Marian Kennedy — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: A E Livingstone — ADDRESS: Aberdeen, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 42 2X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular renal disease — 3 days
DUE TO (c) Arteriolarsclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
15 years

19a. DATE OF OPERATION: none

19b MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 19 49, *to* March 22, 19 52, *that I last saw the deceased alive on* March 22, 19 52, *and that death occurred at* 11:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Harms M.D. — **23b. ADDRESS**: Aberdeen, Idaho. — **23c. DATE SIGNED**: 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3-27-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Aberdeen Cemetery — **24d. LOCATION** (City, town, or county) (State): Aberdeen, Idaho. Bingham Co.

DATE REC'D BY LOCAL REG.: 3-25-52 — **REGISTRAR'S SIGNATURE**: L. L. Harms. — **25. FUNERAL DIRECTOR**: John C. Sandberg, Blackfoot Idaho. — **ADDRESS**:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 901
Local Reg. No. 53
Reg. Dist. No. 6 a E

BIRTH NO. MAR 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1MO, 15 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): WILFORD
b. (Middle): E.
c. (Last): RACHER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 22, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 63 ABT. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 05
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver (Gastric Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Pyelonephritis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Toxic Delirium — 3 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 2, 1952, *to* MAR. 22, 1952, *that I last saw the deceased alive on* MAR. 22, 1952, *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague 4-4 (Degree or title) M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.24.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 Mar 52
24c. NAME OF CEMETERY OR CREMATORY: Hospital South
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Mar. 25, 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. [illegible] DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

MAR 31 1952

STATE OF IDAHO

State File No. 902
Local Reg. No. 54
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 8yr, 8mo, 20da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): ULRICA
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 23, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 11, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LOGAN, UTAH
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH 300.3
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 25 "
DUE TO (c): Paranoid Schizophrenia — 25 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 19 43, *to* 3-23, 19 52 *that I last saw the deceased alive on* MAR. 23, 19 52, *and that death occurred at* 11:02Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Sprague M.D. (Degree or title) 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.24.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-24-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Mar. 24-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: Pocatello Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

APR 11 1952

State File No. 903
Local Reg. No. 58
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): SAM
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 24, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 7-22-1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: JULIA DESERT — BIRTHPLACE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 25 yrs.
DUE TO (c): Psychosis, Senile — 2 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 11, 1952, *to* MAR. 24, 1952, *that I last saw the deceased alive on* MAR. 24, 1952, *and that death occurred at* 3:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles Sprague (Degree or title): M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3. 24. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-26-52
24c. NAME OF CEMETERY OR CREMATORY: Ogden
24d. LOCATION (City, town, or county) (State): Weber Utah

DATE REC'D BY LOCAL REG.: Mar. 26-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 904
Local Reg. No. 53
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4mo, 6da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE H OSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDA HO
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REXBURG
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): FRIEND
b. (Middle):
c. (Last): GEE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 25, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 22, 1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 9, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC 10
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): REXBURG, IDA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN GEE — BIRTHPLACE: TOELLE, UTAH
14. MOTHER'S MAIDEN NAME: OLIVE WINN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

576X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis, Plastic (TB?) — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Malnutrition — 1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1951, *to* 3-25, 1952, *that I last saw the deceased alive on* 3-25, 1952 *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague, M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.26.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-26-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: Mar 26 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Fannie
25. FUNERAL DIRECTOR: John C. Sandberg for Weiser Funeral Home, Rexburg.
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 805
Local Reg. No.
Reg. Dist. No. 601

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, Rose

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Blackfoot
d. STREET ADDRESS (If rural, give location): Route #1, Rose

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Delwin
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): Mar. 27, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Sept. 9, 1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 57
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME: James G. Johnston — BIRTHPLACE: Graemsey, Scotland
14. MOTHER'S MAIDEN NAME: Kate E. Bennett — BIRTHPLACE: Kaysville, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W W 11
16. SOCIAL SECURITY NO.: 519-18-6580
17. INFORMANT'S OWN SIGNATURE: Norma J. Lambert — ADDRESS: Blackfoot

18. CAUSE OF DEATH 581.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: 77 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis, haennic's — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1951, *to* MAR 27, 1952, *that I last saw the deceased alive on* MAR 27, 1952, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. V. Zabuskie 547 (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Mar. 29-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 836
Local Reg. No. 12
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey Rural
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Carey
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Ray c. (Last) Mecham

4. DATE OF DEATH: (Month) (Day) (Year) March 20 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: Jan. 5-1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 2 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Carey - Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace Cloyd Mecham
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Beatrice Hunt
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: W. Clay Mecham
ADDRESS: Carey - Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Child stood fallen
DUE TO (c) was playing & fell

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

900.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Carey (COUNTY) Idaho (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) March 20, 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? was playing & fell

22. *I hereby certify that I attended the deceased from* Mar 20, 1952, *to* Mar 20, 1952, *that I last saw the deceased alive on* Mar 20, 1952, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Carey Idaho
23c. DATE SIGNED: Mar 24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24-52
24c. NAME OF CEMETERY OR CREMATORY: Carey - Cemetary
24d. LOCATION (City, town, or county) (State): Carey - Idaho

DATE REC'D BY LOCAL REG.: 3/28/52
REGISTRAR'S SIGNATURE: Robert A. Wright - Reg.

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco
F.D. # 19

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 410

BIRTH NO.

STATE OF IDAHO

OTHER

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (in this place) 2 YRS
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location)

2. ~~USUAL~~ RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~IDAHO~~ Oregon
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ONTARIO,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MAY c. (Last) SEVEY

4. DATE OF DEATH (Month) (Day) (Year) 3-21-52

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ARTHUR
8. DATE OF BIRTH JUNE 8, 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Monroe, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Moses Gifford BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME SARAH PRICE BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S OWN SIGNATURE Lela B. Shurtz. ADDRESS Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Ventricular Failure — 48 hrs.
DUE TO (c) Hypertensive and Asel HD Class III

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ① Senility ② Anuria - 36 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 19, 1952, *to* Mar 21, 1952, *that I last saw the deceased alive on* Mar 20, 1952, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Royal S. Cutler (Degree or title) M.D.
23b. ADDRESS Sun Valley, Idaho
23c. DATE SIGNED 31 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify) 3
24b. DATE 3-24-1952
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Haggerman,
24d. LOCATION (City, town, or county) (State) Haggerman Idaho,

DATE REC'D BY LOCAL REG. Apr. 8-1952
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Kay McGoldrick ADDRESS Hailey.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 908
Local Reg. No. 14
Reg. Dist. No. 410

BIRTH NO.

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey,
c. LENGTH OF STAY (in this place) 2 1/2 DAYS
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location) HAILEY CLINICAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) MADELINE c. (Last) SCHARFF

4. DATE OF DEATH (Month) (Day) (Year) 3-29-52

5. SEX FEMALE
6. COLOR OR RACE W.
7. ~~MARRIED~~, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WILLIAM
8. DATE OF BIRTH 7-28-1882
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 8 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MAYVILLE WIS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME AGUSTA HECKERT — BIRTHPLACE GERMANY
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE W. H. Scharff — ADDRESS Twin Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 15 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 15 years
DUE TO (c) Hypertension — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 29 March 1952, *that I last saw the deceased alive on* 29 March 1952, *and that death occurred at* 3:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 5 April 52

24a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)
24b. DATE 3-31-52
24c. NAME OF CEMETERY OR CREMATORY Bellevue
24d. LOCATION (City, town, or county) Bellevue, Idaho (State)

DATE REC'D BY LOCAL REG. Apr-8-1952
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick — ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 003
Local Reg. No. 22
Reg. Dist. No. 1/0

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 504 North Forest Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 504 North Forest Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Lulu; b. (Middle) E.; c. (Last) Drew

4. DATE OF DEATH: (Month) (Day) (Year) March 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11/18/1877

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Home Dept. Store

11. BIRTHPLACE (State or foreign country): Syracuse, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sylvanius Merrill — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Lulu E. Merrill — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: V. Elizabeth H. Carnahan — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio Sclerosis & hypertension — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis — 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 20, 1952 *to* Mch 1, 1952, *that I last saw the deceased alive on* Feby 28, 1952, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler 431 MD (Degree or title)

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/3/52

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Mar. 3-1952

REGISTRAR'S SIGNATURE: Merlene F. Miley

25. FUNERAL DIRECTOR — ADDRESS: L. G. Moon Jr. Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 210
Local Reg. No. 24
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 511 North Second Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Letcher; c. (Last) Roberts

4. DATE OF DEATH: (Month) (Day) (Year): 3/2/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/23/1905
9. AGE (In years last birthday): 46 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scaler
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Audrain County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Homer Roberts — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Rose Ethel Creed — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-8525
17. INFORMANT'S OWN SIGNATURE: Ruth Roberts — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

910.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Logging Accident — INTERVAL BETWEEN ONSET AND DEATH: 3/1/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shock
DUE TO (c): Crushing under log

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Saw mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Colburn, Bonner, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 1 52 1145 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Log fell from load crushing pt

22. *I hereby certify that I attended the deceased from* 3/1, 1952, *to* 3/2, 1952, *that I last saw the deceased alive on* 3/2, 1952, *and that death occurred at* 4 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Kincaid 440 (Degree or title): MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/52
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Mar-7-1952
REGISTRAR'S SIGNATURE: Marlene H. Miley
25. FUNERAL DIRECTOR — ADDRESS: L G Moon Jr. Moon Funeral Home, Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 911
Local Reg. No. 29
Reg. Dist. No. 110

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint,
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl		Tibbs	3-27-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	5-15-1886	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
? Pender	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	V. Richard D. Tibbs	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon with widespread — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastases — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951	Inoperable cancer of colon (surgery in Spokane, Wn.)	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 11, 1952, *to* March 27 1952, *that I last saw the deceased alive on* March 27, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helen E. Stinson 308	M.D.	Sandpoint - Idaho	3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-2-52 01	Hope Cemetery	Hope, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 31-1952	Merlene N. Miley	L. G. Moon	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. APR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 912
Local Reg. No. 31
Reg. Dist. No. 110

1. PLACE OF DEATH
a. COUNTY: BONNER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): SANDPOINT
c. LENGTH OF STAY IN THIS CITY OR TOWN: 21 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 North Second Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SANDPOINT
d. STREET ADDRESS (If rural, give location): 431 SOUTH EUCLID AVE

3. NAME OF DECEASED (Type or Print): a. (First) JOE b. (Middle) KEMPF c. (Last) BISHOP

4. DATE OF DEATH: (Month) MARCH (Day) 29, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 27th, 1916

9. AGE (In years last birthday): 35 YRS. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TIMBER MANAGEMENT

10b. KIND OF BUSINESS OR INDUSTRY: U.S. FOREST SERVICE

11. BIRTHPLACE (State or foreign country): MULLAN, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LOUIS A. BISHOP BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: CLARA LOUISE KEMPF BIRTHPLACE: INDIANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): YES (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 518-05-2153

17. INFORMANT'S OWN SIGNATURE: Opal A. Bishop ADDRESS: Sandpoint, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that ~~I attended~~ the deceased from _____, 19____, to _____, 19____, ~~that I last saw~~ the deceased alive on* Mar 29, 1952, *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. G. Moon Jr. (Degree or title): Coroner

23b. ADDRESS: Sandpoint, Idaho.

23c. DATE SIGNED: Mar. 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-31-1952

24c. NAME OF CEMETERY OR CREMATORY: Henry Merchant Funeral Home Clarkston Wn.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Apr. 2-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L. G. Moon Jr. ADDRESS: Sandpoint Idaho

L. G. Moon Jr. Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 913
Local Reg. No. 36
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
APR 7 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Martin	Edeman	3-29-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	6-9-1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor "	Hotel	Yellow Springs, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Edeman	Unobtainable	Gertrude Ekman	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-14-5270	Ida. Dept of Public Assistance rec'd	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypertrophied Prostate — 3 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mch 14, 1952 *to* Mch 29, 1952, *that I last saw the deceased alive on* Mch 29, 1952, *and that death occurred at* 2½ P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
431 W F Tyler MD	Sandpoint Idaho	Apr 8 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-8-52	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 12-1952	Merlene H. Miley	Clyde Chatfield	Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 914
Local Reg. No. 23
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork, Idaho
c. LENGTH OF STAY (in this place): Approx 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fay b. (Middle) George c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer 66
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering Ind.
11. BIRTHPLACE (State or foreign country): Smead, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Carter — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Florence McKeeby — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 518-05-4813
17. INFORMANT'S OWN SIGNATURE: Mrs Margaret Carter — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 18, 1952, *to* Feb 25, 1952, *that I last saw the deceased alive on* Feb 25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: E G Kendle 440 (Degree or title) MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/52
24c. NAME OF CEMETERY OR CREMATORY: Clark Fork Cemetery
24d. LOCATION (City, town, or county) (State): Clark Fork, Idaho

DATE REC'D BY LOCAL REG.: Mar. 7-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 215
Reg. Dist. No. 110

BIRTH NO. MAR 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Clark Fork
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hi-way 7 Mi. E. of Clark Fork

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beaver
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alton	Clark	Black	March 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 8, 1910	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stiff Leg Operator	Construction	Escalante, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Black	Beaver, Utah	Dora Robison	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	529-07-5869	Wife	Cedar City, Utah thru Mail

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest, lung puncture — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway 10A.	Clarks Fork	Bonner	Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
March 13, 1952 4 p.m.		Auto left highway, turned over.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Laurence D. Moon, Coroner	Sandpoint, Idaho.	Mar. 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3/15/52	Southern Utah Mortuary	Cedar City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 18-1952	Merlene H. Miley	E. Moon	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 916
Local Reg. No. 2
Reg. Dist. No. 112

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Daniel; b. (Middle) Reinhold; c. (Last) Fiedler

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 25, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Fiedler
BIRTHPLACE: Woodbine, Kansas

14. MOTHER'S MAIDEN NAME: Roselea Bauer
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-16-3493

17. INFORMANT'S OWN SIGNATURE: Lottie E. Fiedler ADDRESS: Priest River, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) involving Esophagus
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Mar. 13, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A Coulson (Degree or title): M.D.
23b. ADDRESS: Newport, Wash.
23c. DATE SIGNED: 3-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: 3/21/52
REGISTRAR'S SIGNATURE: H. A. Wonch
25. FUNERAL DIRECTOR: Sherman Funeral Home ADDRESS: Newport Wash
C. E. Sherman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 917
Local Reg. No. 27
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Edla b. (Middle) Maria c. (Last) Carlson

4. DATE OF DEATH (Month) (Day) (Year): 3/18/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 30, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Korsnas, Finland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Karl G. Juth
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Maria Elizabeth Juth
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Mrs. Nellie Holmes
ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria-sclerotic cardiovascular disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1949, *to* March 18, 1952, *that I last saw the deceased alive on* Dec. 5, 1951, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen E. Peterson (Degree or title): M.D.

23b. ADDRESS: Sandpoint - Idaho

23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/22/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Mar-24-1952

REGISTRAR'S SIGNATURE: Merlene Miley

25. FUNERAL DIRECTOR: Moon Funeral Home, Sandpoint, Ida.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 28 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 918
Local Reg. No. 28
Reg. Dist. No. 11a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cabinet Gorge Dam
c. LENGTH OF STAY (in this place) 2 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Omak
d. STREET ADDRESS (If rural, give location) Route 1, Box 348

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) W. c. (Last) Short
4. DATE OF DEATH (Month) (Day) (Year) 3/20/52
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/10/1914
9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ironworker 66
10b. KIND OF BUSINESS OR INDUSTRY Dam Construction
11. BIRTHPLACE (State or foreign country) Seattle, Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Short BIRTHPLACE Unobtainable
14. MOTHER'S MAIDEN NAME Unobtainable BIRTHPLACE Unobtainable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 534-09-9861
17. INFORMANT'S OWN SIGNATURE M-K Co. Records and Mrs. Short ADDRESS via Letter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

912.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental by crushing — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed skull — instantaneous

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cabinet Dam
21c. (CITY, TOWN, OR TOWNSHIP) Cabinet (COUNTY) Bonner (STATE) Idaho
21d. TIME OF INJURY (Month) 3 (Day) 20 (Year) 52 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Crushed under machinery

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 3, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C.C. Riddle (Degree or title) MD
23b. ADDRESS Sandpoint Idaho
23c. DATE SIGNED 3/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/21/52
24c. NAME OF CEMETERY OR CREMATORY Omak Memorial
24d. LOCATION (City, town, or county) Omak, Washington (State)

DATE REC'D BY LOCAL REG. Mar. 26-1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR C.C. Riddle ADDRESS Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 919
Local Reg. No. 32
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabinet Gorge Dam
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Palmer
b. (Middle): James
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-26-05
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ironworker (rigger)
10b. KIND OF BUSINESS OR INDUSTRY: Construction DAM
11. BIRTHPLACE (State or foreign country): Colorado Springs, Colo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ~~William~~ O. Scott — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Gertrude Fagen — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 565-14-8086
17. INFORMANT'S OWN SIGNATURE: Mrs. Palmer James Scott — ADDRESS: Los Angeles Co. Recorder, 730 West 108 St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Crushing — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Skull Crushed — Instantaneous
DUE TO (c): Dam Construction Work

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cabinet Dam
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cabinet Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 20, 52 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Crushed under machinery

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 3/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 3-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 920
Local Reg. No. 30
Reg. Dist. No. 1-10

BIRTH NO. APR 11 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sagle
c. LENGTH OF STAY (in this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sagle
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Ellen	Judge	3-28-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	3-14-1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Bellplaine, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyreno Farrington	Unobtainable	Mary Ellen Carter	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	X Robert M. Judge	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: June 1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senile

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
~~Mar 30 3 PM~~		

22. *I hereby certify that I attended the deceased from* June 15, 1950, *to* June 17, 1950, *that I last saw the deceased alive on* June 17, 1950, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Russell 440	M D	Sandpoint Idaho	3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-31-52	Dawson Cemetery	Sagle, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 2. 1952	Merlene H. Miley	L. G. Moon Jr.	Moon Funeral Home, Sandpoint, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

State File No. 224
Local Reg. No. 35
Reg. Dist. No. 610

BIRTH NO. 52-015-83

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Irwin~~ Idaho Falls.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) VICKI b. (Middle) DARLENE c. (Last) KNOBEL

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: February 21, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ken L. Knobel BIRTHPLACE: Rathdrum, Idaho

14. MOTHER'S MAIDEN NAME: Darlene Weeks BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ken L. Knobel ADDRESS: Irwin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatorum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 21 Feb, 1952, *to* 22 Feb, 1952, *that I last saw the deceased alive on* 22 Feb, 1952, *and that death occurred at* 11:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Worlton (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 28 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24-1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 1-1952
REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Orland C. Beck ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 939
Local Reg. No. 32
Reg. Dist. No. 610

BIRTH NO. 52-01544

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan Rural
d. STREET ADDRESS (If rural, give location): No. East of Menan

3. NAME OF DECEASED (Type or Print): a. (First) LORA b. (Middle) LEE c. (Last) CASPER

4. DATE OF DEATH: (Month) Feb. (Day) 24, (Year) 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 2/24/52

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Arthur Casper. BIRTHPLACE: Menan, Idaho.

14. MOTHER'S MAIDEN NAME: Vonda Marie Schneiter. BIRTHPLACE: Annis, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Edwin A Casper ADDRESS: Lorenzo Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Placenta previa, partial — INTERVAL BETWEEN ONSET AND DEATH: 6 1/2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 2/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/26/52
24c. NAME OF CEMETERY OR CREMATORY: Cedar Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: March 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: C. B. Ecker ADDRESS: Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 003
Local Reg. No. 46
Reg. Dist. No. 610

BIRTH NO. 111-52-[illegible]-95

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (MOTHER) (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 253 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) DALE; b. (Middle); c. (Last) WOODRUFF

4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	February 24, 1952	0	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02		Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Delbert E. Woodruff	Kansas	Regina Rushton	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	D. E. Woodruff	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 776X Immaturity 28 wk. gestation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 24, 1952, *to* Feb 25, 1952, *that I last saw the deceased alive on* Feb 25, 1952, *and that death occurred at* 3:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. W. Corbett	M. D.	Idaho Falls, Idaho	2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 29, 1952	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 10-1952	Lena Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43081

Certificate of Death

STATE OF IDAHO

State File No. 204
Local Reg. No. 47
Reg. Dist. No. 610

BIRTH NO. 111-52-1576

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). MOTHER
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 253 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): GALE
b. (Middle):
c. (Last): WOODRUFF

4. DATE OF DEATH (Month) (Day) (Year): February 26 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: February 24, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 0 Days: 2
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Delbert E. Woodruff
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Regina Rushton
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: D.E. Woodruff
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Immaturity 28 wk gestation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 24 1952 *to* Feb 25 1952, *that I last saw the deceased alive on* Feb 25 1952, *and that death occurred at* 1:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 10-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland L. Beck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-480(1)

Guyett

APR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 925
Local Reg. No. 51
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 372 "I" street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Same
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) Scott c. (Last) Dilley

4. DATE OF DEATH (Month) (Day) (Year): Feb 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1897
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 11, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alta, Wyoming
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Reuben Scott — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Minnie Green — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Owen E. Dilley — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart disease + Myocardial damage — 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Feb 29, 1952 *that I last saw the deceased alive on* Dec, 1951, *and that death occurred at* 4:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Guyett M.D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Annis Cemetery
24d. LOCATION (City, town, or county) (State): Annis Idaho

DATE REC'D BY LOCAL REG.: March 12-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

State File No. 026
Local Reg. No. 43
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 North Emerson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 400 North Emerson

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): McKenzie

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 24, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Francis McKenzie — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Mary Thornton — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Annie McKenzie — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anemia (Cause undetermined) — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Feb 29, 1952, *that I last saw the deceased alive on* Feb 29, 1952, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Vaughn Nigel (Degree or title) M.D.
23b. ADDRESS: 383 F St.
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Swan Lake
24d. LOCATION (City, town, or county) (State): Swan Lake, Idaho

DATE REC'D BY LOCAL REG.: March 4-1952
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33-610
Reg. Dist. No.

BIRTH NO. 952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 400 N. Eastern Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	ALBERT	SENTER	March	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	No record	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher, retired	Self employed	Calumet, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Senter	Missouri	Colt	Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	Unknown	Mrs. Winnie Walker	Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4437

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hypertensive cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 24, 1952, *to* March 1, 1952, *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* 3:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Idaho Falls, Idaho	3.5.52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	March 2, 1952	Mt. Olivet	Salt Lake City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 1-1952	Anna Budge	[illegible]	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 928
Local Reg. No. 5a
Reg. Dist. No. 610

111-52-2071
BIRTH NO.

RF
APR 12 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) HARWOOD c. (Last) WHITE

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Feb., 25, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Jack H. White — BIRTHPLACE: Marian, Utah

14. MOTHER'S MAIDEN NAME: Dorothy Ann Harrop — BIRTHPLACE: Tetonia, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jack H White — ADDRESS: Tetonia, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia erythroblastosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 29th, 1952, *to* March 1st, 1952, *that I last saw the deceased alive on* March 1st, 1952, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Neal E. Anderson M D

23b. ADDRESS: 1575 S. Blvd

23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar., 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Haden

24d. LOCATION (City, town, or county) (State): Tetonia, Idaho RFD#1

DATE REC'D BY LOCAL REG.: March 11-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Mel Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 920
Local Reg. No. 48
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 393 So. Eastern Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 393 So. Eastern Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ALEXANDER c. (Last) HANNA

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 22, 1870

9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hanna BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Matilda BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clarence L. Owen ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

540.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesions
DUE TO (c) Ruptured peptic ulcer — 10 years ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: x John S Halet (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 10-1952
REGISTRAR'S SIGNATURE: Anna Rudges
25. FUNERAL DIRECTOR: Leland L. Owen ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 020
Local Reg. No. 52
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls.
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) a. (First) Edmond b. (Middle) Frank c. (Last) Riggan

4. DATE OF DEATH (Month) (Day) (Year) March 2-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 7, 1881
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranchman 04
10b. KIND OF BUSINESS OR INDUSTRY Cattle
11. BIRTHPLACE (State or foreign country) Nephi - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Riggan BIRTHPLACE Miss
14. MOTHER'S MAIDEN NAME Mary Haines BIRTHPLACE London Eng.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Feb. 22, 1952, *to* Nov 2, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 3/3 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/6/52
24c. NAME OF CEMETERY OR CREMATORY Victor Cemeteny
24d. LOCATION (City, town, or county) (State) - Victor - Idaho

DATE REC'D BY LOCAL REG. March 12-52
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 021
Local Reg. No. 49
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1108 Higbee Avenue

3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN; b. (Middle) PAUL; c. (Last) MELQUEST

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 20, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary & Manager

10b. KIND OF BUSINESS OR INDUSTRY: Private Club

11. BIRTHPLACE (State or foreign country): West Point, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Melquest
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Anderson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 519-09-2694

17. INFORMANT'S OWN SIGNATURE: Laura M. Melquest
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio-Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Pyloric obstruction — 2 wks.+

DUE TO (c): Duodenal Ulcer & Adhesions — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. , 1950, *to* 3-2 , 1952, *that I last saw the deceased alive on* Mar. 2 , 1952, *and that death occurred at* 8:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 10-'52

REGISTRAR'S SIGNATURE: Anna Bidgen

25. FUNERAL DIRECTOR: Orland LeBeer
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. John Hatch

Certificate of Death

STATE OF IDAHO

RECEIVED 12 1952 DIVISION OF VITAL STATISTICS

State File No. 022
Local Reg. No. 53
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Donneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 472 Lomax

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Donneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 472 - Lomax -

3. NAME OF DECEASED (Type or Print)
a. (First): Mr. William
b. (Middle): Rosewell
c. (Last): Nettles

4. DATE OF DEATH (Month) (Day) (Year): March - 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7 - 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Emminence - Mo.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hyrum Nettles — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Louisa Dunlap - — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Denver Nettles — ADDRESS: Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Cardiac
DUE TO (c): failure — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch (Degree or title): MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/4/52
24c. NAME OF CEMETERY OR CREMATORY: Ashton Cemetery
24d. LOCATION (City, town, or county) (State): Ashton - Idaho

DATE REC'D BY LOCAL REG.: March 12-52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

State File No. 933
Local Reg. No. 56
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 371 North Ridge Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Matilda
b. (Middle): Ellen Wright
c. (Last): Cline

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 11, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph M Bailey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: AnnMary Foulker — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs J. J. Bybee — ADDRESS: LaJolla, Calif.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial Infarct & Chronic Glomerular Nephritis — 30 days — several years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 1952, *to* March 7th, 1952, *that I last saw the deceased alive on* March 6, 1952, *and that death occurred at* 39 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. R. Sodergeist M.D. 377
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 10, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 22-1952
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 924
Local Reg. No. 57 (a)
Reg. Dist. No. 6/6
BIRTH NO.

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) B. c. (Last) Ward

4. DATE OF DEATH: (Month) (Day) (Year) March 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 4, 1876

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Hyrum, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George P Ward — BIRTHPLACE ✓

14. MOTHER'S MAIDEN NAME: Mary Christine Bindrup — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Charles D. Ward — ADDRESS: Iona, Idaho.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart block, complete — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic heart disease — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arterio Sclerotic heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 5, 19 51 *to* Mar. 7, 19 52 *that I last saw the deceased alive on* March 7, 1952, *and that death occurred at* Approx. 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M.D. M.D.

23b. ADDRESS: 1050 Memorial Drive

23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: March 22-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood Jr.

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 935
Local Reg. No. 9
Reg. Dist. No. 11

BIRTH NO.

APR 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 874 11th Street

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE; b. (Middle) VIOLA; c. (Last) CALAHAN

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Butte, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Meadowcroft
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Catherine
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mary C. Leach
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 434 Hypertensive Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Congestive
DUE TO (c): failure

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 19 51, *to* March, 19 52, *that I last saw the deceased alive on* 3-17, 19 52, *and that death occurred at* 9:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery

24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: March 20-1952

REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 026
Local Reg. No. 57
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS.
c. LENGTH OF STAY (in this place): 6 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 379 EAST 17TH. ST.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS.
d. STREET ADDRESS (If rural, give location): 379 EAST 17TH. ST.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER		RAWLINGS SR.	MARCH 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MAY 10, 1867	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	RETIRED	ENGLAND	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
RICHARD R. RAWLINGS	ENGLAND	LOTTIE INGLET	ENGLAND.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		Charles Watson	Hagerman Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 194X Senility — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Idaho Falls	Bonneville	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 23, 19 52, *to* March 23, 19 52, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 3:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Clair M.D.	Idaho Falls, Idaho	3-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL	3-23-52.	FAIRVIEW	FAIRVIEW, IDAHO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 23-1952	Anna Bridges	Herman J. Richards	Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 937
Local Reg. No. 960
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY in this place: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) LEWIS c. (Last) DUNCAN

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 9, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmithing

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Edna Ruth Duncan — ADDRESS: Roberts, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet wound in head. — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Roberts, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 25, 52. 2 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suicide

22. I hereby certify that [illegible] death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 3/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/28/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: March 31-1952
REGISTRAR'S SIGNATURE: Lena Bridges
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 938
Local Reg. No. 63
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 485 N. Ridge Avenue

3. NAME OF DECEASED (Type or Print): a. (First) SYLVIA b. (Middle) TYLER c. (Last) BUCK

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 10, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James S. A. Buck
BIRTHPLACE: Connecticut

14. MOTHER'S MAIDEN NAME: Ada Mernivia Wright
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 526-20-1480

17. INFORMANT'S OWN SIGNATURE: Myrtle Reed
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma Sigmoid Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): & Metastasis to Liver
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 51

19b. MAJOR FINDINGS OF OPERATION: Secondary Carcinoma involving liver

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 19 51, *to* _____, 19____, *that I last saw the deceased alive on* March 25, 19 52, *and that death occurred at* 6:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 28, '52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 9-'52

REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 070
Local Reg. No. 57
Reg. Dist. No. 610

RECEIVED
APR 2 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 255 North Water

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clifford	C.	Hayes	March 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct 3, 1877	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cleveland, Tennesse
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas A Hayes — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Ada Tipton — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE: [signature] ADDRESS: BlackFoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 27, 19 52, *to* March 28, 19 52, *that I last saw the deceased alive on* Mar 28, 19 52, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. W. Corbett	M D	Idaho Falls, Ida	3.30.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 30, 1952	Blackfoot cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar March 30-52	Anna Bridges	[illegible]	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 940
Local Reg. No. 64
Reg. Dist. No. 610

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 161 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) MABLE b. (Middle) c. (Last) RIGGS

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 25, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Southwell
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Gunten
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Gretchen M. Kretzmer
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular F. bilateral — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1951, *to* March 28, 1952, *that I last saw the deceased alive on* March 27, 1952, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Blair McDonald (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 9-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Green
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. John M. Tech

Certificate of Death

STATE OF IDAHO

State File No. 041
Local Reg. No. 62
Reg. Dist. No. 610

BIRTH NO. 52-4185

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Same
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Paul	Eugene	White	March 29 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		March 28-1952			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Idaho Falls Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LeRoy Chandler White	Ida St. Anthony R2	Melba Davenport	Idaho Parker,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		LeRoy C White	Idaho Falls Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	atelectasis newborn	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Hatch	M D	Idaho Falls Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April-1-1952	Fielding Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 9-1952	Anna Bridges	Geo. A. Sherman	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48621

State File No. 942
Local Reg. No. 65
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 590 "E" Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): B.
c. (Last): HAGER

4. DATE OF DEATH (Month) (Day) (Year): March 29 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner - Manager
10b. KIND OF BUSINESS OR INDUSTRY: Theatre
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clara B Hager — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A.S.H. Disease — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ~~[illegible]~~ Cirrhosis of liver — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23-, 1952, *to* 3-29, 1952, *that I last saw the deceased alive on* 3-28, 1952, *and that death occurred at* 9:35P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Krantz M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Apr. 9-1952
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 043
Local Reg. No. 66
Reg. Dist. No. 610

111-52-11177
BIRTH NO.

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 49 Rosewood

3. NAME OF DECEASED (Type or Print): a. (First) Infant; b. (Middle); c. (Last) Hall

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: March 30, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 1, Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy N. Hall — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Jane George — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Roy N Hall — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta previa
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/30/52

19b. MAJOR FINDINGS OF OPERATION: Placenta previa & hemorrhage.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A D Davis — (Degree or title): M.D. — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: April 1, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 9-'52 — REGISTRAR'S SIGNATURE: Anna Bidgen

25. FUNERAL DIRECTOR: Orland C. Peck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

State File No. 944
Local Reg. No. 55
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Azariah
b. (Middle): D
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 25, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Azariah F. Williams — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Denning — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vivian K. Owen — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Feb. 29, 1952, *to* Mar. 1, 1952, *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter R. Neal, Idaho
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: March 22-1952
REGISTRAR'S SIGNATURE: Anna Budgin
25. FUNERAL DIRECTOR: Jack Woodward — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

State File No. 945
Local Reg. No. 5-52
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XX at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry, Idaho
d. STREET ADDRESS (If rural, give location): XX

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Loman
c. (Last): Washburn

4. DATE OF DEATH (Month) (Day) (Year): 2-25-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/29/1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ferryman-Miner
10b. KIND OF BUSINESS OR INDUSTRY: at large
11. BIRTHPLACE (State or foreign country): West Union, Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Volney W. Washburn — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Anna Siverson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Mrs Bertha Washburn — ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

196X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Primary Ca. left maxilla
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senile arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: July 1951
19b. MAJOR FINDINGS OF OPERATION: Ca. of left maxillary sinus -
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/25, 1951, *to* 7/30, 1951, *that I last saw the deceased alive on* 7/30, 1951, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew Duvoe, M.D. 097
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/53
24c. NAME OF CEMETERY OR CREMATORY: Copeland
24d. LOCATION (City, town, or county) (State): Boundary County, Idaho.

DATE REC'D BY LOCAL REG.: 2/27/52
REGISTRAR'S SIGNATURE: R.M. Dowell By F. Moose
25. FUNERAL DIRECTOR: Frank Moose
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6-52
Reg. Dist. No. 100

RECEIVED MAR 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): x x

3. NAME OF DECEASED (Type or Print): a. (First) Louis — b. (Middle) — c. (Last) Melin

4. DATE OF DEATH: (Month) (Day) (Year): 3-5-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	3/28/1863	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Carpenter.	at large	Helsingland, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars Larson	Sweden.	unknown	Sweden.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		No	P. Melin	1755 S. Winter - Salem - Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: "

DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute virus-type Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/28, 1952, *to* 3/4, 1952, *that I last saw the deceased alive on* 3/4, 1952 *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Larson	M.D.	Bonners Ferry	3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/7/52	Grandview	Bonners Ferry Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/7/52	R. M. Powell By J. Morse	Frank Moore	Bonners Ferry Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 11 17
Local Reg. No. 7-5-52
Reg. Dist. No. 20

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): XX

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle): Olive
c. (Last): Helmer

4. DATE OF DEATH: (Month) (Day) (Year): 3/14/52

5. SEX: Fem.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/27/1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Milton, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alex VanGundy
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Susanna Scarlet
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Ted Helmer
ADDRESS: Bonners Ferry Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio vasc. dis. — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile arteriosclerosis
Diabetes mellitus -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1951 *to* Mar 14 1952, *that I last saw the deceased alive on* 3/14 1952, *and that death occurred at* 1:04 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dunn M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho.

DATE REC'D BY LOCAL REG.: 3/16/52
REGISTRAR'S SIGNATURE: R. M. Carell By T. Moore
25. FUNERAL DIRECTOR: Jas B Wood
ADDRESS: Bonners Ferry, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 015
Local Reg. No.
Reg. Dist. No.

BIRTH NO. MAR 21 1952

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Darlington
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Darlington
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): F.
c. (Last): Olsen

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: Sept. 18-1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 5 Days 16; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (State or foreign country): Challis Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse N. Olsen
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Georgia Perdue
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Jesse Olsen
ADDRESS: Darlington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Atypical Influenzal — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 3 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchitis — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 18, 1951, *to* March 4, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 2:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert T. Baxter
(Degree or title): MD
23b. ADDRESS: Mackay, Ida
23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 6-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb
24d. LOCATION (City, town, or county) (State): Mackay - Idaho

DATE REC'D BY LOCAL REG.: MAR. 11-52
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco Ida

F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021 #670

Certificate of Death

STATE OF IDAHO

State File No. 23-
Local Reg. No. 23
Reg. Dist. No. 360

BIRTH NO.

FEB 2 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): West Elgin, Rt.5

3. NAME OF DECEASED (Type or Print): a. (First) Andrew; b. (Middle) David; c. (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year): February 9-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: September 29-1874

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: 4 | Days: 20 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker for Harris

10b. KIND OF BUSINESS OR INDUSTRY: Pine Lbr. Co,Pendleton)

11 BIRTHPLACE (State or foreign country): Kingston, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Lee

BIRTHPLACE: Wilkes-Barre, Pennsylvania

14. MOTHER'S MAIDEN NAME: Eliza Rebecca Cadwalader

BIRTHPLACE: Philadelphia, Penn.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-6948

17. INFORMANT'S OWN SIGNATURE: Jonas Lee
ADDRESS: Caldwell Rt.5

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?:

22. *I hereby certify that I attended the deceased from* Feb 6, 1952, *to* Feb 9, 1952, *that I last saw the deceased alive on* Feb 8, 1952, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Wallace M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 22-1952

NAME OF CEMETERY OR CREMATORY: Middleton

24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 3/19/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [redacted]56
Local Reg. No. [redacted]18
Reg. Dist. No. 960

MAR 11 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Simms Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): R # 1

3. NAME OF DECEASED (Type or Print): a. (First) Orpha b. (Middle) Ann c. (Last) Stewart

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 11 1874
9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months: 11 Days: 21 IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Macedonia Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George B. Otto BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records By Geo N. Walker ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

330X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Peterson (Degree or title): MD
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 9/5/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: George N. Walker ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr O. R. Peterson

Certificate of Death

STATE OF IDAHO

State File No. 951
Local Reg. No. 21
Reg. Dist. No. 860

BIRTH NO.

MAR 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 40 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 216 Denver St.

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Fredricks; c. (Last) Baillie

4. DATE OF DEATH (Month) (Day) (Year): March 3-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 10-1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 4; Days 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marble Cutter & Setter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hong Kong, China

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry C. Baillie
BIRTHPLACE: New York State

14. MOTHER'S MAIDEN NAME: Mary Carpenter
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 560-18-9484-A

17. INFORMANT'S OWN SIGNATURE: Mrs Mary W. Baillie
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 3 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

480X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 29, 1952, *to* March 3, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton J. Johnson (Degree or title): MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 3/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 7-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/8/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. L. Peckham
ADDRESS: Peckham Oakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 960

BIRTH NO. MAR 11 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Amanda b. (Middle) Alice c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year): March 3-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: November 20-1866

9. AGE (In years last birthday): 85 IF UNDER 1 YEAR Months: 4 Days: 13 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter B. Beechley BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Claude Martin BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Right ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Compression atelectasis, right & Bilateral hydrothorax — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* February 24, 1952, *to* March 3, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 10:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton J. Johnson (Degree or title): M.D. **23b. ADDRESS**: Caldwell Idaho **23c. DATE SIGNED**: 3/5/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: March 5-1952 **24c. NAME OF CEMETERY OR CREMATORY**: Parma **24d. LOCATION** (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/8/52 REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakes Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 553
Local Reg. No. 23
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 915 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Arizona; b. (Middle) Lucia; c. (Last) Linder

4. DATE OF DEATH (Month) (Day) (Year): March 5- 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 18-1888

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newport, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: William Melvin Gray, Newport, Tenn.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ellen Jane Brooks, Newport, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-30-0992

17. INFORMANT'S OWN SIGNATURE — ADDRESS: John A Linder — Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — 18 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of rectum with resection — 1949

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* March 5, 1952, *that I last saw the deceased alive on* March 5, 1952, *and that death occurred at* 3:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Shipe

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 3/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 10-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/18/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapels — Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 054
Local Reg. No. 24
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle) Minnie; c. (Last) Rucker

4. DATE OF DEATH: (Month) (Day) (Year): March 7-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: February 14-1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months: 0; Days: 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edwardsville, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Plager, BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Minnie Newbauer, BIRTHPLACE: Edwardsville, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ray P Rucker ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage — 1 month

DUE TO (c) Hypertensive C.V. disease — 10+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Feb, 1952, *to* 7 Mar, 1952, *that I last saw the deceased alive on* 26 Feb, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Simpson MD
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 10 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/15/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 24 1952
DIVISION OF VITAL STA...

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 27
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Park Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
d. STREET ADDRESS (If rural, give location) In Town

3. NAME OF DECEASED (Type or Print)
a. (First) Almedia
b. (Middle)
c. (Last) Kindall

4. DATE OF DEATH (Month) (Day) (Year) March 8-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 31-1874
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 1 Days 7
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harrison, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Raynor
BIRTHPLACE Harrison, Arkansas
14. MOTHER'S MAIDEN NAME Sara Jane Pettitt
BIRTHPLACE Harrison, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Donna Amidon
ADDRESS 5018 Denver Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral vascular arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1951, *to* March 8, 1952, *that I last saw the deceased alive on* March 7, 1952, *and that death occurred at* 7:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton J. Johnson 199 (Degree or title) M.D.
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 12-1952
24c. NAME OF CEMETERY OR CREMATORY Middleton
24d. LOCATION (City, town, or county) (State) Middleton, Idaho

DATE REC'D BY LOCAL REG. 3/19/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel
ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 956
Local Reg. No. 28
Reg. Dist. No. 960

BIRTH NO.

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1106 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Philip; b. (Middle) Monroe; c. (Last) Jordan

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 11-1898

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR Months: 5 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bird Creek, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Jordan — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: May Allen — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I

16. SOCIAL SECURITY NO.: 473-22-1798

17. INFORMANT'S OWN SIGNATURE: Mrs Katherine Jordan — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4433

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Cardiovascular Disease — 10 years.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. DATE OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* March 10, 1952, *that I last saw the deceased alive on* March 10, 1952, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred Shupe 370 (Degree or title): M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: March 13-1952

24c. NAME OF CEMETERY OR CREMATORY: Brainerd

24d. LOCATION (City, town, or county) (State): Brainerd, Minnesota

DATE REC'D BY LOCAL REG.: 3/19/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 52-956

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Philip Jordan (Name on Original Certificate) who died (Was Born or Died) on March (Date of Event) 1952 in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
20. Autopsy?	(missing)	No

Subscribed and sworn to before me this 9th day of June, 1952.

Ruth M. Kessler
Notary Public, residing at Caldwell, Idaho
My commission expires August 7-1-1954
(Seal)

Signed Lester Shyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 Logan Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1952

Notary Public, residing at Caldwell, Idaho
My commission expires August 7-1-1954
(Seal)

Signed Edythe Bruneel
(Signature of Any Credible Person)

2110 So. 10th
(Street Address, City, State)

DPH 52-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. .....
Local Reg. No. 26
Reg. Dist. No. 960

Certificate of Death

STATE OF IDAHO

111-52-02936
BIRTH NO.

RECEIVED MAR 21 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2717 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Mark; b. (Middle) Lyle; c. (Last) Cornelison

4. DATE OF DEATH: (Month) (Day) (Year) March 12-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: March 12-1952

9. AGE (In years last birthday): -- IF UNDER 1 YEAR: Months --, Days -- IF UNDER 24 HRS.: Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Cornelison, BIRTHPLACE: Seymour, Missouri

14. MOTHER'S MAIDEN NAME: Lorena E. Shaw, BIRTHPLACE: Gooding, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: x George M Cornelison ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis-L-lung — INTERVAL BETWEEN ONSET AND DEATH: 8hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intervertricular Septal defect.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* birth *19____, to* death (8hrs. *19____, that I last saw the deceased alive on ____, 19____ and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.K. Distler M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3-1[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/19/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-02240

BIRTH NO.

RECEIVED
MAR 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 056
Local Reg. No. 90
Reg. Dist. No. 960

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 108 Elgin St.

3. NAME OF DECEASED (Type or Print): a. (First) Denver; b. (Middle) Maxwell; c. (Last) Rose

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: March 14-1952

9. AGE (In years last birthday): -- IF UNDER 1 YEAR Months: -- Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles M. Rose
BIRTHPLACE: Springfield, Missouri

14. MOTHER'S MAIDEN NAME: Dorothy Winslow
BIRTHPLACE: Sparta, Missouri

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles M Rose
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 14, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* March 15, 1952, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton J. Johnson MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 19-1952

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/21/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25 FUNERAL DIRECTOR (Address): Peckham-Dahan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 36-1

BIRTH NO. [illegible]-02941

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell, Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 108 Elgin St.

3. NAME OF DECEASED (Type or Print): a. (First) Dennie b. (Middle) Lee c. (Last) Rose

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: March 14-1952

9. AGE (In years last birthday): -- IF UNDER 1 YEAR: Months -- Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles M. Rose, BIRTHPLACE: Springfield, Missouri

14. MOTHER'S MAIDEN NAME: Dorothy Winslow, BIRTHPLACE: Sparta, Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles M Rose, ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* March 15, 1952, *and that death occurred at* 10 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton J. Johnson (Degree or title): M.D. **23b. ADDRESS**: Caldwell Idaho **23c. DATE SIGNED**: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: March 19-1952 **24c. NAME OF CEMETERY OR CREMATORY**: Parma **24d. LOCATION** (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG. 3/21/52 REGISTRAR'S SIGNATURE: Agnes M Denman

25 FUNERAL DIRECTOR: Peckham-Oakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-51-5-7

BIRTH NO.

RECEIVED APR 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 960
Local Reg. No. 33
Reg. Dist. No. 360

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 304 Grove St.

3. NAME OF DECEASED (Type or Print)
a. (First): Christina
b. (Middle): Marie
c. (Last): Fisk

4. DATE OF DEATH (Month) (Day) (Year): March 22-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 14-1951
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 9, Days 8
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chesley Fisk
BIRTHPLACE: Parma, Idaho
14. MOTHER'S MAIDEN NAME: Erma Detrick,
BIRTHPLACE: Notus, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Chesley C. Fisk
ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 1951, *to* 3-22, 1952, *that I last saw the deceased alive on* 3-22, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 25-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/27/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
[signature]
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 001
Local Reg. No. 63
Reg. Dist. No. 362

BIRTH NO. 52

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa.
c. LENGTH OF STAY (in this place) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. b. COUNTY Canyon.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 119 - 12th Ave No.

3. NAME OF DECEASED (Type or Print) a. (First) Victoriano b. (Middle) c. (Last) Ortiz
4. DATE OF DEATH (Month) 3 (Day) 1 (Year) 1952
5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 6-1893
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 11 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepherder.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary Brenda By Geo. H. Walker ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH one week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 - 24, 1952, *to* 3 - 1, 1952, *that I last saw the deceased alive on* 3 - 1, 19 52 *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE A B Halliday (Degree or title) M-D. 23b. ADDRESS Nampa, Idaho 23c. DATE SIGNED 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/6/52 24c. NAME OF CEMETERY OR CREMATORY Calvary. 24d. LOCATION (City, town, or county) Nampa (State) Ida.

DATE REC'D BY LOCAL REG. Mar. 17, 1952 REGISTRAR'S SIGNATURE Mrs Jane Fleck 25. FUNERAL DIRECTOR George H. Walker ADDRESS Nampa. Ida.

Halliday

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 962
Local Reg. No. 53
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 119½ Diamond St.

3. NAME OF DECEASED (Type or Print)
a. (First): FLAUDIE
b. (Middle): M.
c. (Last): YOUNT

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Dealer 36
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unionville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Yount — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cynthia Bacus — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Pat O Yount — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause undetermined
~~DUE TO (c)~~ 1. Severe Pyloraspasm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
2. Cerebral metastases of tumor

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Mar 2, 1952, *that I last saw the deceased alive on* 3-1, 1952, *and that death occurred at* 3:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum MD 241 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 11 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 52
Reg. Dist. No. 363

BIRTH NO.

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 49 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) A.; c. (Last) McDowell

4. DATE OF DEATH: (Month) (Day) (Year): March 4-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 12-1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 5 Days 22
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Owyhee Co., road worker

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Falls City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. McDowell, BIRTHPLACE: Gilson, Illinois

14. MOTHER'S MAIDEN NAME: Mary R. Harrison, BIRTHPLACE: Monticello, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-8816

17. INFORMANT'S OWN SIGNATURE: x Mrs Ralph McDowell ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Mar 4, 1952, *that I last saw the deceased alive on* Mar 4, 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Howard, M.D. (Degree or title)
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: 3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: March 11, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steele
25. FUNERAL DIRECTOR: Beckham-Lakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 024
Local Reg. No. 59
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 611 - 11th Av So Est

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel
b. (Middle): E.
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): Mar 5 - 1952

5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 28-1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 4½ Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Troy Idaho
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME: Elmer Brooks — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Myra Watson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: William A. Russell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arrested Pulm. Tbc. Thoracoplasty

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jo Salter MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: 3/8/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: March 14, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: George A. Walker — ADDRESS:

Dr Salter

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 965
Local Reg. No. 51
Reg. Dist. No. 362

RECEIVED MAR 13 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 172 North Side Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) MILDRED b. (Middle) TENNIS c. (Last) MCGLOTHLEN

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 22, 1909

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wapello Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oliver B. Tennis
BIRTHPLACE: Mahaska Co., Ia.

14. MOTHER'S MAIDEN NAME: Minnie M. Rickett
BIRTHPLACE: Wapello Co., Ia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 485-18-3698

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Floyd M. Glothlen

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4438

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malignant Nephrosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 3/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/10/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 11, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steele

25. FUNERAL DIRECTOR: John F Alsip, Jr.

ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 845
Local Reg. No. 65
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
MAR 22 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Caldwell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): HERSCHEL
c. (Last): CUMMINS

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 22, 1860

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Nurseyman 7a

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waldron, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William L. Cummins
BIRTHPLACE: Cumminsville, Ohio

14. MOTHER'S MAIDEN NAME: Edna Anne Short
BIRTHPLACE: New York City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Herschel M. Cummins
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized vascular disease — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

430.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/6, 1952, *to* 3/6, 1952, *that I last saw the deceased alive on* 3/6, 1952, *and that death occurred at* 3:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday (Degree or title): M. D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery

24d. LOCATION (City, town, or county) (State): Melba, Idaho

DATE REC'D BY LOCAL REG.: March 18, 1952

REGISTRAR'S SIGNATURE: Mrs. Jesse Steck

25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 367
Local Reg. No. 73
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): LESLIE
c. (Last): PATTERSON

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 15, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blue Mounds, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clark Patterson — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Emma Keith — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn Patterson — ADDRESS: Wilder, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy

19a. DATE OF OPERATION: 3/7/52
19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20, 1952 *to* Mar 7, 1952, *that I last saw the deceased alive on* March 7, 1952, *and that death occurred at* 10:30 am *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 351
23b. ADDRESS: 1003-12th Ave S. Nampa Idaho
23c. DATE SIGNED: 3/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/52
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: April 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 968
Local Reg. No. 68
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louis	Leander	Hudson	March 7-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 28-1882	69	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Hastings, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orlando Hudson	Dundee, Michigan	Minerva Jane Gilmore	Effingham, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Walter J. Cummings	Box 202 WILDER

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: ~~Sudden~~

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Digestive Failure

782.4

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 28, 1952, *to* March 7, 1952, *that I last saw the deceased alive on* March 7, 1952, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. C. Kellogg, M.D. 224 5	Nampa, Idaho	3/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 12-1952	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 20, 1952	Mrs. Jane Beck	C. V. Peckham	Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 363

BIRTH NO. 22 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Mary c. (Last) Dutcher

4. DATE OF DEATH (Month) (Day) (Year): March 7-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 19-1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR Months: 4 Days: 18
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Angel, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Hecker
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Freda Schwab
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Warner Robins, Georgia
Mrs David Matheson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bile ducts extending to the liver, stomach and pancreas

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with general carcinomatosis of the abdomen.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: about 3 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Complete destruction of liver and bile ducts and generalized carcinomatosis.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 16, 1952, *to* March 7th, 1952, *that I last saw the deceased alive on* March 6th, 1952, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. R. B. Kellogg, M.D. F.A.C.S.

23b. ADDRESS: 107 - 12th Ave. S. Nampa, Idaho

23c. DATE SIGNED: 3/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 10-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 17, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: J. Peckham

ADDRESS: Peckham-Oakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 876
Local Reg. No. 61
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna Rt. 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Isaac
b. (Middle): Corson
c. (Last): Palmer

4. DATE OF DEATH: (Month) Mch (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 15, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rock Island Co, Ill

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Bartemus Palmer
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Crow
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hattie Palmer
ADDRESS: Kuna Ada R 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia, Lobar — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-1, 1952, *to* 3-9, 1952, *that I last saw the deceased alive on* 3-9, 1952, *and that death occurred at* 10:17P m., *from the causes and on the date stated above.*

23a. SIGNATURE: I C Horton Jr (Degree or title): MD
23b. ADDRESS: 106-12 Ave So, Nampa, Idaho
23c. DATE SIGNED: 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: March 14, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: B K Robinson
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 971
Local Reg. No. 69
Reg. Dist. No. 3

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meyer Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): R. 6 -

3. NAME OF DECEASED (Type or Print): a. (First) Jens b. (Middle) Nicolaysen c. (Last)

4. DATE OF DEATH: (Month) Mar (Day) 11 - (Year) 1952

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13-1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jens Nicolaysen — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Julianna Peterson — BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE + Hazel Nicolaysen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 9, 1952, *to* Mar 11, 1952, *that I last saw the deceased alive on* Mar 11, 1952, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L Rodwell M D (Degree or title) — 23b. ADDRESS: Nampa Ida. — 23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerfarm Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: March 21, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Geo. H. Walker — ADDRESS: Nampa Idaho

Dr Rodwell

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 972
Local Reg. No. 70
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): Rural Midland & Davis

3. NAME OF DECEASED (Type or Print)
a. (First) Ronnie
b. (Middle) Funderburgh
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): March 11 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: July 21-1938
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months 7, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Funderburgh — BIRTHPLACE: Mo
14. MOTHER'S MAIDEN NAME: Lydia Goodman — BIRTHPLACE: Joplin Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Clough — ADDRESS: 419-18 Ave No.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture (Basilar) of skull — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 11, 1952-9p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to* Mar 11, 1952, *that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Farber (Degree or title): M.D.
23b. ADDRESS: 311½ 14th Ave So. Nampa
23c. DATE SIGNED: 14 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hohlerdown
24d. LOCATION (City, town, or county) (State): Nampa Ida

DATE REC'D BY LOCAL REG.: March 20, 1952
REGISTRAR'S SIGNATURE: Mrs. June Steck
25. FUNERAL DIRECTOR: George W Walker — ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Farber

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 973
Local Reg. No. 71
Reg. Dist. No. 362

RECEIVED APR 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1104 - 10th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Joan b. (Middle) Katherine c. (Last) Hause

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21 - 1927

9. AGE (In years last birthday): 24 | IF UNDER 1 YEAR: Months 9, Days 15 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell Ida.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Justus Painter — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Hosp Records By Geo H Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Preeclamptic Albuminuria

DUE TO (c): Toxaemia — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb, 19 46, *to* 3/16, 1952, *that I last saw the deceased alive on* 3/16, 1952, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Rose — (Degree or title): M.D. — **23b. ADDRESS**: Nampa Idaho. — **23c. DATE SIGNED**: 3/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3/21/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Rohlfsen — **24d. LOCATION** (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: March 31, 1952 — REGISTRAR'S SIGNATURE: Mrs. Jane Stuck — **25. FUNERAL DIRECTOR**: Geo H. Walker — ADDRESS: Nampa Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021 Rev

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 074
Local Reg. No. 78
Reg. Dist. No. 362

BIRTH NO.

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELLSWORTH
b. (Middle): GROVER
c. (Last): GUFFEY

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 1, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Ransom C. Guffey — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mahalla Woods — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joel E. Guffey — ADDRESS: 208 North Sidelhof

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* Feb 15, 1952, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 5, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 075
Local Reg. No. 74
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARLYN	LEE	PETERSON	March 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
fem.	white	never married	Nov. 14, 1950	1	4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas M. Peterson	Smithfield, Utah	Hazel Bagley	Olympia, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	J. M. Peterson	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Foreign body lodged in Esophagus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Buttons lodged in Esophagus
DUE TO (c): Heart arrest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: General Anesthestic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-20-52		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Nampa, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
March 10, 1952 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	She swallowed 3 buttons

22. *I hereby certify that I attended the deceased from* on March 10, 19 and March 20, 19 52, *that I last saw the deceased alive on* march 20, 19 52, *and that death occurred at* 2:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. D. Hunsaker M.D.	1207 First St. S. Nampa,	April 1, 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/22/52	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 2, 1952	Mrs. Jean Stuck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 976
Local Reg. No. 79
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 323 14th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Essie
b. (Middle):
c. (Last): Noah

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 24, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Long — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Myrtle Oberlin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis of Left Lung — 2 weeks
DUE TO (c) Hypertension and Hemaplegia — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1950, *to* Mar 24, 1952, *that I last saw the deceased alive on* Mar 24, 1952, *and that death occurred at* 12 15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clara M. Hastings M.D. 185
23b. ADDRESS: 1116 2nd St So Nampa
23c. DATE SIGNED: 3-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 977
Local Reg. No. 76
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1515 3rd St. No.

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): W
c. (Last): INCE

4. DATE OF DEATH (Month) (Day) (Year): March 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 8, 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Irrigation Dist.
10b. KIND OF BUSINESS OR INDUSTRY: Nampa-Meridian
11. BIRTHPLACE (State or foreign country): Bates Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Ince — BIRTHPLACE: Bolivar, Mo.
14. MOTHER'S MAIDEN NAME: Irene Davis — BIRTHPLACE: Bolivar, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 518-28-6566
17. INFORMANT'S OWN SIGNATURE: Patricia Ruth Ince — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

815.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fat embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic pneumonia — 24 hrs

DUE TO (c) Compound fracture femur — 13 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 13 - 1952 6:30 P.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Auto-motorcycle Accident

22. *I hereby certify that I attended the deceased from* Mar 13, 1952, *to* Mar 27, 1952, *that I last saw the deceased alive on* Mar. 26, 1952, *and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Koehne (Degree or title): M. D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Mar. 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 29, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 2, 1952
REGISTRAR'S SIGNATURE: Mrs Janet Steck
28. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idah
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 15
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Homedale
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Homedale
d. STREET ADDRESS (If rural, give location) Wilder, Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Sam
b. (Middle)
c. (Last) Hoyt

4. DATE OF DEATH (Month) (Day) (Year) March 2-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH September 26-1902

9. AGE (In years last birthday) 49
IF UNDER 1 YEAR Months 5 Days 6
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Osage City, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis O. Hoyt
BIRTHPLACE Lyon Co., Kansas

14. MOTHER'S MAIDEN NAME Jeanette Smith,
BIRTHPLACE Osage County, Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 515-05-9836

17. INFORMANT'S OWN SIGNATURE x Mrs Sam Hoyt
ADDRESS Wilder Rt1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis. — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 2, 1952, *to* [illegible], 19___, *that I last saw the deceased alive on* Mar 2, 1952, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS Homedale, Idaho

23c. DATE SIGNED Mar 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE March 6-1952

24c. NAME OF CEMETERY OR CREMATORY Morris Hill

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3/5/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel
ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 58
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa R 6
c. LENGTH OF STAY (in this place): 24 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): R. 6

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Maraget
c. (Last): Schuler

4. DATE OF DEATH (Month) (Day) (Year): Mar 3-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 5-1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Herman Nebr
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ackerman — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Theresa Wachter — BIRTHPLACE: Ills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Aloys Schuler — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

464 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombophlebitis — 3 weeks
DUE TO (c): Inflammation in Varicosities

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/15, 1952, *to* 3/3, 1952, *that I last saw the deceased alive on* 3/4, 1952, *and that death occurred at* 12:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Margaret M. Davis, M.D.
23b. ADDRESS: 703 - 5th St. So. Nampa
23c. DATE SIGNED: 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: March 12, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: George H. Walker — ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr Davis

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 64980
Local Reg. No. 64980
Reg. Dist. No. 363

BIRTH NO.

RECEIVED MAR 22 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1716 N 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	James	Byron	Haroian		Mar	8	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Child	June 15 1946	5 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): c 2
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton, Mass
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John N. Haroian — BIRTHPLACE: Worcester, Mass
14. MOTHER'S MAIDEN NAME: Mary Defenbach — BIRTHPLACE: Rexberg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John N. Haroian — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fever of virus infection as we see it.
DUE TO (c) Thyroid deficiency in Cretin, under Thyroid treatment for years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mentally retarded

434.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1st, 1950, *to* Mar 8, 1952, *that I last saw the deceased alive on* Mar 8th, 1952, *and that death occurred at* 6:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. N. Wentworth M. D.
23b. ADDRESS: Nampa State School, Nampa, Ida
23c. DATE SIGNED: Mar 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill (St. John's)
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: March 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stark
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson--Boise — ADDRESS: Samuel D. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 363

BIRTH NO.

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place): 2 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle

d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EUGENE	JOSEPH	LOSEE	3	10	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married (child)	8/31/48	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Elgin Ranson Losee — BIRTHPLACE: Donyshon, Nebraska

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Roberts — BIRTHPLACE: Hastings, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -- (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: Faye Stiffelager — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

253.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Undetermined - Apparently died in his sleep.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Epileptic - Brain disease.

DUE TO (c): Feeble-minded

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1951, *to* 3/10, 1952, *that I last saw the deceased alive on* 3/10, 1952, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Weinroth	M. D.	Box 531, Nampa, Idaho	3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/15/52	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 14, 1952	Mrs. Jane Leuck	George H. Walker	Nampa Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 822
Local Reg. No. 81
Reg. Dist. No. 364

Certificate of Death

STATE OF IDAHO

BIRTH NO. [illegible] 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Middleton
c. LENGTH OF STAY (in this place): 14 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Middleton
d. STREET ADDRESS (If rural, give location): South Lansing Lane, Caldwell Rt.1

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) B. c. (Last) Blinn

4. DATE OF DEATH (Month) (Day) (Year): March 17-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 8-1881

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deerfield, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Blinn, — BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Mary Frances Bessac, — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Doreatha Evans, — ADDRESS: Caldwell Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.4 Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1951, *to* March, 1951, *that I last saw the deceased alive on* 3-8, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Caldwell, Ida.

23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 20-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/21/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 033
Local Reg. No. 72
Reg. Dist. No. 362

BIRTH NO.

RECEIVED APR 2 1952 DIVISION OF VITAL STATISTICS BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN: Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): ALBIN
b. (Middle):
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 2, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burlington, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Green
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-24-4210

17. INFORMANT'S OWN SIGNATURE: Lloyd Wilder
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 1 yr
DUE TO (c): Arteriosclerosis, Severe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiovascular Renal Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 8, 1950, *to* March 18, 1952, *that I last saw the deceased alive on* March 17, 1952, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: I C Horton Jr (178)
(Degree or title): MD
23b. ADDRESS: 106-12 Ave So Nampa, Ida
23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 25, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. C 5
Local Reg. No. 82
Reg. Dist. No. 36 1

BIRTH NO.

RECEIVED APR 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 612 Bates St.

3. NAME OF DECEASED (Type or Print): a. (First) Lottie; b. (Middle) A.; c. (Last) Barth

4. DATE OF DEATH: (Month) (Day) (Year) March 20-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22-1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 11; Days 28
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Fulton — BIRTHPLACE: Maple Rapids, Michigan

14. MOTHER'S MAIDEN NAME: Charlotte Seaton — BIRTHPLACE: Eaton Rapids, Mich.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Chas Burton — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 410X Mitral Valve heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1947, *to* 3-20, 1952, *that I last saw the deceased alive on* March 20, 1952 *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.M. Mitchell M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8/27/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 095
Local Reg. No. 75
Reg. Dist. No. 363

BIRTH NO.

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Melba
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Melba

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Melba
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Jane	Gardner	March 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Jan. 25, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Medicine Bow, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Eckley	No Record	Sarah Finch	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Ivy Sturm	Melba, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3/18/21

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, senility — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/18, 1952, *to* 3/18, 1952, *that I last saw the deceased alive on* 3/18, 1952, *and that death occurred at* 4:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A.B. Halliday	M.D.	Nampa, Idaho	3/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/24/52	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 2, 1952	Mrs. Jane Steck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 086
Local Reg. No. 83
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Houston School
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mile W. & North Near Houston School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) MARK c. (Last) MCHONE

4. DATE OF DEATH (Month) (Day) (Year): found March 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 14, 1932

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saunders Mills 09

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Diego, Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. McHone — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Pearl Ireland — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-32-7838

17. INFORMANT'S OWN SIGNATURE: William E. McHone — ADDRESS: Homedale, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

891.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Poisoning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Side of Riders Road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Houston, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Parked in Car with engine running

22. I hereby certify that I attended the deceased from ~~_____~~, 19___, to ~~_____~~, 19___, that I last saw the deceased alive on ~~_____~~, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John F. Alsip, Jr. Coroner

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/26/52

24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: April 14 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 087
Local Reg. No. 84
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ mile W. & North Near Houston School
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Houston School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	AGNES	MCABEE	found March 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	July 16, 1933	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77		Alicia, Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Velmer McAbee	Arkansas	Ella East	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	V E McAbee	Homedale, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carbon Monoxide — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Poisoning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Ditch Riders Road	Near Houston, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Parked in Car with engine running

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Alsip Jr	Coroner	Nampa, Idaho	3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/26/52	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 14, 1952	Mrs Jane Steck	John F Alsip Jr Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 988
Local Reg. No. 85
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Rt. Melba

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Star Rt. Melba

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle):
c. (Last): GARNER

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 20, 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Hagerman, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George M. Garner
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Hannah M. Peck
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Fred Fraschi
ADDRESS: Melba

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 3:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip, Jr Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31, 52
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county): Melba (State): Idaho

DATE REC'D BY LOCAL REG.: April 4, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Leek
25. FUNERAL DIRECTOR: John F Alsip, Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. ....
Local Reg. No. .. 84
Reg. Dist. No. .. 361

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence of Harley Shields

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Emily; b. (Middle); c. (Last) Studebaker

4. DATE OF DEATH (Month) (Day) (Year): March 27- 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: September 24-1856

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR Months: 6 Days: 3
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bremen, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Gertrude M. Shields ADDRESS: Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* Mar 27, 1952, *that I last saw the deceased alive on* Mar 25, 1952, *and that death occurred at* 11:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Fellows (Degree or title) M D
23b. ADDRESS: Wilder Ida.
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Transportation
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Fulton
24d. LOCATION (City, town, or county) (State): Fulton, Indiana

DATE REC'D BY LOCAL REG. 4-5-52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR AND ADDRESS: C. V. Peckham Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 77
Reg. Dist. No. 343

BIRTH NO.

RECEIVED
APR 8 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 311 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) Lucille b. (Middle) Elizabeth c. (Last) (Fisher) Hontoon

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 3/24/08

9. AGE (In years last birthday): 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stepfather: Joe Fisher Father: Walter Hontoon — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Eggers — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Mary Stephenson — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Extensive pressure sores

DUE TO (c) Mental deficiency

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 3/28/, 1952, *that I last saw the deceased alive on* 3/28, 1952, *and that death occurred at* 12:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth M.D.

23b. ADDRESS: Box 531, Nampa, Idaho

23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/3/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 5, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stark

25. FUNERAL DIRECTOR: George A. Walker

ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL

State File No. 001
Local Reg. No. 82
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #1 Melba
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#1 Melba

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #1 Melba
d. STREET ADDRESS (If rural, give location): Rt.#1 Melba

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ORVILLE c. (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1896

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Springfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cyrus E. Johnson — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Annie Moone — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. Winnie Johnson — ADDRESS: Melba

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Shot Wound to Head — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): discharge of 12 gauge

DUE TO (c): shot gun

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): Melba Rt 1 Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 31 1952 6 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Going thru a fence and gun discharged

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* about 6 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip Jr 47° 4 Corners

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: April 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 10, 1952

REGISTRAR'S SIGNATURE: Mrs Janet Steck

25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho

Alsip Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 092
Local Reg. No. 6
Reg. Dist. No. 520-2221

BIRTH NO.

RECEIVED MAR 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) —
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) Belva c. (Last) Dello

4. DATE OF DEATH (Month) (Day) (Year) - 3 - 10 - 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 8 1909
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
11. BIRTHPLACE (State or foreign country) Beardon Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert A. Strain BIRTHPLACE Miss.
14. MOTHER'S MAIDEN NAME Jodie M. Reece BIRTHPLACE Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 540-12-9508
17. INFORMANT'S OWN SIGNATURE John F. Dello ADDRESS Soda Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4168

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic H.T disease — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 7 days

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1950, *to* 3-10, 1952 *that I last saw the deceased alive on* 3-10, 1952 *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Allen H. Tefft M.D.
23b. ADDRESS Soda Springs Idaho
23c. DATE SIGNED 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-12-52
24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.
24d. LOCATION (City, town, or county) (State) Soda Springs Idaho

DATE REC'D BY LOCAL REG. 3/12/52
REGISTRAR'S SIGNATURE Norma C. Ellis
25. FUNERAL DIRECTOR C. D. Whitmore
ADDRESS Soda Springs Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

State File No. 038
Local Reg. No. 7
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace
c. LENGTH OF STAY (in this place) 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) ann c. (Last) Sorensen Lee

4. DATE OF DEATH (Month) March (Day) 17 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 27 October 1873

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ovid, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Jensen - BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Mary Christensen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ethel Sorensen ADDRESS Grace Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

44-X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompersation – Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, arteriosclerosis - years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1951, *to* Mar. 17, 1952, *that I last saw the deceased alive on* Mar. 15, 1952, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles O Johnson 19; (Degree or title) M. D.

23b. ADDRESS Grace, Idaho

23c. DATE SIGNED Mar-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur 1st

24b. DATE Mar. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY Preston

24d. LOCATION (City, town, or county) Preston (State) Idaho

DATE REC'D BY LOCAL REG. 3 20 52

REGISTRAR'S SIGNATURE Norma E. Ellis

25. FUNERAL DIRECTOR Merrill Webb ADDRESS Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 24
Reg. Dist. No. 470

RECEIVED APR 9 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): - - - -

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) Henry; c. (Last) Graf

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John George Graf
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Margaret Webber
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hazel Graf
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Splenectomy — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Splenomegaly - chronic myeloid leukemia — 1 to 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Feb 52
19b. MAJOR FINDINGS OF OPERATION: Splenomegaly
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 11, 1950, *to* Feb 1, 19 52, *that I last saw the deceased alive on* Feb. 1, 19 52, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/6/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 3-26 1952
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: J. Davis Sayer
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-51-1-31

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 18
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Cassia~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Lynn
c. (Last): Craner

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 3, 1951
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 6, Days 2
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Richard Craner
BIRTHPLACE: Oakley, Idaho
14. MOTHER'S MAIDEN NAME: Geneva Lucille Bailey
BIRTHPLACE: Murtaugh, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: G. L. Bailey
ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bulbar Polio
INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~[illegible]~~
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
upper Resp. Inf. 4 manifest
6 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Feb 27, 1952, *to* Mar 5, 1952, *that I last saw the deceased alive on* Mar 5, 1952, *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Sutton M.D.
23b. ADDRESS: Burley Idaho.
23c. DATE SIGNED: 3/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county): Oakley, (State): Idaho

DATE REC'D BY LOCAL REG.: March 10 1952
REGISTRAR'S SIGNATURE: Bt Wilson
25. FUNERAL DIRECTOR: Vern B McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
MAR 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 18 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D. Rupert, Idaho
d. STREET ADDRESS (If rural, give location): (Jackson District)

3. NAME OF DECEASED (Type or Print): a. (First) Gail; b. (Middle); c. (Last) Weaver

4. DATE OF DEATH: (Month) (Day) (Year) March 6, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 1, 1949

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer D. Weaver
BIRTHPLACE: Marana, Arizona

14. MOTHER'S MAIDEN NAME: Pearl Cutting
BIRTHPLACE: Ilwaco, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Gail Weaver
ADDRESS: 1718 Burton Ave. Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tracheo - Bronchitis — 20 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-5-, 1952, *to* 3-6-, 1952, *that I last saw the deceased alive on* 3-6-, 1952, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Sutton 391
(Degree or title): M. D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 10, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Mar 9 1952
REGISTRAR'S SIGNATURE: R. E. Nelson
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 year.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Isaac b. (Middle) Uriah c. (Last) Sweet.

4. DATE OF DEATH (Month) (Day) (Year): Mar 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 17
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 8 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chas U Sweet — BIRTHPLACE: Chicago Ill.
14. MOTHER'S MAIDEN NAME: Oline Nickols — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Della Schwaegler — ADDRESS: Declo Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleurisy c̄ effusion. — 3 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March 10, 1952, *that I last saw the deceased alive on* 3-9, 1952 *and that death occurred at* 2 15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Kelly (Degree or title) 204
23b. ADDRESS: Burley Idaho.
23c. DATE SIGNED: 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-12-52
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo Idaho

DATE REC'D BY LOCAL REG.: Mar 19 1952
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 23
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print): a. (First) Alvin b. (Middle) C. c. (Last) Patrick

4. DATE OF DEATH: (Month) (Day) (Year) March 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1864

9. AGE (In years last birthday): 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Williamsburg, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bryant Patrick BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Phoebe Martin BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel Carruthers ADDRESS: Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from Bladder — INTERVAL BETWEEN ONSET AND DEATH: 7 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Bladder — -
DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1951, *to* Mar 15, 1952, *that I last saw the deceased alive on* Mar 15, 1952, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E Dunn (Degree or title): M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: Mar 14 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar. 20 1952
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: J Garth Payne ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 999
Local Reg. No. 25
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 800 Schodde Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Rhoda Mae b. (Middle) Jones c. (Last) Boling

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 20, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Joe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT Lee Jones — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Annie Lee — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-14-7010
17. INFORMANT'S OWN SIGNATURE: A. F. Hutchings — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic pneumonia — 3 weeks
DUE TO (c) Chronic myocardial failure — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Dec, 1949, *to* 19 March, 1952, *that I last saw the deceased alive on* 19 March, 1952, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Anne N. (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/22/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 3-26 1952
REGISTRAR'S SIGNATURE: Bt. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 26
Reg. Dist. No. 470

RECEIVED
APR 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location) ~~College Hospital~~ 1550 Almo Avenue - Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) E. 14th St. Burley Idaho 1550 Almo Avenue - Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	William	Scorah	March 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 22, 1890	61	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Richmond, Michigan	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Scorah,	Canada	Ada Snover,	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	520-01-8017	Martha E Scorah	1550 Almo Burley Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary insufficiency — 30 days

DUE TO (c) Old Coronary artery disease & Cerebral Sclerosis — 15 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-21, 1948, *to* 3-21, 1952, *that I last saw the deceased alive on* 3-21, 1952, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Emmett MD	Burley, Idaho	3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-25-52	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 26 1952	R. F. Nilson	Frank McCulloch	Burley, Idaho

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Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1011
Local Reg. No. 28
Reg. Dist. No. 470

RECEIVED
APR 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1619½ Oakley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1619½ Oakley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Dib b. (Middle) Eugene c. (Last) Gransbury

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 20, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 9 Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hill Field, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Gransbury BIRTHPLACE: Rupert, Ida.

14. MOTHER'S MAIDEN NAME: Eleanor Miller BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John W Gransbury ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4917

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1952, *to* Mar. 21, 1952, *that I last saw the deceased alive on* Mar 21, 1952, *and that death occurred at* 4:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: R Sutton 391 (Degree or title): M.D. 23b. ADDRESS: Burley Idaho 23c. DATE SIGNED: 3/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: 3/25/52 24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery 24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: April 1, 1952 REGISTRAR'S SIGNATURE: B.F. Nelson

25 FUNERAL DIRECTOR: J. Garth Payne ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1002
Local Reg. No. 27
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1238 Schodde Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Della
b. (Middle) Mattie
c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year) Mar 24 1952

5. SEX Fem
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 4 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 0 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Fox Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joel H. LaRue BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John P. Hutton ADDRESS Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 1 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Arthritis of Spine — 10 Yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10-, 1952, *to* 3-23-, 1952, *that I last saw the deceased alive on* 3-23-, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE K. P. Hutton (Degree or title) M.D.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 3/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-26-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. Mar. 28 1952
REGISTRAR'S SIGNATURE B. F. Wilson
25. FUNERAL DIRECTOR Rodney G. Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1003
Local Reg. No. 20
Reg. Dist. No. 470

RECEIVED MAR 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. Burley

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: UTAH
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. GEORGE
d. STREET ADDRESS (If rural, give location): 285 EAST 3RD SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) Camilla b. (Middle) Lund c. (Last) Murphy

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 27, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: N. L. Lund
BIRTHPLACE: DENMARK

14. MOTHER'S MAIDEN NAME: Kathryn Christensen
BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: N. Hugh Murphy
ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension —
DUE TO (c) Arteriosclerosis —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 2, 1952, *to* Mar 8, 1952, *that I last saw the deceased alive on* Mar 7, 1952, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Dean (Degree or title) M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: Mar 11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar. 18 1952
REGISTRAR'S SIGNATURE: R. F. Nielsen
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 19
Reg. Dist. No. 471

RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Lane
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 13, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 1; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cecil C. Morgan
BIRTHPLACE: Declo, Idaho
14. MOTHER'S MAIDEN NAME: Luella Peterson
BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cecil C. Morgan
ADDRESS: Declo Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1952, *to* Mar 14, 1952, *that I last saw the deceased alive on* ~~[illegible]~~ Feb 18, 1952 *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dalley M D
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 3/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/52
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Mar 18 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Sayne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1005
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary May
b. (Middle): Row
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 30, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Early Gulch, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Eli Row — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Eliza S Curl — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Larrabee — ADDRESS: American Fork, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hepatic cirrhosis — 4 years
DUE TO (c) Cardiac decompensation — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — not known

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1948, *to* March 10, 1952, *that I last saw the deceased alive on* March 6, 1952, *and that death occurred at* 3:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Truxal, M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: 4-2-52
REGISTRAR'S SIGNATURE: Joan Rasmussen
25. FUNERAL DIRECTOR: Jack L. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1[illegible]
Local Reg. No. 20
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 24 1952 [illegible] OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle): Henry
c. (Last): Kelly

4. DATE OF DEATH (Month) (Day) (Year): Mar 6 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 23, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Atlantic, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 1951, *to* 3-6, 1952, *that I last saw the deceased alive on* 3-6, 1952, *and that death occurred at* 11:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G W Espe M D
23b. ADDRESS: Orofino
23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3/6/52
REGISTRAR'S SIGNATURE: Elsie E. Fairley Dep.
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1037
Local Reg. No. 21
Reg. Dist. No. 2/6

BIRTH NO.

RECEIVED MAR 24 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 130 "C" St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Nelson c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year): 3-10-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-24-1889

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill operator 09

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Wright Co. Minn.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Samuel Phillips — BIRTHPLACE: Wis.

14. MOTHER'S MAIDEN NAME: Laurel Futrul — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 531263032

17. INFORMANT'S OWN SIGNATURE: x Mrs. N. W. Phillips — ADDRESS: Orofino

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Encephalitis Parkinsons disease 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/8, 1952 *to* 3/10, 1952, *that I last saw the deceased alive on* 3/9, 1952, *and that death occurred at* 9:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. Hopkins M.D.

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-12-1952

24c. NAME OF CEMETERY OR CREMATORY: Dunton Funeral Home

24d. LOCATION (City, town, or county) (State): Annandale, Minn.

DATE REC'D BY LOCAL REG.: 3/11/52

REGISTRAR'S SIGNATURE: Joel E. Farley

25. FUNERAL DIRECTOR — ADDRESS: W. E. Gilbert — Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 10[illegible]
Local Reg. No. 24
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarks Fork.
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Mar 22 52

5. SEX: m
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: unk
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? unk.

13. FATHER'S NAME: unk — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S OWN SIGNATURE: E. L. Burry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 1 yr (?)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 1951, *to* Mar 22, 1952, *that I last saw the deceased alive on* Mar 22, 1952, *and that death occurred at* 1:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Burry MD
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3/24/52
REGISTRAR'S SIGNATURE: Joel E. Fairley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1009
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): Algernon
b. (Middle): B.
c. (Last): Ray

4. DATE OF DEATH (Month) (Day) (Year): 3-25-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-24-1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Ray — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leslie Ray — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cardiac decompensation
DUE TO (c): old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19-52, 19__, *to* 3-25-, 1952, *that I last saw the deceased alive on* 3-25-, 1952, *and that death occurred at* 1:34 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. B. Rappenhagen 304 — (Degree or title): M. D.
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 3-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-28-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 3/27/52
REGISTRAR'S SIGNATURE: Elsie C. Fairley Dep.
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1010
Local Reg. No. 25
Reg. Dist. No. 2-10

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwatef
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) Melvin; c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year): 3-31-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-16-1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bulldozer operator

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Troy, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Charles Anderson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Ada Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518012345

17. INFORMANT'S OWN SIGNATURE: Glenna C. Anderson — ADDRESS: Greer

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-21-52, 19___, *to* 3-31-52, 19___, *that I last saw the deceased alive on* 3-31-52, 19___, *and that death occurred at* 4:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-3-1952

24c. NAME OF CEMETERY OR CREMATORY: Elwood cemetery

24d. LOCATION (City, town, or county) (State): Texas Ridge Latah Idaho

DATE REC'D BY LOCAL REG.: 4/2/52

REGISTRAR'S SIGNATURE: Joel E. Darley

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 1011
Local Reg. No.
Reg. Dist. No.

BIRTH NO. Decan

RECEIVED MAR 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH a. COUNTY: Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett c. LENGTH OF STAY (in this place): 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 overpass	d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) HELEN c. (Last) COON

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 15, 1917

9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 2, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper 40

10b. KIND OF BUSINESS OR INDUSTRY: Shrum Garage

11. BIRTHPLACE (State or foreign country): Hood River Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank H. Isenberg BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Myrtle G. Gibson BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: X Myrtle G Martin ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hammett Elmore Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 1 52 8:30 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Phil F Green Coroner (Degree or title)

23b. ADDRESS: Mtn. Home Idaho

23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: March 4-1952

REGISTRAR'S SIGNATURE: Mary Sullivan

25. FUNERAL DIRECTOR: Felix J. Bey Mountain ADDRESS: Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
MAR 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 600
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home 40yrs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stump Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) NEHEMIAH b. (Middle) FRANK c. (Last) BURTON

4. DATE OF DEATH: (Month) (Day) (Year) March 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1870
9. AGE (In years last birthday): 82 IF UNDER 1 YEAR Months: 1 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Retired of
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): La Vica Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], to March 1, 1952 *that I last saw the deceased alive on* 2-24, 1952, *and that death occurred at* 6:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M D
23b. ADDRESS: Mountainhome Idaho
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REGISTRAR: March 11, 1952
REGISTRAR'S SIGNATURE: H.K. Anderson
25. FUNERAL DIRECTOR: Ealy J. Bey ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1955
Local Reg. No. 5
Reg. Dist. No. 386

RECEIVED MAR 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Home Air Force Base
c. LENGTH OF STAY (in this place) 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. Home Air Force Base Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Home Air Force Base
d. STREET ADDRESS (If rural, give location) Mt. Home Air Force Base, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) R. c. (Last) Bennett

4. DATE OF DEATH (Month) (Day) (Year) March 1 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH 28 October 1919

9. AGE (In years last birthday) 33
IF UNDER 1 YEAR Months 4 Days 3
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) military

10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force

11. BIRTHPLACE (State or foreign country) Globe, Arizona

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service) WAR II

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S OWN SIGNATURE Kenneth L. Anderson Capt. USAF Contracting Officer
ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injury — INTERVAL BETWEEN ONSET AND DEATH 2½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal skull fracture — 2½ hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

823.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hammett, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 1 1952 7:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* March 1, 1952, *and that death occurred at* 9:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W Kayne (Degree or title) 1st Lt USAF (MC)

23b. ADDRESS 580th Med. Gp., Mountain Home AFB Idaho

23c. DATE SIGNED 3 March 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY Fort Rosecrans Natl Cem.

24d. LOCATION (City, town or county) (State) San Diego California

DATE REC'D BY LOCAL REG. Mar 3, 1952

REGISTRAR'S SIGNATURE H Anderson

25. FUNERAL DIRECTOR Sally G. Bay

ADDRESS Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED
MAR 6 1952
DIVISION OF VITAL STATISTICS

State File No. 1014
Local Reg. No. 4
Reg. Dist. No. 380

BIRTH NO. Dec 4

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: California
b. COUNTY: Los Angelos
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Nuys
d. STREET ADDRESS (If rural, give location): 63335 Elmer Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Olin
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): March 2,1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov.25,1951
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 3 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burbank California
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME BIRTHPLACE: Ralph O. Rose San Francisco Calif.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Darlene M. Redfern Glendale California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: Ralph O. Rose Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: Mtn. Home Idaho
23c. DATE SIGNED: 3/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 2,1952
24c. NAME OF CEMETERY OR CREMATORY: Van Nuys Cemetery
24d. LOCATION (City, town, or county) (State): Van Nuys California

DATE REC'D BY LOCAL REG.: March 2,1952
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR ADDRESS: Felix J. Bey Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1015
Local Reg. No. 6
Reg. Dist. No. 540

BIRTH NO. 111-52-03140

MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lance b. (Middle) Glenn c. (Last) Hadfield

4. DATE OF DEATH (Month) (Day) (Year): Feb 21 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 20, 1952			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby 02		Preston, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Darrell C. Hadfield	Malad, Ida.	Colleen Poulsen	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		David C. Hadfield	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

761.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia with generalized brain damage — INTERVAL BETWEEN ONSET AND DEATH: 22 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Knot in umbilical Cord — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 20, 1952, *to* Feb. 21, 1952, *that I last saw the deceased alive on* Feb. 21, 1952, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Smith 396	M.D.	Preston, Idaho	2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 25, 1952	Lewiston	Lewiston Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-25-52	Effie W. Brower	Atkinson Webb	Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 1016
Local Reg. No. 10
Reg. Dist. No. 240

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 169 East Oneida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 169 East Oneida

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Bybee c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year): March 21 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 5, 1880

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer 62

10b. KIND OF BUSINESS OR INDUSTRY: Franklin County

11. BIRTHPLACE (State or foreign country): Lewiston, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Bybee
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Henderson
BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-20-3056

17. INFORMANT'S OWN SIGNATURE: Hilda A. Steele
ADDRESS: Preston Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-21, 1952 *to* 3-21, 1952, *that I last saw the deceased alive on* 3-21-52, 1952, *and that death occurred at* 11:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Clifton
24d. LOCATION (City, town, or county) (State): Clifton Idaho

DATE REC'D BY LOCAL REG.: 3-24-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Atkinson & Webb
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 1017
Local Reg. No. 12
Reg. Dist. No. 540

BIRTH NO.

RECEIVED
APR 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Moroni	Thomas	March	29	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 27, 1877	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather Craft
10b. KIND OF BUSINESS OR INDUSTRY: Saddlery
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Washburn Thomas
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Emma Adams
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Nathan M. Thomas ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 years

DUE TO (c) Generalized arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-29, 1952, *to* 3-29, 1952, *that I last saw the deceased alive on* 3-29, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Ida	3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 1, 1952	Holliday	Holliday, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-31-52	Effie W. Brouwer	Clarence Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1018
Local Reg. No. 14
Reg. Dist. No. 340

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linrose
c. LENGTH OF STAY (in this place): 71
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linrose
d. STREET ADDRESS (If rural, give location): Linrose

3. NAME OF DECEASED (Type or Print): a. (First) ALICE; b. (Middle) LLOYD; c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Barrow-in Furnace, England

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Lloyd
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Hariet Moore
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Blanch Davis
ADDRESS: Linrose Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis and Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1952, *to* 3-27, 1952, *that I last saw the deceased alive on* 3-27, 1952, *and that death occurred at* 3:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. K. Cutler M.D.

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 3-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-31-52

24c. NAME OF CEMETERY OR CREMATORY: Dayton

24d. LOCATION (City, town, or county) (State): Dayton, Idaho.

DATE REC'D BY LOCAL REG.: 3-31-52

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1019
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
d. STREET ADDRESS (If rural, give location): Dayton, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): CATHERINE GODFREY JARDINE ARCHIBALD

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 10, 1863.

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Coleville, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Godfrey
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Pittaway
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jack Archibald
ADDRESS: Dayton, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of Pancreas — 6 months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1952, *to* 3/30, 1952, *that I last saw the deceased alive on* 3/28, 1952, *and that death occurred at* 11:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Smith
(Degree or title): M.D.

23b. ADDRESS: Preston, Idaho
R. Smith

23c. DATE SIGNED: 4/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-3-52

24c. NAME OF CEMETERY OR CREMATORY: Clarkston, Utah.

24d. LOCATION (City, town, or county) (State): Clarkston, Utah.

DATE REC'D BY LOCAL REG.: 4-3-52

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman L. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1000
Local Reg. No. 18
Reg. Dist. No. 650

BIRTH NO.

MAR 1 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 125 West 1st No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 125 West 1st No.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIJAH
b. (Middle): DEMENT
c. (Last): YARBROUGH

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb.14, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Emerson, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Yarbrough — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Martha Jane Darr. — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Mrs. Basil Call — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of pancreas ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Mar, 1952, to only, 19__, *that I last saw the deceased alive on* 5 Mar, 1952, *and that death occurred at* 7:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Brinton M.D.
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 11 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 3-13-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Hamilton, Mont

DATE REC'D BY LOCAL REG.: Mar 12, 1952
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: A. B. Eckersley — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 20
Reg. Dist. No. 650

BIRTH NO.

RECEIVED APR 4 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newdale

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 121 E 2nd N
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EMMA	LOOSLI	ARCHIBALD	March 24 - 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 13, 1865	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Providence, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Casper Loosli,	Germany	Annie Elizabeth Huntsburger	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mary A. Bird.	St. Anthony Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 16, 1952, *to* March 21, 1952, *that I last saw the deceased alive on* March 21, 1952, *and that death occurred at* 8 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilbur W. Rennings, MD.	St. Anthony, Idaho	3-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	27 March 52	Teton	Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
26 Mar 52	M. L. Hansen	M. L. Hansen	St. Anthony, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 1022
Local Reg. No. 17
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH ELIZA b. (Middle) BIRD c. (Last) RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb., 2, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Mendon, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Martin Bird — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Emma Gardner — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-0478
17. INFORMANT'S OWN SIGNATURE: Wayne L. Richards — ADDRESS: St. Anthony Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential hypertension — 2 yrs.
DUE TO (c) Generalized arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Mar. 5, 1952, *that I last saw the deceased alive on* Mar. 5, 1952, *and that death occurred at* 4P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Mande C Larsen M.D. 234
23b. ADDRESS: Ashton Idaho
23c. DATE SIGNED: 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 3-7-52
REGISTRAR'S SIGNATURE: L Larsen
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 1023
Local Reg. No. 19
Reg. Dist. No. 651

BIRTH NO. 22 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 14 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Squirrel
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Anna. b. (Middle) Sophia. c. (Last) Garz.

4. DATE OF DEATH (Month) 3- (Day) 13. (Year) 52

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.

8. DATE OF BIRTH 2/17/1895

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christian. Franke. BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Sophia. Miller. BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Gladys Kraemer ADDRESS Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hx Pyelitis Chronic Cystitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Arthritis, senile

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 days.
(b) 1 yrs.
(c)
(d) (b) & (c).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 March, 1952, *to* 13 March, 1952, *that I last saw the deceased alive on* 13 March, 1952, *and that death occurred at* 4PM. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Ashton Idaho

23c. DATE SIGNED 3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/16th1952.

NAME OF CEMETERY OR CREMATORY Pineview

24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 3-18-52

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 21
Reg. Dist. No. 651

RECEIVED APR 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) MILES c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 1, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 9 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Hoytsville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lee Grandson Miles
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Wilkinson
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Caleb Wright
ADDRESS: St. Anthony,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 410X Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral stenosis, old rheumatic — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 March, 1952, *to* 27 March, 1952, *that I last saw the deceased alive on* 27 March, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Ashton-Ida
23c. DATE SIGNED: 29 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 31 March 52
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 30 March 52
REGISTRAR'S SIGNATURE: Mark Hansen
25. FUNERAL DIRECTOR: Mark Hansen
ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1025
Local Reg. No. 22
Reg. Dist. No. 3 to 11

BIRTH NO. 52-01888

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Butte View Cabins

3. NAME OF DECEASED (Type or Print): a. (First) Marvin b. (Middle) William c. (Last) Kincaid

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: February 22, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months --- | Days 8 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marvin Albert Kincaid — BIRTHPLACE: Barnumton, Missouri

14. MOTHER'S MAIDEN NAME: Anne Pauline Long — BIRTHPLACE: Edwards, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Warren A. Kincaid

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 30 wks — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Isolation

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

TTEX

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb 22, 1952, *to* March 1, 1952, *that I last saw the deceased alive on* March 1, 1952, *and that death occurred at* 5 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth P. Kaufman MD | **23b. ADDRESS**: Emmett | **23c. DATE SIGNED**: March 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: Mar. 3, 1952 | **24c. NAME OF CEMETERY OR CREMATORY**: Riverside | **24d. LOCATION** (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 6, 1952 | REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1026
Local Reg. No. 23
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 324 Murray Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Edward	Barnard	Mar. 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Mar. 18, 1884	67	11	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 11	realestate	Vale, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Barnard	Vale, Iowa	Lucinda Smith	Maquoketa, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 20 2469	x Elwin N Barnard	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary occlusion	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerotic heart dis.	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 Jan., 1952, *to* 10 Mar., 19 52, *that I last saw the deceased alive on* 10 Mar., 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C A Goodwin, M.D.	Emmett, Ida.	4 Mar. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Mar. 6, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 4 1952	Jean A. Scally	Glenn W Beatty	Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1027
Local Reg. No. 24
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle): Raymond
c. (Last): Schmaljohn

4. DATE OF DEATH (Month) (Day) (Year): Mar. 4, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: June 15, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 18 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Haysville, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 521-20-5949

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* February 25, 19 52, *to* March 4, 19 52, *that I last saw the deceased alive on* March 4, 19 52, *and that death occurred at* 12:00 noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 58-[illegible] Quentin E. Howard, M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: March 6, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Mar. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 6, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Gilman Beatty ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Bowbrick

Certificate of Death

RECEIVED MAR 20 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1026
Local Reg. No. 25
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Alane
c. (Last): Clements

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 8, 1942
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 03
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Twisp, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Clements — BIRTHPLACE: Richards, Mo.
14. MOTHER'S MAIDEN NAME: Laura Robbins — BIRTHPLACE: Druwsy, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X George Clements — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416X Acute cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pulmonary virus infection — 5 days
DUE TO (c) Chronic Rheumatic heart disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/12, 1952, *to* 3/15, 1952, *that I last saw the deceased alive on* 3/15, 1952, *and that death occurred at* 10.15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 610 A. G. Bowbrick (Degree or title) D.O.
23b. ADDRESS Monroe Bldg Emmett Ida.
23c. DATE SIGNED 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 18, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1029
Local Reg. No. 29
Reg. Dist. No. 340-341

RECEIVED APR 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eemmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elzady
c. (Last): Grogan

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 28, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Boon County, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Berry R Grogan — ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 0 *, 1950, to* 18 Mar *, 1952, that I last saw the deceased alive on* 18 Mar. *, 1952, and that death occurred at* approx. 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R A Goodman 137, M.D.
23b. ADDRESS: Emmett Ida.
23c. DATE SIGNED: 21 Mar 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 21, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 21, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Howard.

RECEIVED
MAR 22 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1630
Local Reg. No. 27
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 805 E. 2nd

3. NAME OF DECEASED (Type or Print): a. (First) Zenna; b. (Middle) Mable; c. (Last) Langston

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 12, 1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Guthrie Center, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Webster Kimball — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Rebekah Jane Bair — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. D.C. Cashman — ADDRESS: Atwood, Pave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — Unknown
DUE TO (c): Pernicious Anemia — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-22-2

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1952, *to* March 18, 1952, *that I last saw the deceased alive on* March 18, 1952, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: 20 March 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 22 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 20 1952

REGISTRAR'S SIGNATURE: Frank L. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel, Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1021
Local Reg. No. 28
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 305 Lincoln Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Maynard c. (Last) Hunt

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 30, 1881

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months: 2 Days: 25 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Maynard — BIRTHPLACE: Dalton, Mass.

14. MOTHER'S MAIDEN NAME: Jane Tyler — BIRTHPLACE: Dalton, Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE / ADDRESS: x Katherine Lyle Hunt

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of rectum — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Mar., 1952, *to* 25 Mar., 1952, *that I last saw the deceased alive on* 25 Mar., 1952, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M. D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 25 Mar. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Mar. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: March 26, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1022
Local Reg. No. 30
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 616 East 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Phillip
c. (Last): Burmood

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 4, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): realator 19
10b. KIND OF BUSINESS OR INDUSTRY: realestate
11. BIRTHPLACE (State or foreign country): Woodriver, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Burmood — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sarah Riesland — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: x Olavine N Burmood — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Glomerulo — years
DUE TO (c) nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1952, *to* March 27, 1952, *that I last saw the deceased alive on* March 27, 1952 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ronald R. Rawlinson (Degree or title) 325 — 23b. ADDRESS: Emmett — 23c. DATE SIGNED: 3/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 1, 1952 09
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 1, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

RECEIVED APR 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1033
Local Reg. No. 31
Reg. Dist. No. 340-341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 219 W 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Perry	Hamilton	Overholser	March 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 1 DAY: Hours / Min.
male	white	married	Feb. 25, 1878	74	1 / 5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
custodian	bank	Marion, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Overholser	Fairfield, Iowa	Cynthia E. Carter	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-0914	x Mrs. R. O. Bowen	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	420.1 Chronic Myocardial	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	8 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 24, 1952 *to* March 30, 1952, *that I last saw the deceased alive on* March 30, 1952, *and that death occurred at* 6:35 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald P. Faulkner	Emmett Ida	4/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 3, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 3, 1952	Jean A. Beatty	Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 163
Reg. Dist. No. 420

111-52-03221
BIRTH NO.

RECEIVED
MAR 12 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 413 Arizona

3. NAME OF DECEASED (Type or Print): a. (First) COLT; b. (Middle) JOSE; c. (Last) HAKEN

4. DATE OF DEATH: (Month) (Day) (Year): March 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 7, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bert Haken — BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Geraldine Evans — BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bert Haken — ADDRESS: 413 Arizona Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity 6½ mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 7, 1952 *to* Mar 7, 1952, *that I last saw the deceased alive on* Mar 7, 1952, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion K Knight MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: Mar 9-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: J. A. Cameron
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1025
Local Reg. No. 1581
Reg. Dist. No. 420

BIRTH NO. 111-52-03220

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 413 Arizona

3. NAME OF DECEASED (Type or Print)
a. (First): TOWANNA
b. (Middle): ROSITA
c. (Last): HAKEN

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 7, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 7; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bert Haken
BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Geraldine Evans
BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bert Haken
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, Aspiration
INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Gooding (COUNTY): Gooding (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1952, *to* March 14, 1952, *that I last saw the deceased alive on* March 14, 1952, *and that death occurred at* 2:07 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Kingbrand
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1026
Local Reg. No. 1582
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Elks Club

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): F.
c. (Last): Welsh

4. DATE OF DEATH (Month) (Day) (Year): Mar 16 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept 11, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Dubuque, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Lillian — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 520-10-8154
17. INFORMANT'S OWN SIGNATURE: E. H. Brady MD — ADDRESS: Gooding Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* March 16, 1952, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Brady (Degree or title) MD
23b. ADDRESS: Gooding
23c. DATE SIGNED: Mar 16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-20-52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: J. H. Ermurell
25. FUNERAL DIRECTOR: Geo. Jerread — ADDRESS: Gooding

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 16-38
Reg. Dist. No. 420

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 810 Locke Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ALYCE
b. (Middle): NARVADA
c. (Last): ORGAN

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 18, 1910

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40

10b. KIND OF BUSINESS OR INDUSTRY: No. Side Implement Co.

11. BIRTHPLACE (State or foreign country): Wildwood, Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Organ
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 510-20-9059

17. INFORMANT'S OWN SIGNATURE: Glen A Brown
ADDRESS: Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute hepato-renal failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bilary cirrhosis — 2-3 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1952, *to* 3-31, 1952, *that I last saw the deceased alive on* 3-31, 1952 *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Anderson M.D.
(Degree or title)

23b. ADDRESS: Gooding, Ida

23c. DATE SIGNED: 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/24/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52

REGISTRAR'S SIGNATURE: J N Emmrich

25. FUNERAL DIRECTOR: Geo. Jensen

ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 1028
Local Reg. No. 15 3 5
Reg. Dist. No. 4 2 D

BIRTH NO.

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 445 Utah

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): A.
c. (Last): CHAPPELL

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real estate Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Louisville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chappell
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 542-18-7238B

17. INFORMANT'S OWN SIGNATURE: Beulah Raby
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell M.D.
(Degree or title):
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/29/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: J. H. Cromwell Dep 420
25. FUNERAL DIRECTOR: Les. Jensen Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED Certificate of Death

STATE OF IDAHO

APR 16 1952

DIVISION OF VITAL STATISTICS

State File No. 1556
Local Reg. No. 1556
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Churchill Apts.

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) F. c. (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH March 25, 1869

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber retired 5[illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clinton, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Fred F. Kennedy ADDRESS Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH 3/22/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1, 1952, *to* March 29, 1952 *that I last saw the deceased alive on* 3/25, 1952 *and that death occurred at* 1:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE F. E. Garrett (Degree or title) MD

23b. ADDRESS Gooding Ida.

23c. DATE SIGNED 4/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/1/52

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 4-12-52

REGISTRAR'S SIGNATURE J. A. Cromwell

25. FUNERAL DIRECTOR Geo. Jewell Jr. ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in own handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1010
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Valentines Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 124 Eighth Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): The Reverend Father N. F. Wirtzberger

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 10, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Catholic Priest 58
10b. KIND OF BUSINESS OR INDUSTRY: Ordained Priest
11. BIRTHPLACE (State or foreign country): Watkins, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Lewis Wirtzberger Shomokin, Penn.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elizabeth Newbauer Shomokin, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Twin Falls, Idaho
X Monsignor Jos. P. O'Toole

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — many years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 9, 1952, *to* death, 19___, *that I last saw the deceased alive on* Mar 9, 1952, *and that death occurred at* 6 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Holsinger, M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 3/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: Veronica Maus
25. FUNERAL DIRECTOR — ADDRESS: B. T. Albertson, Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1041
Local Reg. No. 1034
Reg. Dist. No. 420

BIRTH NO.

APR 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bliss
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bliss
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ADELINE
b. (Middle) C.
c. (Last) BIGGS

4. DATE OF DEATH (Month) (Day) (Year) March 25, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 29, 1869

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugh O'Neil
BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Robert H Biggs
ADDRESS Bliss

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1952 *to* 3-25, 1952, *that I last saw the deceased alive on* 3-25, 1952 *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Walter E. Anderson MD (Degree or title)

23b. ADDRESS Gooding, Ida

23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/28/52

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 3-31-52

REGISTRAR'S SIGNATURE J H Brownell

25. FUNERAL DIRECTOR Geo. Jensen Jr.
ADDRESS GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1042
Local Reg. No. 74
Reg. Dist. No. 240

BIRTH NO.

MAR 12 1952
DIVISION OF

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): R.F.D. 3

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): AILCE
c. (Last): CASH

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 12, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Chillpcothe, Mo
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Halford — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Clara Jones — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Frank R Cash — ADDRESS: Stites

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum with metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Mar. 2, 1952, *that I last saw the deceased alive on* 3 3 26, 1952 *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Saltman 360 M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 4 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 4 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1043
Local Reg. No. 76
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cox Saw Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) E. (Jack)
c. (Last) McLEAN

4. DATE OF DEATH (Month) (Day) (Year) Mar.3,1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jzn.20,1888
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 56
10b. KIND OF BUSINESS OR INDUSTRY lumber
11. BIRTHPLACE (State or foreign country) Little Rock, Ark
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Mc Lean — BIRTHPLACE U.S.
14. MOTHER'S MAIDEN NAME Sally — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-16-9647
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? While cleaning out elevator at mill

22. *I hereby certify that I attended the deceased from* 19 april, 1951, *to* Mar 3, 1952, *that I last saw the deceased alive on* 19 april, 1951, *and that death occurred at* 11:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Saltum 360 (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 4 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Mar.6,1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville

DATE REC'D BY LOCAL REG. Mar 6 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jess Roberts on — ADDRESS Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1014
Local Reg. No. 75
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coy Cole home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AMELIA	E.	MATTOX	Mar. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Sept. 10, 1876	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. B. Knorr	Germany	Wilhelmina Borcherding	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	NO	Coy C. Cole	Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. aortic stenosis — several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 19 49, *to* Mar 4, 19 52, *that I last saw the deceased alive on* 3 Mar, 19 52, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Saltman M.D	Grangeville Idaho	5 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 7, 1952	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 6 1952	Emma Cone	Joe Robertson	

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1045
Local Reg. No. 5
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Gertrude's Convent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location): St. Gertrudes, Convent

3. NAME OF DECEASED (Type or Print)
a. (First): Sr. Mary
b. (Middle): Verena
c. (Last): Wildhaber

4. DATE OF DEATH (Month) (Day) (Year): 3 3 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8/8/1880
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 6 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religous
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Gallen, Switzerland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dionis Wildhaber — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Magdalene Ackerman — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Sister Mary Anna, O.S.B. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Renal Disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 29, 1952, *to* 3-3, 1952, *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr, M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 3-4-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3 5 52
24c. NAME OF CEMETERY OR CREMATORY: St. Gertrudes
24d. LOCATION (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.: 3-4-1952
REGISTRAR'S SIGNATURE: W. F. Orr M.D.
25. FUNERAL DIRECTOR: Cletus Hickman — ADDRESS: Cottonwood Ida

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1015
Local Reg. No. 6
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 7 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ZOE b. (Middle) W. c. (Last) PANKEY

4. DATE OF DEATH (Month) (Day) (Year): March 12 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 30 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Bronaugh, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George A. Shaull, Virginia
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Bettie Hartman, Virginia
BIRTHPLACE

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Robert G. Pankey ADDRESS: Reubens, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 4 yrs.

DUE TO (c) Chronic Nephritis — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1952, *to* March 12, 1952, *that I last saw the deceased alive on* Mar. 12, 1952, *and that death occurred at* 10:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.

23b. ADDRESS: Cottonwood, Idaho.

23c. DATE SIGNED: 3-13-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-12-52

24c. NAME OF CEMETERY OR CREMATORY: Reubens

24d. LOCATION (City, town, or county) (State): Reubens, Idaho.

DATE REC'D BY LOCAL REG.: 3-13-1952

REGISTRAR'S SIGNATURE: Wesley F. Orr, M. D.

25 FUNERAL DIRECTOR: C. E. Clovis ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1017
Local Reg. No. 7
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Sr. M. Remigia b. (Middle) Baldus c. (Last)

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 7-18-1888
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) religious
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME unKnown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unKnown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Sister Mary Anna, OSB. ADDRESS Cottonwood

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal-Cardio Vascular Disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* March 24, 1952, *that I last saw the deceased alive on* Mar. 24, 1952, *and that death occurred at* 11:55a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wesley F. Orr MD
23b. ADDRESS Cottonwood, Idaho
23c. DATE SIGNED Mar. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 27, 1952
24c. NAME OF CEMETERY OR CREMATORY St. Gertrude's
24d. LOCATION (City, town, or county) (State) Cottonwood, Idaho

DATE REC'D BY LOCAL REG. 3-25-52
REGISTRAR'S SIGNATURE Wesley F. Orr MD by Cletus Uhlorn
25. FUNERAL DIRECTOR ADDRESS Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-43021

State File No. 1015
Local Reg. No. 13
Reg. Dist. No. 640

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby,
c. LENGTH OF STAY (in this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 232 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ezra
b. (Middle): Joseph
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 23, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Williams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Elizabeth Allen — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Homer. D. Williams — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES — DUE TO (b) c̄ hemiplegia

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Had broken hip (neck of femur) 6 mos ago.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9-1-51
19b. MAJOR FINDINGS OF OPERATION: Fracture neck of femur rt.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1951, *to* Sept 10, 1951, *that I last saw the deceased alive on* Sept 10, 1951, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Steven Hatch, M.D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: Mar 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls

DATE REC'D BY LOCAL REG.: 3/21/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Jack R Wood Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 10[illegible]
Local Reg. No. 11
Reg. Dist. No. 640

BIRTH NO. 171352

RECEIVED DEPT. OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (5 Mi.S.Roberts
c. LENGTH OF STAY (in this place): 1Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mi So. of Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasco
d. STREET ADDRESS (If rural, give location): 805 No. 3rd. St.

3. NAME OF DECEASED (Type or Print): a. (First) ALVIN b. (Middle) JUNIOR c. (Last) GANDY

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 16, 1931

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Paris, Miss.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William W. Gandy.
BIRTHPLACE: Mississippi

14. MOTHER'S MAIDEN NAME: Hettie E. Moore.
BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW II

16. SOCIAL SECURITY NO.: 425-56-1536

17. INFORMANT'S OWN SIGNATURE: Nellie Anne Gandy
ADDRESS: Pasco, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Compound fractures R & L legs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None Performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RR Crossing

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Roberts, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 6 1952 8:35 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: While driving Cat. across RR.

22. *I hereby certify that I attended the deceased from* XXXX

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

State File No. 1270
Local Reg. No. 12
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lorenzo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): Lorenzo

3. NAME OF DECEASED (Type or Print)
a. (First): SALLY
b. (Middle): MATT
c. (Last): RENCHER

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: F.M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec.3, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Whitfield Hunt. BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Jane Weems. BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Betty Cramer — ADDRESS: Lorenzo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 years
DUE TO (c) Hypertension — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4, 1952, *to* March 10, 1952, *that I last saw the deceased alive on* March 9, 1952, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Aldon Hall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/14/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 3/11/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1057
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome — Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 8 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome — Idaho
d. STREET ADDRESS (If rural, give location): West 8th

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle); c. (Last) Hepperle

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 15.1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months 11 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Casper Witt — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs Ray Gould — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 170X Carcinoma left breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — Age 82

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/20/51, 19____, *to* 3/2/52, 19____, *that I last saw the deceased alive on* 11/20/51, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle Smail, MD — **23b. ADDRESS**: Jerome, Idaho — **23c. DATE SIGNED**: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3/6/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Jerome — **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG. 3-4-52 — REGISTRAR'S SIGNATURE: Irvin L Mahe

25. FUNERAL DIRECTOR: J B Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1052
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

MAR 31 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ole b. (Middle) J c. (Last) Paulson

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 7 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R R Mail Clerk 7o

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Issac Paulson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs O J Paulson
ADDRESS: Eden, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a):

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia, Colon with Metastasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 27, 1952, *to* Mar 20, 1952, *that I last saw the deceased alive on* Mar 20, 1952, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 165 Mo Practicing Phy

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 19 3/24/52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 3-24-52

REGISTRAR'S SIGNATURE: Irma L Mahe

25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome .Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1053
Local Reg. No. 59
Reg. Dist. No. 469

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): azelton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton

3. NAME OF DECEASED (Type or Print): a. (First) LEONARD b. (Middle) N. c. (Last) WORSHAM

4. DATE OF DEATH: (Month) (Day) (Year) March 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 6, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ob
10b. KIND OF BUSINESS OR INDUSTRY: Canal Company
11. BIRTHPLACE (State or foreign country): Mt. Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 547-22-1988
17. INFORMANT'S OWN SIGNATURE: * Denell Worsham — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) First Attack
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 7, 1952, *to* Mar 8, 1952, *that I last saw the deceased alive on* Mar 7, 1952, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3-13-52 Burial
24b. DATE: 3-13-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Thomas Land
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-1937

BIRTH NO.

RECEIVED 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Kavin
c. (Last): Walters

4. DATE OF DEATH (Month) (Day) (Year): March 12 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 23. 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 18; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wendell Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Gordon Walters
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Dorothy Steele
BIRTHPLACE: N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gordon Walters
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

763.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute virus pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-23-, 1952, *to* 3-12, 1952, *that I last saw the deceased alive on* 2-27-, 1952, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Phe. Pe Per. M.D. 282
23b. ADDRESS: Jerome
23c. DATE SIGNED: 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14.52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Irvin L Mob
25. FUNERAL DIRECTOR: J.R. Wiley
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1055
Local Reg. No. 45
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Evelyn	Bare	Feb. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Married	Jan. 6. 1912	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME H. C. Franklin — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Bessie — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 540-28-7177
17. INFORMANT'S OWN SIGNATURE X Mrs. R. L. Briese ADDRESS Hayden Lake Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Embolism or Coronary Thrombosis or — INTERVAL BETWEEN ONSET AND DEATH Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular damage of bowel 2 wks
DUE TO (c) Circulation gangrene ileum terminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

578X

19a. DATE OF OPERATION 1-24-52
19b. MAJOR FINDINGS OF OPERATION Circulation gangrene ileum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 2-4-52, *and that death occurred at* 4:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Moseley M.D.	Coeur d'Alene	2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	FEB. 6 1952	FOREST CEMETERY	C. D. A. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
3-15-52	Lorraine K Brush	Don English, Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 8 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1056
Local Reg. No. 44
Reg. Dist. No. 120

BIRTH NO. Dr/Don Mosley

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1019-Lakeseide

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): B.
c. (Last): Wood

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25, 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James — BIRTHPLACE: Wood N.Y.
14. MOTHER'S MAIDEN NAME: Sarah Smith — BIRTHPLACE: Uknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Homer Smith — ADDRESS: Priest River Ida

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio vascular renal disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 3-2-52 *, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Miracle M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 120

REGISTERED
DIVISION OF VITAL STATISTICS
1952
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 844 Govt Way

3. NAME OF DECEASED (Type or Print): a. (First) Frederick b. (Middle) O.. c. (Last) Richardson

4. DATE OF DEATH: (Month) (Day) (Year) Mar 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 3, 1874	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Dept Of Agr.
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Richardson — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Elizabeth Young — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer Rectum — 3+ years
DUE TO (c): (Adeno carcinoma grade III)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-1-52	Colostomy (Cancerous type) - for obstruction	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15, 1951, *to* 3-2, 1952, *that I last saw the deceased alive on* 3-2, 1952 *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins	MD	Coeur d'Alene Idaho	3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3-4-52		Glencoe, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-4-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1056
Local Reg. No. 39
Reg. Dist. No. 120

Dr. Hus
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1131-7th, St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1131-7th, St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Clifford c. (Last) Barnum

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 24, 1898	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman 62	City Street Dept.	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jay Barnum	Ohio	Mary Brown	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-07-0748	x Wm J Barnum	Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/13/50	Inoperable Bronchogenic Carcinoma	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 19 44, *to* 3/2, 19 52, *that I last saw the deceased alive on* 3/2, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
175 O M Wessel		Coeur d' Alene Idaho	3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 5, 1952	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-4-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1059
Local Reg. No. 38
Reg. Dist. No. 120

BIRTH NO. Dr/A. Barclay

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 3-Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608-S-11th, St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene, Idaho
d. STREET ADDRESS (If rural, give location) 608-S-11th, St.

3. NAME OF DECEASED (Type or Print)
a. (First) Morris
b. (Middle) D. Masten
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER
8. DATE OF BIRTH Jan. 3, 1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 62
10b. KIND OF BUSINESS OR INDUSTRY City Street Dept.
11. BIRTHPLACE (State or foreign country) ~~Minnesota~~ New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Morris D. Masten
13 BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Luella Kane
BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) War One
16. SOCIAL SECURITY NO. 518-01-0582
17. INFORMANT'S OWN SIGNATURE Emma Masten DE. ADDRESS Cd'a Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) art. sclerosis — 5 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1951, *to* 3-2, 1952, *that I last saw the deceased alive on* 3-1, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Nesander Barclay 018 (Degree or title) MD
23b. ADDRESS Coeur d' Alene Ida
23c. DATE SIGNED 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 5, 1952 13
24c. NAME OF CEMETERY, OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. 3-4-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1650
Local Reg. No. 48
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1423 Sherman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1423 Sherman

3. NAME OF DECEASED (Type or Print): a. (First) Antoinette b. (Middle) Ellen c. (Last) Brown

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec 22 1935

9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: Hi-School

11. BIRTHPLACE (State or foreign country): Rush City Minn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jack Boyd — BIRTHPLACE: Ill

14. MOTHER'S MAIDEN NAME: Matlida Lindgren — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Carl Brown — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

973X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by Poisonous Gas — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home - Car.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: put hose between car exhaust & Car.

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Ward, M.D. (Degree or title): Coroner

23b. ADDRESS: Coeur d'alene Idaho

23c. DATE SIGNED: 3-17-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-15-52

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 3-15-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: C d A Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 10-1
Local Reg. No. 47
Reg. Dist. No. 120

RECEIVED
MAR 24 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809-Garden Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 809-Garden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	S.	Thompson	Mar. 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 17, 1875	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Thompson	Indiana	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mercy Thompson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. previous myocardial infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* did not see *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d' Alene Idaho	3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-19-52	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-18-52	Lorraine K. Brush	Don English	Coeur d' Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1062
Local Reg. No. 54
Reg. Dist. No. 120

Dr. Don Mosele

BIRTH NO.

RECEIVED APP 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeurd' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Knights' Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Brown	Mar. 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Jan 8 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Sill, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Brown
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Don English
ADDRESS Cda Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Accident Acute — 96 hr
DUE TO (c) Arterio-Sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3-26, 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Mosele, M.D.	Coeur d'Alene	3-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 29, 1952	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-28-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1063
Local Reg. No. 60
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur D Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 303 S. 19th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur D'Alene
d. STREET ADDRESS (If rural, give location) 303 S 19th.

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) c. (Last) Stephens

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 19, 1863
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alphona Sweet BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Caroline BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Bonita Calvert ADDRESS Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerose
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 21, 1951, *to* Mar 26, 1952, *that I last saw the deceased alive on* Mar 26, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R H Barker M.D. (Degree or title)
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 3-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March 26/52
24c. NAME OF CEMETERY OR CREMATORY Forrest
24d. LOCATION (City, town, or county) (State) Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG. 4-8-52
REGISTRAR'S SIGNATURE Lorraine K Brush
25. FUNERAL DIRECTOR Gus McGlade ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. 1[illegible]
Local Reg. No. 49
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 611 Front Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 611 Front

3. NAME OF DECEASED (Type or Print): a. (First) Susanna; b. (Middle); c. (Last) Robins

4. DATE OF DEATH (Month) (Day) (Year): Mar 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sep 6, 1873

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Grigsby — BIRTHPLACE: Ken

14. MOTHER'S MAIDEN NAME: Frances Stien — BIRTHPLACE: Ken.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vera Robins Nelson — ADDRESS: Cd'A

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 19 51, *to* Mar. 26, 19 52, *that I last saw the deceased alive on* March 26, 19 52, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D M Gumbrecht (Degree or title)
23b. ADDRESS: 318 N. 4th St., Coeur d'Alene
23c. DATE SIGNED: 28 March

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-28-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1065
Local Reg. No. 46
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAR 24 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rathdrum, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Powell	Cooper	3	8	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	1/18/68	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 08	Logging	Norwood, Michigan	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Cooper	Dayton, Ohio	Caroline Powell	Bowling Green, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Caroline Hutchison	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb., 1949, *to* January, 1952, *that I last saw the deceased alive on* 1/17/52 19__, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dedrickson M.D.	Spirit Lake Idaho	3/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	3-10-52	Hazlin Yeager	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-12-52	Lorraine K. Brush	Gilbert Gates Coeur d'Alene Idaho	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 53
Local Reg. No. 120
Reg. Dist. No.

BIRTH NO.

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural East of CdA
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Old Hiway No 10 East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kooteani
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural East of CdA 10 miles
d. STREET ADDRESS (If rural, give location) Box 95 Coeur d'Alene

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward		McCoy	3	18	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Not sure	Unkown	About 42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked in the woods
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unkown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unkown — BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Unkown — BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Papers found on person — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Poisonous Gas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carbon Monopide Gas

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hose from exhaust into Car

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Dod, M.D. Coroner	Coeur d'alene, Idaho	3-18-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	3-22-52	Hazen & Jaeger	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-22-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1067
Local Reg. No. 52
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt# 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Rt# 2

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Boyd
c. (Last) Caudill

4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Randolph Caudill — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Martha Stamper — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes [illegible] W.I
16. SOCIAL SECURITY NO.: 533-12-2819
17. INFORMANT'S OWN SIGNATURE: Mrs. H. B. Caudill — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)
[illegible] mean [illegible] such [illegible] enia, [illegible]. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 3-21-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Don Moseley MD (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 2[illegible]) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 23
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 528 East First St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 528 East First St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): Jameson
c. (Last): David

4. DATE OF DEATH (Month) Mar (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 4, 1857
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albany, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William K. Jameson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Julia Jameson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Carl David — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 42011 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension, Chronic Cholecystitis with Lithiasis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1937, *to* 3-1-, 1952 *that I last saw the deceased alive on* 2-28, 1952, *and that death occurred at* 1.00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G Wilson M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/13/52
REGISTRAR'S SIGNATURE: Lois E Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 1006
Local Reg. No. 28
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Levy	Daniel	Brown	Mar	5	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Unknown	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberjack
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 539-16-3300
17. INFORMANT'S OWN SIGNATURE: X G A Shook — ADDRESS: Bovill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia — 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 March, 1952, *to* 5 March, 1952, *that I last saw the deceased alive on* March, 1952, *and that death occurred at* [illegible] A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M Myers M.D.	Moscow, Idaho	March 13, 195

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	3-12-1952	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/20/52	Lois E. Angell	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1070
Local Reg. No. 29
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
MAR 24 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vina	M.	Sines	Mar	10	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 6, 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James I. Stewart — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Eliza Conner — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Albert H Beck — ADDRESS: Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 13 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Severe secondary anemia — 4 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1951, *to* March 10, 1952, *that I last saw the deceased alive on* March 10, 1952, *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Moscow, Idaho	3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-14-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/20/52	Lois E. Angel	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 200

BIRTH NO. [illegible]

RECEIVED
APR 7 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 East 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 310 East 6th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jean	B.	Orr	Mar	18	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	never married	May 9, 1918	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vic Orr — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Velva Dew — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

345X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 9, 1950, *to* Mar 18, 1952, *that I last saw the deceased alive on* Mar 17, 1952, *and that death occurred at* 8:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Culp (Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/28/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: J R Stark — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1072
Local Reg. No. 32
Reg. Dist. No. 200

BIRTH NO. 2-03414

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 21f West 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Randy
b. (Middle): Dale
c. (Last): Hegg

4. DATE OF DEATH (Month) (Day) (Year): Mar 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Mar 20, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days 3 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Hegg — BIRTHPLACE: Potlatch
14. MOTHER'S MAIDEN NAME: Dona Lee Shroy — BIRTHPLACE: Spokane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Haden Shroy — ADDRESS: Garfield, Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 1952, *to* Mar 23, 1952, *that I last saw the deceased alive on* Mar 22, 1952, *and that death occurred at* 6:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alfred T. DeVito (Degree or title): M.D.
23b. ADDRESS: Jessica Bldg, Moscow
23c. DATE SIGNED: Mar 24 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 3/28/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1073
Local Reg. No. 33
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 So. Logan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 917 So. Logan

3. NAME OF DECEASED (Type or Print): a. (First) Halvor b. (Middle) c. (Last) Lien

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1952

5. SEX: M ale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 23, 1877

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Erick Lien BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mary Lien BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. H. E. Lien ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead when I arrived

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ill last 5 yrs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Doyle M. Luehr (Degree or title) M.D. 23b. ADDRESS: Moscow Idaho 23c. DATE SIGNED: 4/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: 3-31-1952 24c. NAME OF CEMETERY OR CREMATORY: Bethany Lutheran 24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 4/11/52 REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: W. R. Short ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1074
Local Reg. No. 30
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. 3
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clarence Anderson Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. 3
d. STREET ADDRESS (If rural, give location): Clarence Anderson Farm

3. NAME OF DECEASED (Type or Print): a. (First) Giles b. (Middle) Ernest c (Last) Blair

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 28, 1889

9. AGE (In years last birthday): 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen'l Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Wadena County, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Blair — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Zillah C. Hess — BIRTHPLACE: Iova

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-0918

17. INFORMANT'S OWN SIGNATURE: Stella L. Blair — ADDRESS: Spokane, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not known
DUE TO (c) Not known.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-9, 1951, *to* 2/26, 1952, *that I last saw the deceased alive on* 6-9, 1951, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Moscow Idaho. — **23c. DATE SIGNED**: 3-5-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-29-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/20/52 — REGISTRAR'S SIGNATURE: Lois E Angel

25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1675
Local Reg. No. 24
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural t39n
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah County Boarding Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural t39n
d. STREET ADDRESS (If rural, give location): Latah County Boarding Home

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): E.
c. (Last): Boyer

4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 16, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wayne County, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Boyer — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Groff — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leo L. Boyer — ADDRESS: Pullman, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 10 Years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arterio sclerosis — 12 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, *19* 38, *to* March 2, *19* 52, *that I last saw the deceased alive on* March 2, *19* 52, *and that death occurred at* 4 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C J Klaaren MD (Degree or title) 208
23b. ADDRESS: Moscow Ida
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-6-1952
24c. NAME OF CEMETERY OR CREMATORY: Potlatch Cemetery
24d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

State File No. 1076
Local Reg. No. 23
Reg. Dist. No. 200

BIRTH NO. STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mundell's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hannah	Olivia	Johnson		Mar	5	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Feb 16, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Charlotta Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hannah Johnson — ADDRESS: Troy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis & senility. — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-26, 1952, *to* March 5, 1952, *that I last saw the deceased alive on* 2-26, 1952, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Louis H. Hart M.D.	Troy Idaho	3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-8-1952	Dry Creek	Latah Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/10/52	Louis E. Angel	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 36
Reg. Dist. No. 260

BIRTH NO.

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Potlatch
c. LENGTH OF STAY (in this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 985 Pine

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 4 Miles East of Palouse, Wash.

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Elizabeth c. (Last) Davis
4. DATE OF DEATH (Month) (Day) (Year) March 8, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 29, 1869
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Storey Co., Iowa
12. CITIZEN OF WHAT COUNTRY U. S.

13. FATHER'S NAME Robert K. Dailey BIRTHPLACE Green Co., Penn.
14. MOTHER'S MAIDEN NAME Elinor E. Hughes BIRTHPLACE Waynesburg Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Roy R Davis ADDRESS Palouse Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Senility — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1944, *to* March 8, 1952, *that I last saw the deceased alive on* Dec 19, 1951, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. DeBree (Degree or title) M. D.
23b. ADDRESS Palouse Wn
23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-10-52
24c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery
24d. LOCATION (City, town, or county) (State) Latah Co. Idaho

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR W. E. Turnbull ADDRESS Palouse Wash

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 25
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 9 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 135 8th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 135 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) Wilms; c. (Last) Garrelts

4. DATE OF DEATH: (Month) (Day) (Year): March 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 14, 1864

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm

11. BIRTHPLACE (State or foreign country): Carrolton, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George W. Garrelts
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Myrtle Garrelts
ADDRESS: Potlatch Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Massive Bowel Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: Sudden.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Prostate — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 23, 1951, *to* Mar 8, 1952, *that I last saw the deceased alive on* Mar 8, 1952, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl Eames MD
23b. ADDRESS: Potlatch Ida
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-52
24c. NAME OF CEMETERY OR CREMATORY: Garfield Cemetery
24d. LOCATION (City, town, or county) (State): Garfield Washington

DATE REC'D BY LOCAL REG.: 3/13/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: A E Kimball
ADDRESS: Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 35
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): since 1912
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Leonard	J.	Marks	Mar	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb 2, 1877	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fair County, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David L. Marks — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Martha Kling — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Daniel Marks — ADDRESS: Nebraska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____ death
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. R. Short	Coroner	Moscow, Idaho	4/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Apr 10, 1952	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/14/52	Lois E. Engel	A. R. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1026
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Northfork
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Northfork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Francis; b. (Middle) M.; c. (Last) Osborn

4. DATE OF DEATH (Month) (Day) (Year): Mar. 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 22, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logansfort, Indiana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown Fry
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 524-01-6866 Yes

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Northfork, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gas Gangrene Generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Never so *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter L Blackadar MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 3-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-20-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar 31-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 10-1
Local Reg. No. 3
Reg. Dist. No. 232

BIRTH NO.

RECEIVED
MAR 3 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont (Rural)
d. STREET ADDRESS (If rural, give location): R F D 2

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) ANDERSON

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 13 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 10 1858

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Jutland, Denmark

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Peter Anderson, Jutland, Denmark

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ted Anderson
ADDRESS: Craigmont, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-27, 1951, *to* 3-13, 1952, *that I last saw the deceased alive on* 3-6, 1952, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins (Degree or title): M.D.
23b. ADDRESS: Craigmont, Idaho
23c. DATE SIGNED: 3-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 17 1952
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: 3-15-52
REGISTRAR'S SIGNATURE: C. E. Clowes
25. FUNERAL DIRECTOR: C. E. Clowes
ADDRESS: Craigmont, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1082
Local Reg. No. 340
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Williams Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LARS
b. (Middle): KRISTOFFERSON
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 22, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Alcohol.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased~~ did not attend from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sir [signature] Dill, M.D.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 3-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Mar-1-1952
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR — ADDRESS: Burdett Funeral Home Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 242
Reg. Dist. No. 730

BIRTH NO.

MAR 22 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Gooding Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD 4 1/2 Mile W

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eldon	Cecil	Falter	3-1-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Sep. 27, 1908	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor, used cars	Building,		

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Ernest Falter	Kansas	Edith Liston	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no		E.E. Falter	Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Avulsion of Head & Torso — INTERVAL BETWEEN ONSET AND DEATH — instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane crash
DUE TO (c) (Body completely mangled)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	1/4 Mi. N. of Richfield Airport	Richfield Lincoln Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Mch 1 52 4:20 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Airplane Crash

22. *I hereby certify that I attended the deceased from* Dec 1 arrival, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Shoshone Idaho.	3-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3-2-52	Mountain View	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-2-52	Myrtle C. Burdett	Allen J. Mann	230 S. GARFIELD. POCATELLO, IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1954
Local Reg. No. 341
Reg. Dist. No. 430

RECEIVED MAR 22 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln Goodings
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. 1/4 Mile West.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 802 N. Fremont

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) RICHARD LOWELL RAIDY

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 13, 1930
9. AGE (In years last birthday) 21 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman 1st cl.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harold Raidy BIRTHPLACE Glen's Ferry Id.
14. MOTHER'S MAIDEN NAME Rose Bethke BIRTHPLACE American Falls Id.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Rose Nelson ADDRESS Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Avulsion of Head & Torso — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane Crash
DUE TO (c) (Body Completely mangled).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/4 Mi. N of Richfield Airport
21c. (CITY, TOWN, OR TOWNSHIP) Richfield (COUNTY) Lincoln (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 1 1952 4:20 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Airplane crash

22. *I hereby certify that I attended the deceased from* Dead on arrival, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] M.D. (Degree or title)
23b. ADDRESS Shoshone Idaho.
23c. DATE SIGNED 3-2-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-2-52
NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 3-2-52
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Geo. Jerread Jr. ADDRESS Gooding

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1085
Local Reg. No. 34
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHOSHONE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ALEXANDER NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): LILLIAN SAVIERS McMAHON

4. DATE OF DEATH (Month) (Day) (Year): Mar. 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1874 ~~Winchester Ohio~~
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Winchester Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John H Saviers — BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Delilah Todd — BIRTHPLACE: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mary M Pethick — ADDRESS: Shoshone Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1949, *to* 3-13, 1952, *that I last saw the deceased alive on* 3-13, 1952, *and that death occurred at* 11:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 289 (Degree or title) Mr.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 3-16-52 BURIAL
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): SHOSHONE [illegible]

DATE REC'D BY LOCAL REG.: 3-14-52
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Burdett Funeral Home — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 11
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Vidella
c. (Last): Jolley

4. DATE OF DEATH: March 4, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 19, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Firth, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Barney Whitmill
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Rosa Katherine Parrot
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ronald A Jolley
ADDRESS: Sugar City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Old Rheumatic Heart — 20 yrs

DUE TO (c): Disease & Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/3, 1952, *to* 3/4, 1952, *that I last saw the deceased alive on* 3/4, 1952, *and that death occurred at* 8.45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Rigby MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 3/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-8-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Jack A Woodcock

ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 10
Reg. Dist. No. 630

BIRTH NO. 52-0273 MAR 11 1952

1. PLACE OF DEATH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place): 22

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

d. STREET ADDRESS (If rural, give location): Madison Co. Memorial Hosp.

3. NAME OF DECEASED (Type or Print)

a. (First): Gayle

b. (Middle):

c. (Last): Johnson

4. DATE OF DEATH

(Month) March (Day) 5. (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Babe	Feb. 12, 52	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Babe		Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald O. Johnson Archer	Idaho	Cleo Jones Bone	Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Baby		C. G. Johnson	Rexburg, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hydrocephalic (Congenital	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	no	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/12, 1952, *to* March 5, 1952, *that I last saw the deceased alive on* 3/5, 1952, *and that death occurred at* 1.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Reighyms	Rexburg Idaho	3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/7/52	Cedar Butte	Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-7-52	Leona Flamm	Rolland D. Reiser	Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 10 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 12
Reg. Dist. No. 6 3 0

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 165 No. Center

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) [illegible] c. (Last) Sutherland

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: March 16, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.: 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Brent Sutherland — BIRTHPLACE: Morro Utah

14. MOTHER'S MAIDEN NAME: Pearl Gerta — BIRTHPLACE: Sugar City Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Brent Sutherland — ADDRESS: Rexburg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mass in abdomen unknown origin
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-16, 1952 *to* 3-16, 1952, *that I last saw the deceased alive on* 3-16, 1952 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Sutherland — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3/17/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Rexburg — **24d. LOCATION** (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 3-17-52 — **REGISTRAR'S SIGNATURE**: Leona Flamm — **25. FUNERAL DIRECTOR**: Kenneth W. Flamm — **ADDRESS**: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 18
Reg. Dist. No. 630

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Brent
c. (Last) Ard

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH March 20, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rexburg Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Reed Ard BIRTHPLACE Rexburg Idaho
14. MOTHER'S MAIDEN NAME Betty Lou Aldridge BIRTHPLACE Lyman Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Robert Ard ADDRESS Rexburg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Contracted Pelvis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1952, *to* March 21, 1952 *that I last saw the deceased alive on* March 21, 1952 *and that death occurred at* 4:P. m., *from the causes and on the date stated above.*

23a. SIGNATURE R D Hoffman (Degree or title) M.D.
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/23/52
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) (State) Rexburg Idaho

DATE REC'D BY LOCAL REG. 3-24-52
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Kenneth R Flamm ADDRESS Rexburg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 14
Reg. Dist. No. 630

BIRTH NO.

RECEIVED APR 10 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Johanna C.
b. (Middle): Edman
c. (Last): Bean

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1952

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 6, 1867
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hans Edman
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna C. Sandel
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. M. Bean
ADDRESS: Sugar City, R.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer, Uterus & Metastases to liver. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility 84 yrs.
DUE TO (c): Fractured hip. about a month ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 10, 1952, *to* March 28, 1952, *that I last saw the deceased alive on* 3-27, 1952, *and that death occurred at* a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Rigby M.D.
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: 3-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/52
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Madison County, Idaho

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russel F. Flamm
ADDRESS: Rexburg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1004
Local Reg. No. 13
Reg. Dist. No. 452

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle): Sedgwick
c. (Last): McQuain

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: Aug 26 1940

9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Lovell Wyoming

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph McQuain — BIRTHPLACE: Rupert

14. MOTHER'S MAIDEN NAME: Fortune Sedgwick — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE: Ralph McQuain — ADDRESS: Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Brain injury. — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Car Accident.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho

21d. TIME OF INJURY (Month) Feb (Day) 6 (Year) 1952 (Hour) 8 P m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Walking across Bridge - hit by car.

22. *I hereby certify that I attended the deceased from* Feb 6, 1952, *to* Feb 6, 1952, *that I last saw the deceased alive on* Feb 6, 1952, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/19/52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 3/21/52

REGISTRAR'S SIGNATURE: M Elmer M.D. Deputy

25. FUNERAL DIRECTOR: Rodney L Boorman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 450

Certificate of Death

RECEIVED
APR 3 1952
OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 47 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): May
c. (Last): LaRose

4. DATE OF DEATH (Month) (Day) (Year): Feb 27 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: Feb 21 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Platt Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rees — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Amanda Page. — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Paul Hutton — ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1944, *to* 2-27, 1952, *that I last saw the deceased alive on* 2-26, 1952, *and that death occurred at* 9:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E H Elmore
23b. ADDRESS: Rupert, Ida
23c. DATE SIGNED: 3-8-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-29-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 3-8-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney S Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 15
Reg. Dist. No. 5

BIRTH NO. [illegible] 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route I

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward	Edward	Nelson	Mar. 1. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 14 1861	90	5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Logan Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward W. Nelson	Scotland	Anna Edwards	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Robert E. Nelson	Rupert Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old Age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 1, 19 52 *to* Mar 1, 19 52, *that I last saw the deceased alive on* Mar 1, 19 52 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. H. Knaggs	Rupert Idaho	3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-4-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/15/52	M. Elmer Dep.	Rodney L. Goodman	Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

K

State File No. 1004
Local Reg. No. 11
Reg. Dist. No. 450

111-52-[illegible]

BIRTH NO.

RECEIVED APR 8 1952 DIVISION OF VITAL

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 906. E. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Marvin
c. (Last): Graham

4. DATE OF DEATH (Month) (Day) (Year): Mar 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Mar. 1. 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Howard Graham — BIRTHPLACE: Summerfield Kansas
14. MOTHER'S MAIDEN NAME: Edna Broadhead — BIRTHPLACE: Wendell Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Howard Graham — ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inhalation pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1952, *to* Mar 6, 1952, *that I last saw the deceased alive on* Mar 6, 19__, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 3-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Heyburn Idaho
24d. LOCATION (City, town, or county) (State): Heyburn. Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: C M Elmore Deputy
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

C.E. State File No. [illegible]
Local Reg. No. 12
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 1014 – 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) Darius b. (Middle) Roy c. (Last) McNair

4. DATE OF DEATH: (Month) Mar (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 11 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 11 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lathrop, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. McNair BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Rebecca Jane BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ruth M. Grimes ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 3/9, 1952, *that I last saw the deceased alive on* 3/9, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carol M. Elmore, M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 11. 1952

24c. NAME OF CEMETERY OR CREMATORY: Caldwell Cemet.

24d. LOCATION (City, town, or county) (State): Caldwell. Idaho

DATE REC'D BY LOCAL REG.: 3/15/52

REGISTRAR'S SIGNATURE: C.M. Elmore, M.D. Deputy

25. FUNERAL DIRECTOR: Rodney E. Boardman ADDRESS: Rupert Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dolly

State File No. 1[illegible]
Local Reg. No. 14
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert. LENGTH OF STAY (in this place) 6yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kathleen	Marie	Price	Mar. 12 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Child	Jan 23 1948	4	1	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Rupert Idaho.	U S A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Price.	Heyburn Ida.	Marie Grand	Rupert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Earl F Price	Heyburn Idaho.

501X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sporadic Paralysis-Tracheal bronchitis — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 11, 19 52, *to* Mar 12, 19 52, *that I last saw the deceased alive on* Mar 12, 19 52 *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Rupert Idaho	3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-15-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/21/52	[illegible] M.D. Deputy	Rodney E Rodman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1097
Local Reg. No. 43
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): Ray

4. DATE OF DEATH (Month) (Day) (Year): 2-27-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 10-23-1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): logger
10b. KIND OF BUSINESS OR INDUSTRY: P. F. I.
11. BIRTHPLACE (State or foreign country): Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-24-9599
17. INFORMANT'S OWN SIGNATURE: V. Vassar — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess, rt. back.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) pneumonia?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1952, *to* Feb 27, 1952, *that I last saw the deceased alive on* Feb 27, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Eastwood (Degree or title) — 23b. ADDRESS: Lewiston Idaho — 23c. DATE SIGNED: 3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-4-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 4 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1225
Local Reg. No. 47
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1548 Main St

3. NAME OF DECEASED (Type or Print): a. (First) Otto; b. (Middle); c. (Last) Wendt

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 31 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W.W.I Camas R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Omaha, Neb;

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Otto Wendt — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Henrietta Schippareit — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.I
(If yes, give war or dates of service): W.W.I 4342

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Emilie A. Wendt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart attack Died in his sleep — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): 3/1/1952 10:30P.M

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew K. Vassar (Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: 3/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/5/52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: March 5 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: A. K. Vassar — ADDRESS: Lewiston, Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

State File No. 1021
Local Reg. No. 45
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho
d. STREET ADDRESS (If rural, give location): 518 5th. Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) J. c. (Last) Campbell

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-5-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newspaper reporter
10b. KIND OF BUSINESS OR INDUSTRY: newspaper
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Morecord — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Korecord — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: T. W. Campbell — ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro-Intestinal Hemorrhage — 2 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1946, *to* Mar. 2, 1952, *that I last saw the deceased alive on* Mar. 2, 1952, *and that death occurred at* 7:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. M. Morley, M.D. (Degree or title)
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 4 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Ida.

DATE REC'D BY LOCAL REG.: Mar 4 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Andrew H. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

State File No. 1100
Local Reg. No. 46
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUISA		WATKINS	March 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	1/1/1877	75	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elias Forgey	Tenn	Callie Holman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - - -	None	Mrs J K Reed	Clarkston, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 29, 19 52, *to* March 2, 19 52, *that I last saw the deceased alive on* March 2, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. White M.D.	Lewiston, Ida	3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3/5/52	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 4 1952	Jean Wegelin	M. C. Merchant	Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Mackey

RECEIVED MAR 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 48
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 50 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: [illegible] before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2002 - 7th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Irwin
b. (Middle): Rowe
c. (Last): Bennett

4. DATE OF DEATH (Month) March (Day) 4, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 28, 1905
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Man 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber (P.F.I.)
11. BIRTHPLACE (State or foreign country): Post Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Scott Bennett — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Ila Ainsworth — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-4027
17. INFORMANT'S OWN SIGNATURE: Mrs. Rowe Bennett — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

541.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric and Duodenal Ulcers c̄ hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Duodenal Fistula. — 3 weeks
Homologous Serum Jaundice — 3 weeks.

19a. DATE OF OPERATION: Feb. 5, 1952
19b. MAJOR FINDINGS OF OPERATION: Gastric & Duodenal Ulcers
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* March 4, 1952, *that I last saw the deceased alive on* Mar. 4, 1952, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. M. Mackey, M.D. 265
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: Mar. 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 8, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., ADDRESS: Lewiston, Idaho
K. H. Malcom

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1122
Local Reg. No. 52
Reg. Dist. No. 220

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 329, Preston Lewiston Orchard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston, Orchard
d. STREET ADDRESS (If rural, give location) 329, Preston

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Fern	L	Mackey		March	7	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Never married	July 14, 1951	0	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clarkston, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gary Mackey — BIRTHPLACE Helena, Mt.
14. MOTHER'S MAIDEN NAME Ellen Gray — BIRTHPLACE Valley City N.D.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Gary K. Mackey — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ?
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cold
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: ? Found dead. (Had cold one week)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1952 *to* 3/7, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* About 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Raymond M. Stover
23b. ADDRESS 527 Burrell ave. Lewiston, Idaho
23c. DATE SIGNED 3/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/8/52
24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery
24d. LOCATION (City, town, or county) (State) Clarkston, Wash.

DATE REC'D BY LOCAL REG. March 21, 1952
REGISTRAR'S SIGNATURE Jean Magelina
25. FUNERAL DIRECTOR Andrew F. Vassar
ADDRESS Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1103
Local Reg. No. 49
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~Idaho~~ NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) Tammany Grade

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alfred		Bjork	March 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Feb. 13, 1874	78	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Molder 73	Foundry	Booda, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Andresen	Sweden	Kathrine ? ? ?	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-09-3677	Alfred T. Williams	Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ?, except age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover MD	527 Burrell, Lewiston, Ida.	3/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 14, 1952	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 14 1952	Jean Wegelius	Brower-Wann Co., By- Hermit H Malone	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Stover

Certificate of Death

STATE OF IDAHO

State File No. 1104
Local Reg. No. 50
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): Less than 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0211 - 25th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Gary	Dwain	Harvey	March	14,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never Married	May 11, 1940	11	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03-	Whitman School	Kamiah, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Omer Harvey	Idaho	Ruby Johnson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Omer Harvey	Lewiston, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

480X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia, Acute Fulminating, 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Otogenic Fistula Surgically Cured in ten months.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/14, 1952, *to* 3/14, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph B. Baldock M.D.	707 11th St. Lewiston Idaho	3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 17, 1952	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 20 1952	Jean Wegelius	by - K.H. Malcom	Brower-Wann Co., Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

J. Baldock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 33
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 343-St John Way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 343-St John Way

3. NAME OF DECEASED (Type or Print): a. (First) Maud b. (Middle) P. c. (Last) LaRocque

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 8, 1881

9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogdensburg, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Ward BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Helen Quinn BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Helen Scheetz ADDRESS: Cottonwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Left Thrombophlebitis — 2 weeks.

DUE TO (c) Arteriosclerotic Heart failure — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. aortic stenosis. — 3+ years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 19 49 *to* March 16 19 52, *that I last saw the deceased alive on* March 15, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Peters 365 (Degree or title): MD

23b. ADDRESS: 307 S John Way

23c. DATE SIGNED: 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 01 3/19/52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: March 21, 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew H. Vassar ADDRESS: Lewiston, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 516
Local Reg. No. 51
Reg. Dist. No. 220

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lewiston Orchards

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) c. (Last) PLUMMER

4. DATE OF DEATH: (Month) (Day) (Year) March 19, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 8, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marmaduke Miller -- BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Margaret Hoffine -- BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – – – – – – –

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H.G. Plummer ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Thyroid Gland — INTERVAL BETWEEN ONSET AND DEATH: 5 years ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Benign Hypertrophy of Thyroid

DUE TO (c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Infirmities of Age

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Trachea & Esophagus infiltrated by Cancer.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March 19, 1952, *that I last saw the deceased alive on* 3/19/52, 19___, *and that death occurred at* ___ a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover M.D.

23b. ADDRESS: 527 Burrell ave., LEWISTON IDAHO

23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/21/52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 21 1952

REGISTRAR'S SIGNATURE: Jean Wagelin

25. FUNERAL DIRECTOR: W.C. Merchant ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1137
Local Reg. No. 55
Reg. Dist. No. 220

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1416 - Idaho St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Patrick
c. (Last): Roache

4. DATE OF DEATH (Month) (Day) (Year): 3 - 20 - 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-16-1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Roache — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah McCormick — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 517-07-8966
17. INFORMANT'S OWN SIGNATURE: Mrs. Lita Roache — ADDRESS: 1416 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal obstruction and shock, 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): [illegible]
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Mar 19-52
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Mar, 1952 *to* 19 Mar, 1952 *that I last saw the deceased alive on* Mar 20, 1952 *and that death occurred at* 1:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-24-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 24, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vosser — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 54
Reg Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1240-Idaho St

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) Frank c. (Last) Gesellchen

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 10, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt Calvary, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Louis A Darby
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure — 2 mo
DUE TO (c) Hypertension — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: 1-10-52 and 3-14-52

19b. MAJOR FINDINGS OF OPERATION: (1) Hernia inguinal lt rt (2) Hypertrophy of Prostate

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: No

22. *I hereby certify that I attended the deceased from* 6-1, 1949, *to* 3-20, 1952, *that I last saw the deceased alive on* 3-20, 1952, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: X E Newton (Degree or title) MD
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 22,52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 22 1952
REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Andrew H. Vassar
ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1109
Local Reg. No. 61
Reg. Dist. No. 220

BIRTH NO.:

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Alfred c. (Last) Gleason

4. DATE OF DEATH (Month) (Day) (Year): 3-21-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-16-1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henry Gleason
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.: 518163431

17. INFORMANT'S OWN SIGNATURE: x Elbert Gleason
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute leukemia, myelog[illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Salmonella enteritis — 2 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 4, 1952, *to* March 21, 1952; *that I last saw the deceased alive on* March 21, 1952, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein (Degree or title): M.D.
23b. ADDRESS: 307 St Johns Way, Lewiston
23c. DATE SIGNED: 3-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-21-1952
24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: April 1, 1952
REGISTRAR'S SIGNATURE: Jean Hagelin
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 1-6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1110
Local Reg. No. 57
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) East Lewiston,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Merel	H.	Cook	March 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan 15, 1899	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 17	Lewiston Truck &	ractor Informant Ill	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record		Mrs. Merl Cook	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	079-05-6427		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 23, 1952, *to* Mar 23, 1952, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* —— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E Cassaw M.D	Lewiston Idaho,	3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	March 25, 1952		Phoenix, Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 25 1952	Jean Wegelius	Andrew F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1111
Local Reg. No. 56
Reg. Dist. No. 220

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Hez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Hez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 415 - 7 Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Maier

4. DATE OF DEATH (Month) (Day) (Year): 3 - 23 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-7-1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Anton Maier — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Chas. Maier — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pneumonia. and Diabetes mellitus. C. Cerv. — unknown.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. 20, 1952, *to* Mar 23, 1952, *that I last saw the deceased alive on* Mar 22, 1952, *and that death occurred at* 5:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 426 Fifth Lewiston Ida.
23c. DATE SIGNED: Mar 25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-25-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: O. Vassar — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1112
Local Reg. No. 59
Reg. Dist. No. 220

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 702-30th St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle); c. (Last) Kaufmann

4. DATE OF DEATH (Month) (Day) (Year): 3-28-1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-29-1865
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Greencreek, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hospital Records. ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized.
DUE TO (c): Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1952 *to* 3-28-, 1952 *that I last saw the deceased alive on* 3-28-, 1952 *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. White MD
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-31-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Mar. 31, 1952
REGISTRAR'S SIGNATURE: Jean Wegleitner
25. FUNERAL DIRECTOR: U. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1113
Local Reg. No. 60
Reg Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 602 10th. St.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) A. c. (Last) Dressler

4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH Feb. 17, 1898
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver
10b. KIND OF BUSINESS OR INDUSTRY dray
11. BIRTHPLACE (State or foreign country) Oriental, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Andrew J. Dressler BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Minnie S. Kerstetter BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 531-16-6240
17. INFORMANT'S OWN SIGNATURE Mrs. Carl Boyd ADDRESS Pullman, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Andrew F. Vassar (Degree or title) (Coroner)
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 4/1/52
24c. NAME OF CEMETERY OR CREMATORY Pullman
24d. LOCATION (City, town, or county) (State) Pullman, Wash.

DATE REC'D BY LOCAL REG. April 1, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR E. S. Rawls ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1114
Local Reg. No. 10
Reg. Dist. No. 530

BIRTH NO.

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): R.F.D. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Florence	Julia	Barber Blaisdell	March 23 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 15 1885	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Centerville Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Thomas Barber	England	Julia Barber	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ford C. Blaisdell	Malad Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19~~42~~, *to* 3-23, 19~~52~~, *that I last saw the deceased alive on* 3-23, 19~~52~~, *and that death occurred at* 2:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. A. Mabey	Malad Ida	3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 26 1952	Malad City	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 25. 1952	Jay Benson	Jay Benson	Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 115
Local Reg. No. 8
Reg. Dist. No. 3-E

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C. J. Strike Dam Project

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BILLIE b. (Middle) W. c. (Last) MASON

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 4, 1897
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albert Lee, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Forrest A. Wilkinson — BIRTHPLACE: Erie, Penn.
14. MOTHER'S MAIDEN NAME: Ruth Loomis — BIRTHPLACE: Albert Lee, Minn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-14-0128
17. INFORMANT'S OWN SIGNATURE: Edgar R. Mason — ADDRESS: Fruitland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1/15/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Left Breast — 2/8/46
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/15/52
19b. MAJOR FINDINGS OF OPERATION: as above 1/15/52
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 2/8, 1946, *to* 2/12/52, 19___, *that I last saw the deceased alive on* 2/12, 1952, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everett Jones (Degree or title): M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: April 7, 1952
REGISTRAR'S SIGNATURE: A. P. Anderson
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 19
Reg. Dist. No. 330

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Hawthorne Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CARRIE b. (Middle) A. c. (Last) MILLS

4. DATE OF DEATH: (Month) (Day) (Year) March 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 21, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months: 3 Days: 29 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Ben H. Turner — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Helen Henderson — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Floyd Mills — ADDRESS: New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 X Cerebral-vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1952 *to* March 20, 1952, *that I last saw the deceased alive on* March 20, 1952, *and that death occurred at* 11:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. E. Davis, M.D. (Degree or title)
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial
24b. DATE: 3-22-1952
NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/21/52
REGISTRAR'S SIGNATURE: Roberts E. Klopfer
25. FUNERAL DIRECTOR: Crabb-Mooney Chapel — ADDRESS: Payette, Idaho
by Vern D. Howard

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 20 1117
Local Reg. No. 20
Reg. Dist. No. 330

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): HERBERT
b. (Middle): OMER
c. (Last): MUSGROVE

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 20, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Rockville, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T. O. Musgrove — BIRTHPLACE: Rockville, Indiana
14. MOTHER'S MAIDEN NAME: Hester Ann Phillips — BIRTHPLACE: Pickaway City, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT'S OWN SIGNATURE: Byron F Musgrove — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* March 26, 1952, *that I last saw the deceased alive on* March 26, 1952 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J Kaiser (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rosedale Memorial Park
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 3-28-52
REGISTRAR'S SIGNATURE: Roberts E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 1 1 1
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1204 Center Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1204 Center Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CAPITOLA b. (Middle) AGNES c. (Last) SANGER

4. DATE OF DEATH: (Month) (Day) (Year) March 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 21, 1872	80	-	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Madison, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David A. Ham — BIRTHPLACE: Springfield, Illinois
14. MOTHER'S MAIDEN NAME: Mariza Prentiss — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Inez Sanger Driscoll — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of Colon & metastasis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1½ years

19a. DATE OF OPERATION - - - -
19b. MAJOR FINDINGS OF OPERATION - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* 2-1-, 19 51, *to* March 28, 19 52, *that I last saw the deceased alive on* March 28, 1952, *and that death occurred at* 2:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 3-29-52
REGISTRAR'S SIGNATURE: Roberts E Shoffner
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1119
Local Reg. No. 18
Reg. Dist. No. 330

BIRTH NO.

MAR 11 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Payette
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hamilton's Corner on Highway # 30 South of New Plymouth, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): So. 8th St at 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) F.; c. (Last) Pogmore

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 21, 1922

9. AGE (In years last birthday): 29 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service station attendant

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rigby Pogmore — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Hazel L. Coggeshall — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 12-19-42 to 10-13-45)

16. SOCIAL SECURITY NO.: 136-18-2105)

17. INFORMANT'S OWN SIGNATURE: Mrs. John Pogmore — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): internal bleeding in chest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): punctured right lung caused by fractured ribs on right side with

DUE TO (c): severe crushing of chest and extensive internal injuries — Instant

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway # 30

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near New Plymouth, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 9, 1952 2:45 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I ~~attended the deceased from~~ made inquiry on* March 9, 1952, *~~last saw the deceased alive on~~ ~~19~~ and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer — (Degree or title): Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 3-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3-12-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cem.

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: March 10-52

REGISTRAR'S SIGNATURE: Benin M Woodward

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1120
Local Reg. No. 6
Reg. Dist. No. 500

Certificate of Death

RECEIVED MAR 10 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Ida.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Leroy
b. (Middle): Crockett
c. (Last): Comish

4. DATE OF DEATH (Month) (Day) (Year): 3 - 1 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 4, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 0, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Logan Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Comish — BIRTHPLACE: Franklin Ida.
14. MOTHER'S MAIDEN NAME: Celestia Crockett — BIRTHPLACE: Logan Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Kenneth C Owens — ADDRESS: Ogden, Utah.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia (Toxic)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac, Pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 31st, 1952, *to* March 1st, 1952, *that I last saw the deceased alive on* March 1st, 1952, *and that death occurred at* 5 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Fogar [illegible]
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: Mch 3 [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-52
24c. NAME OF CEMETERY OR CREMATORY: Falls View
24d. LOCATION (City, town, or county) (State): American Falls, Idaho.

DATE REC'D BY LOCAL REG.: Mch 4-1952
REGISTRAR'S SIGNATURE: Ivene Daling
25. FUNERAL DIRECTOR: K L Davis — ADDRESS: Am. Falls Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1121
Local Reg. No. 7
Reg. Dist. No. 500

BIRTH NO.

RECEIVED
MAR 19 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Power
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls
LENGTH OF STAY (in this place) 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snake River

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aberdeen
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Morley	Black.	March	14	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	March 27-1897	54	11	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 13	Truck Driver.	Pachacho Mexico	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marley L. Black.	Orderville, Utah.	Lydia Porter	Orderville, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I & WW II	548-05-2588	Owen P. Black	Aberdeen Idaho.

975X

MEDICAL CERTIFICATION

16. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tight Cord on Neck + Drowning.
DUE TO (c) Entered Snake River from small

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bridge after puting rope around neck

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION + tieing Rock on other end of rope.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide		American Falls	Power	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
3	14	1952	3:10 p.m.		

22. *I hereby certify that I attended the deceased from* 3-14-, 1952, *to* 3-14-, 1952, *that I last saw the deceased* ~~died~~ alive *on* 3-14-, 1952, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Dowie	Coroner	American Falls Ida	3-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 01 1952	Murray Cemetery	Murray, Utah.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mch 17-1952	Irene Dahling	H. L. Dowie	Am. Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1122
Local Reg. No. 8
Reg. Dist. No. 50d

Certificate of Death

STATE OF IDAHO

RECEIVED
19 1952
OF VITAL
STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Idaho
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shultz Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHRIST
b. (Middle): -
c. (Last): BERRETH

4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1878 6 - not Known
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland, South Dakota
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Berreth — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Carolina Bechtler — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Albert Berreth — ADDRESS: Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 1952, *to* Mch 15, 1952, *that I last saw the deceased alive on* Mch 14, 1952, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: V G Logan MD (Degree or title)
23b. ADDRESS: American Falls
23c. DATE SIGNED: Mch 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-1952
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho

DATE REC'D BY LOCAL REG.: Mch 17-1952
REGISTRAR'S SIGNATURE: Irene Saling
25. FUNERAL DIRECTOR: H Dravis — ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1103
Local Reg. No. 20
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-53-2220

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dudley
d. STREET ADDRESS (If rural, give location) Dudley Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Girl c. (Last) Hussa

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH February 29, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Arthur Hussa BIRTHPLACE Cataldo Idaho
14. MOTHER'S MAIDEN NAME Ruth E. Oja BIRTHPLACE Great Falls Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Arthur Hussa ADDRESS Dudley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) early labor 5 1/2 mos.
DUE TO (c) gestation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1 Mar 52 [illegible]

22. I hereby certify that I attended the deceased from 29 Feb 1952 to 1 Mar 1952 that I last saw the deceased alive on 1 Mar, 1952 and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Gibbon 1st (Degree or title) MD
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 4 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/3/52
24c. NAME OF CEMETERY OR CREMATORY Rose Lake
24d. LOCATION (City, town, or county) (State) Rose Lake Idaho

DATE REC'D BY LOCAL REG. 3-14-52
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant M. Glade ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 21
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KELLOGG
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WARDNER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): MOON GULCH

3. NAME OF DECEASED (Type or Print)
a. (First): VELMA
b. (Middle): BERNICE
c. (Last): LILLY

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/26/1904
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Kitchen ware
11. BIRTHPLACE (State or foreign country): Clarinda, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Mason — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ethel Robinson — BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 4063
17. INFORMANT'S OWN SIGNATURE: Joe W. Lilly — ADDRESS: Main Gulch Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Fever — 2 wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 52, *to* 3-2, 52 *that I last saw the deceased alive on* 3-2, 52 *and that death occurred at* 12 50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Stevens (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/ /52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Frank M. Poole — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1105
Local Reg. No. 23
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

111-52-33609
BIRTH NO.

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 516 Elm St.

3. NAME OF DECEASED (Type or Print): a. (First) Wesley b. (Middle) Keith c. (Last) McKinnis

4. DATE OF DEATH (Month) (Day) (Year): March 5 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 5 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: G. Wesley McKinnis — BIRTHPLACE: Wardner Idaho
14. MOTHER'S MAIDEN NAME: Phillis Anderson — BIRTHPLACE: Rose Lake Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: G. Wesley McKinnis — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythro - Blastosis Lactatis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): RH Pos Blood - Neg mother.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

770.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 52, *to* 3-5, 1952, *that I last saw the deceased alive on* 3-5, 52, *and that death occurred at* 9 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Swain
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/11/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Lake
24d. LOCATION (City, town, or county) (State): Rose Lake Idaho

DATE REC'D BY LOCAL REG.: 3/11/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1106
Local Reg. No. 24
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1952 STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 722-4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Isaac
b. (Middle): M
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry House
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-2345
17. INFORMANT'S OWN SIGNATURE: Elsie L. Thomas — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent nodulus of Colon — 2 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 7 March, 1952, *~~that~~ I last saw the deceased alive on* 7 March, 1952, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel (Degree or title): M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 11 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/11/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 25
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 611 Park

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Stella
c. (Last): Erwin

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 30, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mulberry Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Meadows — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mary Totman — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Archie Erwin — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1952, *to* ——, 19__, *that I last saw the deceased alive on* 3-9, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert G. Stevens (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: Joel Irvine
25. FUNERAL DIRECTOR: Grant McClure — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 26
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunshine Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Sevelts Hotel 306 - 6th.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) D
c. (Last) Soucy

4. DATE OF DEATH (Month) (Day) (Year): March 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 17, 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Sunshine Mine
11. BIRTHPLACE (State or foreign country): Montreal Canada
12. CITIZEN OF WHAT COUNTRY?: Canada

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-07-9042
17. INFORMANT'S OWN SIGNATURE: Sunshine Mine Records — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Artery Embolism
DUE TO (c) Arteriosclerosis Gen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 11:30 PM *, 19*52*, and that death occurred at* 3/22/52 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Mowery Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 3/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 23 1952
24c. NAME OF CEMETERY OR CREMATORY: Montreal
24d. LOCATION (City, town, or county) (State): Montreal Quebec Canada

DATE REC'D BY LOCAL REG.: 3/23/52
REGISTRAR'S SIGNATURE: Jack Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1126
Local Reg. No. 28
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 416 S. Maple

3. NAME OF DECEASED (Type or Print)
a. (First): Ross
b. (Middle): Lester
c. (Last): Stout

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 23, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mortician
10b. KIND OF BUSINESS OR INDUSTRY: Mortuary
11. BIRTHPLACE (State or foreign country): Onward Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeremia Stout 86 — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: America Speck — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elmer Stout — ADDRESS: Spokane Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 9 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1946, *to* March 1952, *that I last saw the deceased alive on* 23 Mar 1952 *and that death occurred at* 6:17P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel (Degree or title) M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 27 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/27/1952
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: 3-28-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1120
Local Reg. No. 12
Reg. Dist. No. 170
BIRTH NO.

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lester	LeRoy	Moore	March	4	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 10, 1917					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Man	Carlisle Mill	BelleFouche, So. Dak.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee Moore	Missouri	Ruth Rowe	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO NONE		+ Alfred F. Moore	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Basilar skull fracture (multiple)	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fr 5-6 Cervical Vertebrae with cord injury	
DUE TO (c)	Fall in mill	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	fractured ribs & hemorrhage pneumonia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	mine + mill	Wallace	Shoshone	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Feb	29	52	2 P m.		Fell from platform onto head

22. *I hereby certify that I attended the deceased from* Feb 29, 1952 *to* Mar 4, 1952, *that I last saw the deceased alive on* Mar 4, 1952 *and that death occurred at* 1139 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul W Ellis MD	Wallace Idaho	3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar 5-1952	Brower Urn	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 4-1952	Dale J Carnell	Dale J Carnell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

State File No. 1121
Local Reg. No. 14
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle):
c. (Last): NOXON

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Racine, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Clifford A Noxon Sr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Renal Dis. — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Mch 10, 1952, *that I last saw the deceased alive on* Mch. 10, 1952, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Bruelsche M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Mar 14-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR — ADDRESS: Dale L Cornell Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1122
Local Reg. No. 16
Reg. Dist. No. 140

RECEIVED MAR 24 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 151 Mill Road

3. NAME OF DECEASED (Type or Print) a. (First) MAURICE b. (Middle) ALBERT c. (Last) WOFFORD

4. DATE OF DEATH (Month) (Day) (Year) March 13 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 13-1911
9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months 3 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Great Falls Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Wofford BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Madaline Barns BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 444-05-9590
17. INFORMANT'S OWN SIGNATURE Ollie Wofford ADDRESS Mullan, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture, Basal. — INTERVAL BETWEEN ONSET AND DEATH: 20 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing Head Injury — 20 Hours
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Morning Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mullan, Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 11 1952 7:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Head Crushed Between Ore Cars

22. *I hereby certify that I attended the deceased from* 3-11-52 *19*___, *to* 3-13- *19*52, *that I last saw the deceased alive on* 3-13-52, *19*___, *and that death occurred at* 3:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis B. Hunter MD (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 16-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. March 17-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1123
Local Reg. No. 17
Reg. Dist. No. 140

REC'D MAR 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): —
c. (Last): WOLD

4. DATE OF DEATH (Month) (Day) (Year): March 15-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 11-2-1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 4, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Aalen Norway
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-16-9509
17. INFORMANT'S OWN SIGNATURE: Gunnar A. Wold — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Tuberculosis Pulmonary Sinus Pulm.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silicosis gr IV Pedestrians.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 17, 1952, *to* Mar 15, 1952, *that I last saw the deceased alive on* Mar 15, 1952, *and that death occurred at* 6:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Mowery M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 19-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: March 18-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No.
Reg. Dist. No. 20

BIRTH NO.

RECEIVED
2 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) AUDRY c. (Last) SIGAFOOSE

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 28

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Frisco Mine

11. BIRTHPLACE (State or foreign country): Columbus Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Sigafoose
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Myrtle Bonebrake
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Lucille Sigafoose

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Basal Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 5 Hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Frisco Mine

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gem, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-16-52 2 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Struck by rock

22. *I hereby certify that I attended the deceased from* 3-16-52, 19___, *to* 3-16-52, 19___, *that I last saw the deceased alive on* 3-16-52, 19___, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W E Bonebrake M.D.

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removed

24b. DATE: March 22-1952

24c. NAME OF CEMETERY OR CREMATORY: Galena

24d. LOCATION (City, town, or county) (State): Galena Kansas

DATE REC'D BY LOCAL REG.: March 21-1952

REGISTRAR'S SIGNATURE: Dale J Cornell

25. FUNERAL DIRECTOR: Dale J Cornell

ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1125
Local Reg. No. 22
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 70 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Tervo

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 9, 1887
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 1, Days 25
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Myocarditis & Coronary Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: several mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis acute
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1951, *to* March 4, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] McWery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/9/52
24c. NAME OF CEMETERY OR CREMATORY: Hunts
24d. LOCATION (City, town, or county) (State): Kingston Idaho

DATE REC'D BY LOCAL REG.: 3/11/52
REGISTRAR'S SIGNATURE: Joe [signature]
25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1120
Local Reg. No. 13
Reg. Dist. No. 140

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	W.	MOORE	May	8	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		9-18-1867	84	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postman	Mining	Gentry Co. Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Moore		Madeline Rongeka	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Doris Helen Mann	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 191X Cardiac Sclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age

DUE TO (c) Senile Decay

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Several years

INTERVAL BETWEEN ONSET AND DEATH: Several Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 1945 *to* March 52 *that I last saw the deceased alive on* May 7 1952 *and that death occurred at* 1:40 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Mc Murray MD	Wallace Ida	5/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10-1952	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 11-1952	Dale F. Cornell	Dale F. Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 18
Reg. Dist. No. 140

BIRTH NO.

RECEIVED MAR 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) AARON c. (Last) MATHER

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 1. 1863
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Aetna Green Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ellen A. Williams ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prog Neck Fem Nov 1/31/52
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 1952, *to* Mar 15, 1952, *that I last saw the deceased alive on* Mar 15, 1952 *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE H. McEvery MD (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 18-1952
24c. NAME OF CEMETERY OR CREMATORY Osburn
24d. LOCATION (City, town, or county) Osburn (State) Idaho

DATE REC'D BY LOCAL REG. March 18 1952
REGISTRAR'S SIGNATURE Dale J Cornell
25. FUNERAL DIRECTOR Dale J Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1128
Local Reg. No. 19
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 21 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) COCKRAN c. (Last) BOYD

4. DATE OF DEATH (Month) (Day) (Year) March 16-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Febr 7-1877
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Chief
10b. KIND OF BUSINESS OR INDUSTRY Fire Department
11. BIRTHPLACE (State or foreign country) Hugo Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Boyd BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Kate Fouche BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Josephine F. Boyd ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Coronary Sclerosis & Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric Artery Thrombosis
DUE TO (c) Arteriosclerosis Generalized
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 1947, *to* Mar 16, 1952, *that I last saw the deceased alive on* Mar 15, 1952, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. McMowry MD (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 3/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 20-1952
24c. NAME OF CEMETERY OR CREMATORY United I.O.O.F
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. March 18 1952
REGISTRAR'S SIGNATURE Dale T Cornell
25. FUNERAL DIRECTOR Dale T Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1139
Local Reg. No. 27
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke Idaho
d. STREET ADDRESS (If rural, give location): Burke Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Hannah c. (Last) Stafford

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 7, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pernicious Anemia several yrs
DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 16/52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 *19*52 *to* Mch 16 *19*52, *that I last saw the deceased alive on* March 16 *19*52 *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: [signature] — **23c. DATE SIGNED**: 3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-1-52
REGISTRAR'S SIGNATURE: Joe Levine
25. FUNERAL DIRECTOR: Grant McGlade — **ADDRESS**: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 11[illegible]
Local Reg. No. 42
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 22 1952 OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 6106 N. Michigan

3. NAME OF DECEASED (Type or Print): a. (First) Leonard b. (Middle) E. c. (Last) Honn

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1899

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Honn — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Jennie Colter — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 541-05-2620

17. INFORMANT'S OWN SIGNATURE: X Mrs. L. E. Honn — ADDRESS: Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis 1 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/13, 1952, *to* 2/14, 19 52, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 16 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2/15/52

24c. NAME OF CEMETERY OR CREMATORY: Portland Cemetery

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-18-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: Reynolds Funeral Home

ADDRESS: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

State File No. 11
Local Reg. No. 51
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Hansen

3. NAME OF DECEASED (Type or Print): a. (First) Charlie; b. (Middle) R.; c. (Last) Prior

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 6, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rocky Ford, Colo.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: L. J. Prior
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Olga Drumm
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Eugene B. Wright
ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hennorhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 22, 1947, *to* March 2, 1952 *that I last saw the deceased alive on* March 2, 1952 *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clemanton Jones M.D.
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 3/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Alonna Tisch
25. FUNERAL DIRECTOR: Burgh Williams
ADDRESS: White Mortuary, Twin Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

RECEIVED MAR 12 1952 DIVISION OF VITAL STATISTICS

State File No. 1110
Local Reg. No. 56
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1420 Maple Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1420 Maple Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): L.
c. (Last): Wilks

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tailor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crowley, Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9627
17. INFORMANT'S OWN SIGNATURE: Wm T. Wilks — ADDRESS: Wendell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 3011

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7, 1950, *to* March 3, 1952, *that I last saw the deceased alive on* 3-3, 1952, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: N Pilcher (Degree or title): MP
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 3-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/7/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-8-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Home Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 1 5
Local Reg. No. 53
Reg. Dist. No. 460

BIRTH NO. ✓

1. PLACE OF DEATH
a. COUNTY: Twin Falls Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lyle b. (Middle) A. c. (Last) Carey

4. DATE OF DEATH: (Month) March (Day) 3. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-12-1885

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ames Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lyle Carey BIRTHPLACE: Ames Iowa

14. MOTHER'S MAIDEN NAME: No Imformation BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Juanita Carey ADDRESS: 421 5th. North Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mons

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 2 yrs

DUE TO (c) Hypertensive Arteriosclerotic Cardio-Vascular Disease — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* March 3, 1952 *that I last saw the deceased alive on* March 3, 1952 *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: March 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removel

24b. DATE: 3/8th/52

24c. NAME OF CEMETERY OR CREMATORY: Ames Cemetery

24d. LOCATION (City, town, or county) (State): Ames Iowa

DATE REC'D BY LOCAL REG.: 3-4-52

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR ADDRESS: S. C. Tullis

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 11
Local Reg. No. 66
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hotel Douglass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Shoshone St. North

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): NOELL
c. (Last): FELIX

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 7, 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dayton, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Public Assistance Office — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4508

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): (1) Prostatism, Benign Hypertrophy of Prostate — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): (2) Chronic Urinary Retention — yrs
(c): (3) Chronic Uremia with Azotemia — mos yrs

DUE TO (d): (4) Arteriosclerotic Heart Disease, Decompensation, Grade II — yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(5) Arteriosclerotic Peripheral Vascular Disease — yrs

19a. ~~DATE OF OPERATION~~
19b. ~~MAJOR FINDINGS OF OPERATION~~
(6) Acute Pneumonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 19 52 *to* March 3, 19 52, *that I last saw the deceased alive on* March 3, 19 52 *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh MacLennan M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: March 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): 3/7/52 Burial
24b. DATE: 3/7/52
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1145
Local Reg. No. 55
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 12 1952 DIVISION OF STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 206 Martin St.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Richard Tennessee Gibbs

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Corryton, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard J. Gibbs — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Orlena M. Clapp — BIRTHPLACE: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1952, *to* 3-6, 1952, *that I last saw the deceased alive on* 3-5, 1952, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 365
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-9-52
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 3-6-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 64
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. PHEBE
b. (Middle): SMITH
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 3, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Macedon, New York
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Samuel Smith — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Elizabeth Beal — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Elizabeth S Rowland — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Infarct Ventricular Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Articular Fibrillation
DUE TO (c): Myocardial arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Uremia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 14, 1951, *to* March 6, 1952, *that I last saw the deceased alive on* March 6, 1952, *and that death occurred at* 7:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 003 MD
23b. ADDRESS: Filer Idaho
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/52 01
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1117
Local Reg. No. 62
Reg. Dist. No. 460

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hagerman
d. STREET ADDRESS (If rural, give location): Rural - Hagerman

3. NAME OF DECEASED (Type or Print)
a. (First): SAM
b. (Middle): UNAMUNO
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 10, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Herder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lisa Molony — ADDRESS: 159 Polk

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

445X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension - Malignant — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 June 1951, *to* 6 Mar, 1952, *that I last saw the deceased alive on* 6 Mar, 1952 *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 8 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/8/52
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: Dwight Phillips — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1146
Local Reg. No. 65
Reg. Dist. No. 760

111-52-03677
BIRTH NO.

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) Girl c. (Last) Denney

4. DATE OF DEATH: (Month) (Day) (Year): March 7, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 6, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Garland Denney — BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Evalona Larrick — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Barbara O'Denney — ADDRESS: Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — 5 hrs. ~~post~~ — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 6, 19 52, *to* March 7, 19 52, *that I last saw the deceased alive on* March 7, 19 52, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M D (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-11-52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1111
Local Reg. No. 61
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Mar, '51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1402 Poplar, Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1402 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Elizabeth
c. (Last): Fell

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Parsons — BIRTHPLACE: Neb.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: *Tressa Bell — ADDRESS: 252 Blue Lakes

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease; Generalized arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalomalacia + senile dementia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9.30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Mar 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 3/12/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Creston, Iowa

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1150
Local Reg. No. 60
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 311 3rd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLIE
b. (Middle): DAVIS
c. (Last): MEEKS

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 27, 1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Stock
11. BIRTHPLACE (State or foreign country): Millard, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charlie Meeks — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Andrew J. Meeks — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia Hypostatic acute — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture Rt. Hip

19a. DATE OF OPERATION: 26 Dec 51
19b. MAJOR FINDINGS OF OPERATION: Fracture Neck Rt. Femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In front of home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 22 51 28 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell on ice

22. *I hereby certify that I attended the deceased from* Feb., 1951, *to* 9 Mar, 1952, *that I last saw the deceased alive on* 8 Mar, 1952, *and that death occurred at* 7a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer. M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 10 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/11/52
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-13-52
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amending

RECEIVED
MAR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1151
Local Reg. No. 63
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Rt. 4

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): L.
c. (Last): Davis

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1903
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Stuve — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Glenn W. Davis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls, (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1936, *to* March, 1952, *that I last saw the deceased alive on* 3/9/52, 19__, *and that death occurred at* 10.40 m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3-12-52
24b. DATE: Burial
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1152
Local Reg. No. 70
Reg. Dist. No. 460

111-52-03690
BIRTH NO.

RECEIVED
MAR 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Castleford

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Lee
c. (Last): Newberry Jr.

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: March 11, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 8 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Lee Newberry
BIRTHPLACE: Delmar, Arkansas
14. MOTHER'S MAIDEN NAME: Elizabeth Wetzstein
BIRTHPLACE: Glen Ullin, N. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Lee Newberry
ADDRESS: Castleford, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Krematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1952, *to* Mar 11, 1952, *that I last saw the deceased alive on* Mar 10, 1952, *and that death occurred at* 8:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Mar 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl, City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-15-52
REGISTRAR'S SIGNATURE: Donna Frank
25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1153
Local Reg. No. 61
Reg. Dist. No. 460

RECEIVED MAR 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1212½ 7th Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) Allen; b. (Middle) C.; c. (Last) Conrad

4. DATE OF DEATH: (Month) (Day) (Year) March 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 8, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Geo. W. Conrad — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: No information — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: G A Conrad — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arterio sclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease — years
DUE TO (c) Coronary Occlusion — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March 12, 1952, *that I last saw the deceased alive on* March 10, 1952, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert W Anderson M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: March 12 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-14-52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

State File No. 1-4
Local Reg. No. 77
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): M.
c. (Last): Lambing

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 25, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. M. Lambing — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Addie Smith — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Edna M. Precke — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4.91X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia — 11 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 2, 1952 *to* 3/13, 1952, *that I last saw the deceased alive on* Mar 13, 1952, *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Mar 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1175
Local Reg. No. 14
Reg. Dist. No. 96-C

BIRTH NO.

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) M.; c. (Last) CARD

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wright, Michigan

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lewis Card
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Hannah Mathews
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE + E B Lawson Jr
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Pneumonia

DUE TO (c) Arterio sclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: TwinFalls, Idaho

23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/18./52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52

REGISTRAR'S SIGNATURE: Donna Rice

25. FUNERAL DIRECTOR: Arthur Smith — White Mortuary, TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 176
Local Reg. No. 71
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 425 2nd Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) HETTIE b. (Middle) c. (Last) WILKISON

4. DATE OF DEATH: (Month) (Day) (Year) March 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 10, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Keyser, West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Burgess — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Susan — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: G R Wilkison — ADDRESS: Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis & Peripheral Circulatory Collapse.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Renal Disease. Several years.
DUE TO (c) Generalized Arteriosclerosis. Senile Psychosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12, 1948, *to* 3-14, 1952, *that I last saw the deceased alive on* 3-14, 1952, *and that death occurred at* 12 M. A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McCrisky (Degree or title) MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/15/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-19-52
REGISTRAR'S SIGNATURE: Donna Lieb
25. FUNERAL DIRECTOR: Dwight A Hullinger — ADDRESS: Twin Falls, Idah
White Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each i[illegible] be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BL[illegible] typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATI[illegible]SE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1157
Local Reg. No. 72
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Verlon
b. (Middle): Fred
c. (Last): Hess

4. DATE OF DEATH (Month) (Day) (Year): March 15-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 31-1920
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Stock
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Plymouth, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oswald F. Hess — BIRTHPLACE: Farmington, Utah
14. MOTHER'S MAIDEN NAME: Millie Rudd — BIRTHPLACE: Plymouth, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 518-30-3900
17. INFORMANT'S OWN SIGNATURE: Muriel Hess — ADDRESS: Rockland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage, due to rupture of aneurysm along course of L. Middle cerebral artery. —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Mar 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removed & Buried
24b. DATE: 3-19-52
24c. NAME OF CEMETERY OR CREMATORY: Valley View
24d. LOCATION (City, town, or county) (State): Rockland, Idaho

DATE REC'D BY LOCAL REG.: 3-18-52
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

MAR 21 1952

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 73
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Helens
d. STREET ADDRESS (If rural, give location): St. Helens.

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): E.
c. (Last): Tiffany

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 14, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: UNknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): xxxxxxxxx
16. SOCIAL SECURITY NO.: 542 28 0931
17. INFORMANT'S OWN SIGNATURE: X Joseph A Ferguson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral thrombosis — rank ad mural year
DUE TO (c): Arteriosclerosis & hypertension — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from about 3-1-52, ~~19~~, to 3-15, 1952, ~~that~~ I last saw the deceased alive on 3-15, 1952, ~~and~~ that death occurred at 3:30P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M A Drabek [illegible]
23b. ADDRESS: Buhl Ida
23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 18, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-19-52
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1159
Local Reg. No. 79
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1040 E. Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1040 E. Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): WARING
c. (Last): MORRELL

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 1, 1860
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Piedmont, California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ira S. Waring — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Rose Clark — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs F M Tucker — ADDRESS: 1040 E. Shoshone, Twin Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 25 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Homogenous Serum Laundrie — 2 mks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 23, 1952, *to* March 17, 1952, *that I last saw the deceased alive on* March 16, 1952, *and that death occurred at* 2:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 435 [illegible] — Remains to be placed in Vault at Thompson Chapel
23b. ADDRESS:
23c. DATE SIGNED: 2/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial at a later date
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Fairfield, Cemetery
24d. LOCATION (City, town, or county) (State): Fairfield, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Donna Rick
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1120
Local Reg. No. 75
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAR 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 334 Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 334 Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LOUIS
c. (Last): HARP

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 1, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Inspector
10b. KIND OF BUSINESS OR INDUSTRY: State
11. BIRTHPLACE (State or foreign country): Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Franklin Harp — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Susan Grover — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Louis Harp — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Emphysema — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1950, *to* March 8, 1952, *that I last saw the deceased alive on* March 8, 1952, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bernard C. Kreilbaum (Degree or title): M.D.
23b. ADDRESS: 168 Pierce St. Twin Falls
23c. DATE SIGNED: March 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place): 9 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OAKLEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVE
b. (Middle): BLACKBURN
c. (Last): CHAMBERS McBRIDE

4. DATE OF DEATH (Month) (Day) (Year): MAR. 21. 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 23, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HUSSER LA.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WM. CHAMBERS. BIRTHPLACE: NEW ORLINES LA.
14. MOTHER'S MAIDEN NAME: VICTORA GREENE BIRTHPLACE: STEVENTOWN N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Olive M. Boren ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bacteremia — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cellulitis of Surgical Wound — 7 weeks
DUE TO (c): Fractured Left femur with open surgical reduction — 7 weeks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 28 1952.
19b. MAJOR FINDINGS OF OPERATION: Fracture, Left femur -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Hospital.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 27 1952 2 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: While going to bathroom, fell down.

22. *I hereby certify that I attended the deceased from* Jan 26, 1952, *to* March 21, 1952, *that I last saw the deceased alive on* March 20, 1952 *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard C. Kreelbaum M.D.
23b. ADDRESS: 168 Pierce St. Twin Falls
23c. DATE SIGNED: Mar 21 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3/24.1952
24c. NAME OF CEMETERY OR CREMATORY: OAKLEY
24d. LOCATION (City, town, or county) (State): TOWN IDAHO

DATE REC'D BY LOCAL REG.: 3-21-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: J Forrest Weaver ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1122
Local Reg. No. 80
Reg. Dist. No. 460

RECEIVED APR 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 242 Addison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 242 Addison Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Hannon(Harry) b. (Middle) c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 29, 1886

9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager

10b. KIND OF BUSINESS OR INDUSTRY Prof. Adj. Bureau

11. BIRTHPLACE (State or foreign country) Osborn, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Edward Smith
BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Margaret Coyle
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-9530

17. INFORMANT'S OWN SIGNATURE Mrs John Silvers ADDRESS Murtaugh, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of circumflex branch L. coronary artery

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with infarction of posterior wall of L. Ventricle

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2- Hypernephroma - L. Kidney

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Woodson Creed, MD

23b. ADDRESS Twin Falls Ida

23c. DATE SIGNED 3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/31/52

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 3-28-52

REGISTRAR'S SIGNATURE Anna Lind

25. FUNERAL DIRECTOR Reynolds Funeral Home - Twin Falls ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APP 4 1952 DIVISION OF VITAL STATISTICS

State File No. 1123
Local Reg. No. 81
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. 54, Washington Courts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): No. 54, Washington Courts

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) BESSIE c. (Last) MAE HAYS

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 31, 1898	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Humphreys, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert M. Sharp — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Nancy Jane Foster — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Florence J. Hays — ADDRESS: Twin Falls

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

355X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy due to — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) progressive degenerative cerebral atrophy — 4-5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, hypostatic bilateral — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22 19 52, *to* March 25 19 52, *that I last saw the deceased alive on* March 25, 19 52, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther Anderson MD
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: March 31

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-31-52
REGISTRAR'S SIGNATURE: Donna Finch
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1121
Local Reg. No. 86
Reg. Dist. No. 460

111-52-03739
BIRTH NO.

RECEIVED
17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 534 3rd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle):
c. (Last): SUHR

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 26, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Richard J. Suhr — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Hattie Boldenow — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - 5 mo fetus — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1952, *to* 3-28, 1952 *that I last saw the deceased alive on* 3-28, 1952 *and that death occurred at* 1 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Donna Frack
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1165
Local Reg. No. 83
Reg. Dist. No. 460

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): Clemance
b. (Middle):
c. (Last): Eldred

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 30, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Reno, Nevada
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Leotard — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Anna Smithen — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A R Eldred — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	903.0 ① Cerebral Hemorrhage	24 hrs.
ANTECEDENT CAUSES	② Fracture Femur Rt.	8 days
DUE TO (b)	③ Diabetes Mellitus	10 yrs.
DUE TO (c)	④	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Acute Parotitis	36 hrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 1952 1 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Slipped on ice

22. *I hereby certify that I attended the deceased from* 1935, *to* 27 Mar, 1952, *that I last saw the deceased alive on* 27 Mar, 1952, *and that death occurred at* 8:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Donna Craik
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1166
Local Reg. No. 84
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 546 Second Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle):
c. (Last): Power

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 4, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elmo, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Atherton — BIRTHPLACE: No information
14. MOTHER'S MAIDEN NAME: No information — BIRTHPLACE: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lewis A. Jones — ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial hypertension — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition [illegible] death.
Senility — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1948, *to* 3/28, 1952, *that I last saw the deceased alive on* 3/27, 1952, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C Halley M D
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 68
Reg. Dist. No. 460

RECEIVED
MAR 4 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 36 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on W. Main St. of Buhl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1036 North Grant Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) c. (Last) HEDLUND

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 12, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millman

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.

11. BIRTHPLACE (State or foreign country): Solleren Sweden

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Samuel Hedlund
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Lena (no data)
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 712 03 9005

17. INFORMANT'S OWN SIGNATURE: Dorothy D. Wright ADDRESS: Pocatello, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis sev. yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 4, 1952, *to* March 4, 1952, *that I last saw the deceased alive on* March 4, 1952, *and that death occurred at* 2:05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jens H Anderson (Degree or title) M.D. | **23b. ADDRESS**: Buhl, Idaho | **23c. DATE SIGNED**: March 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | **24b. DATE**: March 4, 1952 | **24c. NAME OF CEMETERY OR CREMATORY**: Henderson Funeral Home | **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-13-52 | **REGISTRAR'S SIGNATURE**: Donna Finch | **25. FUNERAL DIRECTOR** ADDRESS: D. T. Alderson Buhl, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 11 C
Local Reg. No. 78
Reg. Dist. No. 460

RECEIVED MAR 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Twin Falls
c. LENGTH OF STAY (in this place): 18 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Rural
d. STREET ADDRESS (If rural, give location): R.F.D. #

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Thielen

4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 7, 1873	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown-
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ray Reynolds — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Cerebro vascular Disease - Central Hemorrhage	4 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Hypertension Cardio vascular Disease	yes
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 19 50, *to* March 20, 1952, *that I last saw the deceased alive on* March 20 19 52 *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben Anderson MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 3/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-24-52
REGISTRAR'S SIGNATURE: Donna Trask
25. FUNERAL DIRECTOR: James S. Reynolds
ADDRESS: Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended 7-8-57

Certificate of Death

STATE OF IDAHO

State File No. 1169
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle); c. (Last) Timpke

4. DATE OF DEATH: (Month) (Day) (Year) February 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 6, 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brunswick, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Kruse
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Frances Myer
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Alice Curts
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 19 47, *to* Feb. 20, 1952, *that I last saw the deceased alive on* Feb. 20, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. McGrath, M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-23-52

24c. NAME OF CEMETERY OR CREMATORY: East Side Cem.

24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 2-22-52

REGISTRAR'S SIGNATURE: Marie Hanthorn

25 FUNERAL DIRECTOR: A.S. Jones

ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 52-1169

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Emma Timke (Name on Original Certificate) who passed away (Was Born or Died) on Feb. 20, 1952 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by see death cert. #121137 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
3c spelling of last name	Timke	Timpke

Subscribed and sworn to before me this 5 day of July, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Alice D. Curtis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
912 McKinley St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of July, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed D. E. Osterich
(Signature of Any Credible Person)
912 McKinley
(Street Address, City, State)

FORM DPH 55-TS5

7-26-57 mm

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 24 1952 DIVISION OF VITAL

STATE OF IDAHO

State File No. 1169
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) c. (Last) TINKE

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 6 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brunswick Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Kruse
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Frances Myer
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Alice Curtis
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Breast.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 1st, 1947, *to* Feb 20th, 1952, *that I last saw the deceased alive on* Feb 20th, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. McGrath M.D.

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 2/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/23/52

24c. NAME OF CEMETERY OR CREMATORY: East Side Cem.

24d. LOCATION (City, town, or county) (State): Midvale Idaho

DATE REC'D BY LOCAL REG.: 2/22/52

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1220
Local Reg. No. 22
Reg. Dist. No. 220

BIRTH NO. MAR 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1249 West Second Street

3. NAME OF DECEASED (Type or Print)
a. (First): BETSY
b. (Middle): JANE
c. (Last): WILSON

4. DATE OF DEATH: March 9 1952

5. SEX: ~~Female~~ Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 8 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ray County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C. E. McWilson
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6th, 1952 *to* March 9th, 1952, *that I last saw the deceased alive on* March 9th, 1952, *and that death occurred at* 5:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. McWilson M.D.

23b. ADDRESS: Weiser, Idaho.

23c. DATE SIGNED: 3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 3/11/52

REGISTRAR'S SIGNATURE: Maurice Hawthorne

25. FUNERAL DIRECTOR: C. E. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1171
Local Reg. No.
Reg. Dist. No.

BIRTH NO. MAR 31 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place): 59 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): ELMER
c. (Last): SUTTON

4. DATE OF DEATH (Month) (Day) (Year): March 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher (Retired) 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle and Gen'l
11. BIRTHPLACE (State or foreign country): Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ? Sutton — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Minnie Simons — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mildred Pratt — ADDRESS: Midvale Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of prostate — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* March, 1952, *that I last saw the deceased alive on* Mar 11, 1952, *and that death occurred at* 7:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Strout L. md 411
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 3/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/52
24c. NAME OF CEMETERY OR CREMATORY: Salubria Cemetery
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho.

DATE REC'D BY LOCAL REG.: 3/13/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021
DR. E. T. WHITEMAN
CAMBRIDGE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1172
Local Reg. No. 136
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Jane c. (Last) Callender

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 29, 1943

9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR Months: 9 | Days: 2 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Cascade, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Callender — BIRTHPLACE: Emmett, Idaho

14. MOTHER'S MAIDEN NAME: Teresa Coonrod — BIRTHPLACE: Van Wyck, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank D. Callender — ADDRESS: Cascade, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aplastic anemia — INTERVAL BETWEEN ONSET AND DEATH: 1½ months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1951, *to* April 1, 1952, *that I last saw the deceased alive on* April 1, 1951, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. McLean M.D
23b. ADDRESS: 20 E. Bannock Boise Ida
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1173
Local Reg. No. 124
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Dora; b. (Middle) Riggs; c. (Last) Bedal

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 5. 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Powder Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C. Craven. BIRTHPLACE: London England

14. MOTHER'S MAIDEN NAME: Mattie Jane Anthony. BIRTHPLACE: North Powder Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Alta Legler ADDRESS: McCall Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis & senility
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular disease, probably Thrombosis - 2 months

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 7, 1952, *to* April 3, 1952, *that I last saw the deceased alive on* April 3, 1952, *and that death occurred at* 9:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Frazier, M.D.

23b. ADDRESS: 500 Eastman Bldg. Boise

23c. DATE SIGNED: April 4, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 5. 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. F. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1174
Local Reg. No. 129
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) IVA b. (Middle) MAY c. (Last) BREEZE

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 22, 1890
9. AGE (In years last birthday): 61-11-12 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walnut Hill, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bundy BIRTHPLACE: Walnut Hill, Ill
14. MOTHER'S MAIDEN NAME: Ethie Prather BIRTHPLACE: Walnut Hill, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: I A Breeze ADDRESS: R. 1 Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease. — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4-3, 1952, *to* 4-4, 1952, *that I last saw the deceased alive on* 4-4, 1952, *and that death occurred at* 7:50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe, M.D.
23b. ADDRESS: 512 N. 16, Boise, Idaho
23c. DATE SIGNED: 4.8.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1175
Local Reg. No. 131
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #6

3. NAME OF DECEASED (Type or Print): a. (First) IDA; b. (Middle) L.; c. (Last) COMPTON

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 30, 1881

9. AGE (In years last birthday): 70-11-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hayfield, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Obediah Corder
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Anna Graham Blatock-Keokuk, Iowa
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmer R Compton
ADDRESS: R1 Box 151

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular renal disease with decompensation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/1, 1952, *to* 4/5, 1952 *that I last saw the deceased alive on* 4/5, 1952, *and that death occurred at* 12:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Rainsford Smith, M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1176
Local Reg. No. 63
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4402 Bethel Street

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle):
c. (Last): COTTON

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1875
9. AGE (In years last birthday): 76-6-17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jiles Co., Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Cotton
BIRTHPLACE: London, England
14. MOTHER'S MAIDEN NAME: Mary Ann Jellis
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Edna Everett
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis c̄ Myocardial Degeneration, & Cardiac Decompensation
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Lymphatic Leukemia
2 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3.30, 1952, *to* 4.7, 1952, *that I last saw the deceased alive on* 3.30, 1952, *and that death occurred at* 1:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE 283 (Degree or title): H. L. Newcombe MD
23b. ADDRESS: 512 N. 16, Boise, Idaho
23c. DATE SIGNED: 4.9.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 130
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY b. (Middle) JUNE c. (Last) MC COY

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 9, 1943

9. AGE (In years last birthday): 8-9-28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph A. McCoy
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lillie Lavon Walker
BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ralph A McCoy
ADDRESS: Eagle Rt 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of blood with asphyxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Traumatic fracture of skull

DUE TO (c) with diffuse subarachnoid hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ¼ Mi. W. of Eagle

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 7, 1952 4:30 p m

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Was struck by car

22. *I hereby certify that I attended the deceased from* autopsy only, 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30 P. M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 8 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/10/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED APR 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1178
Local Reg. No. 133
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sand Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2112 N. 18th Street

3. NAME OF DECEASED (Type or Print): a. (First) DANNY b. (Middle) ROY c. (Last) CLAY

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 31, 1946

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 5-5-6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hawthorne, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME | BIRTHPLACE: Robert James Clay-Green Castle, Mo

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Ardenell LaVerne Chrisman-Hawthorne, Calif

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Robert J Clay 2112 N 18th Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning. Accidently fell into

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): small creek.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sand Creek on N.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 20th St., Boise, Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/7/52 3:30p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Accidently fell into creek

22. *I hereby certify that I attended the deceased from* ~~xxxxxxxx, 19xx, to xxxxxxxx, 19xx, that I last saw the deceased alive on xxxxxxxx, 19xx, and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E Summers 470 Coroner of Ada County, Boise, Ida.

23b. ADDRESS: 1205 Bannock St.

23c. DATE SIGNED: 4/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/13/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E Summers Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1179
Local Reg. No. 132
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9th Street Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1015-9th Street Pike

3. NAME OF DECEASED (Type or Print): a. (First) SILAS b. (Middle) HENDERSON c. (Last) LUSK

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 5, 1867
9. AGE (In years last birthday): 85-3-4 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Warehouseman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elbert Lusk — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Martha Kelley — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Boise Idaho 240 Rt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Had been ill with

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) a heart disease for several

DUE TO (c) years. Dropped dead enroute

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. to doctor's office. Nothing of

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: a criminal nature.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* XXXX

Certificate of Death

STATE OF IDAHO

State File No. 1180
Local Reg. No. 147
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 25 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 506 Chalet Lane

3. NAME OF DECEASED (Type or Print)
a. (First): SALLY
b. (Middle): LOUISE
c. (Last): DRAIN

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 30, 1951

9. AGE (In years last birthday): 1-2-11
If UNDER 1 YEAR: Months / Days
If UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Toledo, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard E. Drain — BIRTHPLACE: Portage, Ohio

14. MOTHER'S MAIDEN NAME: Helen Shrider — BIRTHPLACE: Middle Point, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Richard E. Drain — ADDRESS: Boise 506 Chalet Lane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1952 X medulloblastoma — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: upper respiratory infection, 1 week
inflammatory reaction about brain tumor

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* April 11, 1952, *that I last saw the deceased alive on* April 11, 1952, *and that death occurred at* 10:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Larry T Swinehart MD — (Degree or title)

23b. ADDRESS: 200 E Bannock St.

23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/13/52 to

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Bowling Green, Ohio

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1181
Local Reg. No. 146
Reg. Dist. No. 370

BIRTH NO. 25 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2801 State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden Valley
d. STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clark	W. W	Weimer	4	11	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	1/18/87	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diamond Driller
10b. KIND OF BUSINESS OR INDUSTRY: Reclamation
11. BIRTHPLACE (State or foreign country): Port Allegany, Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roscoe D. Weimer — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Carrie Mix — BIRTHPLACE: Penna

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X Edith L. Weimer — ADDRESS: Garden Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung with metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 1950	inoperable Ca left upper lobe	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 9, 1951, *to* Apr, 1952, *that I last saw the deceased alive on* 10 Apr, 1952, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alfred M Stone	MD	St Lukes Hosp Boise	15 Apr 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/14/52	Cloverdale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-17-52	Myrtle Palmer	Relyea Memory Chapel	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Clark W. Weimer now lying buried in Cloverdale Cemetery, in the City or Town of Boise County of Ada State of Idaho, who died on the 11 day of April, 1952, Aged ____ years ____ months ____ days, the cause of death being Carcinoma of the lung and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by Dr. Popma and Stone attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to Riverview Cemetery in the City or Town of Snohomish County of ____ State of Washington to take effect upon the approval by the local board of health of the City, Town, or County of Boise, Idaho it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Permit issued to:

Given under my hand and Seal of the Department of Public Health at Boise, Idaho, this 13th day of Oct., A.D. 1953.

W. T. Benson
Director, Division of Vital Statistics
By- Mabel Fyler Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Ada State of Idaho, this 13 day of Oct. 1953.

Health officer

Form DPH-48019

RECEIVED
APR 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 137
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location): 3 miles South

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) CLAR c. (Last) WIEDENMAN

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 30, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months: 10 Days: 11 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wilson Co. Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Milton A. Coblantz — BIRTHPLACE: Clinton Co. Indiana
14. MOTHER'S MAIDEN NAME: CAlpernia Moore Miller — BIRTHPLACE: Co. Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] Coblantz — ADDRESS: King Hill Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1952, *to* April 11, 1952 *that I last saw the deceased alive on* April 10, 1952, *and that death occurred at* 7 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Munson (Degree or title) M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Eddy J. Bay — ADDRESS: Mountain Home Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1153
Local Reg. No. 134
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 816 Main St. (Store Bldg.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1010 Michigan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): I
c. (Last): Owen

4. DATE OF DEATH (Month) (Day) (Year): April 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Cycle shop operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pueblo, Colo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Owen — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Margaret Richards — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: 1010 Michigan Ave. — ADDRESS: Virginia Owen, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — ?
DUE TO (c): Arteriosclerotic Heart disease with Auricular Fibrillation — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Controlled Hyperthyroidism — 9 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6/17, 1943, *to* 4/11, 1952, *that I last saw the deceased alive on* 4/11, 1952, *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Rowchester, M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: A. E. Alden, Boise, Idaho — McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1134
Local Reg. No. 138
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 23 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 413 Grove Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEN	LLOYD	SIMPSON	April 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 26, 1884	67-7-25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy County Auditor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William A. Simpson
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Dora Chase
BIRTHPLACE: Trenton, New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 518-14-0199
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Lafayette W. Simpson 413 Grove Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 3-11, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Foelsch M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUTHERS FUNERAL HOME
ADDRESS: Boise, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1185
Local Reg. No. 140
Reg. Dist. No. 370

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 1716 Leadville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1716 Leadville Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Delia b. (Middle) Booth c. (Last) Stull

4. DATE OF DEATH (Month) (Day) (Year): Apr. 12. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 1. 1871

9. AGE (In years last birthday): 80 Yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marietta Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John F. Stull
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: Delia Booth
BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Otis Spicer ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) stroke

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1952 *to* Apr 6, 1952 *that I last saw the deceased alive on* Apr 6, 1952, *and that death occurred at* ——— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Wallingsworth
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 12. 52.
24c. NAME OF CEMETERY OR CREMATORY: Russell
24d. LOCATION (City, town, or county) (State): Russell Kansas

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1186
Local Reg. No. 139
Reg. Dist. No. 37

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
APR 23 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 505 S. 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ETHEL
c. (Last): TIPTON DEWAR

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 28, 1872
9. AGE (In years last birthday): 79-11-14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Duskey — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Boise Id. ADDRESS: John E. Morris, 1303 Grand ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4.12, 1952, *to* 4.12, 1952, *that I last saw the deceased alive on* 4.12, 1952, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe, M.D. 28½
23b. ADDRESS: 512 N. 16, Boise, Idaho
23c. DATE SIGNED: 4.15.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/16/52 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1197
Local Reg. No. 141
Reg. Dist. No. 379

111-52-03828
BIRTH NO.

RECEIVED
APP 23 1952
DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2318 Smith Avenue

3. NAME OF DECEASED (Type or Print): a. (First) NARISSA b. (Middle) JANE c. (Last) SHELTON

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: April 8, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: | Days: 5 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard D. Shelton BIRTHPLACE: Parma, Idaho

14. MOTHER'S MAIDEN NAME: Evelyn Sparks BIRTHPLACE: Parma, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Richard D. Shelton ADDRESS: 23 Smith Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonitis. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pharyngitis. — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coarctation Aorta. — Since Birth

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-8, 19 52, *to* 4-13, 19 52, *that I last saw the deceased alive on* 4-11, 19 52, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS:
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1148
Local Reg. No. 148
Reg. Dist. No. 370

BIRTH NO. 111-52-03857

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. STREET ADDRESS (If rural, give location): P. O. Box 42

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) DUANE c. (Last) BRUCKNER

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: April 13, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Duane L. Bruckner — BIRTHPLACE: Walla Walla, Wn

14. MOTHER'S MAIDEN NAME: Helen Edna Mulligan — BIRTHPLACE: Vista, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Duane L. Bruckner — ADDRESS: Grandview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Labor - Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): abruptio Placenta of mother 6 1/2 mos Gestation — 3 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Vaginal Bleeding — 3 day.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-13, 1952 *to* 4-13, 1952, *that I last saw the deceased alive on* 4-13, 1952, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mark D Gudmundsen (Degree or title): MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/15/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 142
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 23 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orchard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEE b. (Middle) ANDREW c. (Last) WILLIAMS

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 31, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Benton City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Milton H. Williams
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Martha F. Douglas
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Mrs Gladys Williams
ADDRESS: Orchard, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Sarcomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sarcoma of the Small bowel — approx 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/1/52

19b. MAJOR FINDINGS OF OPERATION: Tumor of Small bowel

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/10, 1948, *to* 4/14, 1952, *that I saw the deceased alive on* 4/14, 1952, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lucian E Jones (Degree or title)

23b. ADDRESS: Boise Idaho.

23c. DATE SIGNED: 4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden McPartney-Alden

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 23 1952
DIVISION OF VITAL

State File No. 1100
Local Reg. No. 143
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6010 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) PARKER; c. (Last) WILSON

4. DATE OF DEATH: (Month) (Day) (Year): April 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indianola, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jacob Wilson — BIRTHPLACE: Marionetta, Ohio

14. MOTHER'S MAIDEN NAME: Margaret Bolten — BIRTHPLACE: Cedar Rapids, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-16-7118 A

17. INFORMANT'S OWN SIGNATURE: Ralph A. Wilson — ADDRESS: 6010 Fairview Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis and Myocarditis — 4 yrs.
DUE TO (c): Arteriosclerotic cardio-vascular renal disease — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Adenocarcinoma of Left Breast with Axillary metastasis — 5 yrs

19a. DATE OF OPERATION: 5/10/47

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast with axillary metastasis

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 27, 1946, *to* April 15, 1952, *that I last saw the deceased alive on* April 15, 1952, *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph A. Jones, M.D. — **23b. ADDRESS**: — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Apr. 17, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 23 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1191
Local Reg. No. 69
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 Wilson Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): COUZENS

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 30, 1867
9. AGE (In years last birthday): 85-0-15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Couzens — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Phoebe Hatch — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fern Farnham — ADDRESS: Seattle 6 Wash 2442 55th SW

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Athero & Arteriosclerosis. — many years
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not before sell *to* till dead, *19___, that I last saw the deceased alive on* April 15, *1952, and that death occurred at* 11 9. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M Frazier, M.D. 523
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/52
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1102
Local Reg. No. 155
Reg. Dist. No. 370

BIRTH NO. 29 1952

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Edward c. (Last) Mangin

4. DATE OF DEATH (Month) (Day) (Year): April 15-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: September 20-1876

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months 8 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maple Grove, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas D. Mangin, BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Nora Mullin, BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE: Henry Duly ADDRESS: Parma Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1952, *to* April 15, 1952, *that I last saw the deceased alive on* April 14 1952 *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title) M.D.

23b. ADDRESS: 105 N 8th St. Boise Idaho

23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 17-1952

24c. NAME OF CEMETERY OR CREMATORY: Calvary

24d. LOCATION (City, town, or county) (State): Seattle, Washington

DATE REC'D BY LOCAL REG. 4-30-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Peckham-Makan Chapel ADDRESS: Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Smithson

State File No. 1193
Local Reg. No. 144
Reg. Dist. No. 370

RECEIVED APR 23 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110 N. 13th.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): TRADER

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 14, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hartford, Conn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Trader — BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Barbara Ziegler — BIRTHPLACE: Berlin, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Linor Trader — ADDRESS: 1110 N. 13th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Messentary thrombosis
DUE TO (c) Arteriosclerosis Gen

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 4-12-, 1952, *to* 4-16, 1952, *that I last saw the deceased alive on* 4-16, 1952, *and that death occurred at* 3:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B Smithson MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1194
Local Reg. No. 149
Reg. Dist. No. 370

BIRTH NO. RECEIVED APR 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 8 (Fry St.)

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) CLAYTON c. (Last) McCALLUM

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 23, 1878

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince Edward Island, Canada

12. CITIZEN OF WHAT COUNTRY?: Canada

13. FATHER'S NAME: John McCallum — BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): None

17. INFORMANT'S OWN SIGNATURE: Sadie Shannon — ADDRESS: Rt. 8 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma to Brain. — 8 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 8, 1952 - 5pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from Hay truck

22. *I hereby certify that I attended the deceased from* Apr, 1952, *to* Apr, 1952, *that I last saw the deceased alive on* Apr, 1952, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill Mann
23b. ADDRESS: 714½ N. Orchard
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

33-37852

Certificate of Death

STATE OF IDAHO

State File No. 1195
Local Reg. No. 154
Reg. Dist. No. 37a

RECEIVED
APR 20 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARGIE b. (Middle) THORNTON c. (Last) JAMES

4. DATE OF DEATH: (Month) April, (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1933

9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Hagerman, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sam Thornton
BIRTHPLACE: Lost River, Idaho

14. MOTHER'S MAIDEN NAME: Sarah Glauner
BIRTHPLACE: Soda Springs, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J. M. Jones
ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1. Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 080.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2. Emphysema myelitis of Poliomyelitis
DUE TO (c) 3. Hypertensive Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4. Glomerular nephritis - Sub acute
5. Extra uterine Pregnancy 6 MO

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 10, 19 52, *to* 4/18, 19 52, *that I last saw the deceased alive on* 4/18, 19 52, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jon E. Clifford M.D.
23b. ADDRESS: 311-U Idaho - Boise Ida
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/22/52
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Geo. Jewell Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign. Items must be answered as completely as possible. State answers as unknown only after a careful investigation. Use typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 72
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
APR 25 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maple Way & E. Boise Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Maple Way & E. Boise Ave. (Rt.5)

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): ELLA
c. (Last): ULRICH

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York City, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Breeze
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Clara Carman
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Lyle Ulrich
ADDRESS: Rt. 5 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility & Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1951, *to* 4-20, 1952, *that I last saw the deceased alive on* 4-16, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Emerson M.D.

23b. ADDRESS

23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: O. E. Alden
ADDRESS: Boise, Ida.
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1107
Local Reg. No. 145
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4423 Irving St.

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) Porter c. (Last) Glenn

4. DATE OF DEATH (Month) (Day) (Year): Apr. 20th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 22. 1904

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter. & Clerk

10b. KIND OF BUSINESS OR INDUSTRY: In Club

11. BIRTHPLACE (State or foreign country): Sweet Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: John E. Glenn. BIRTHPLACE: Fairfield Iowa

14. MOTHER'S MAIDEN NAME: Anna E. Skirving. BIRTHPLACE: Ore. City. Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-2820

17. INFORMANT'S OWN SIGNATURE: Mrs Hazel Shaw ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: Nov. 1951 / Apr. 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 3-18-52

19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma - inoperable

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: -

22. *I hereby certify that I attended the deceased from* Mar. 7, *1952, to* Apr. 20, *1952, that I last saw the deceased alive on* Apr. 20, *19 52, and that death occurred at* 11:20a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: 312 West Idaho, Boise, Idaho

23c. DATE SIGNED: 4/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 22 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise. [signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1198
Local Reg. No. 157
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 29 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 809 S. Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): BONNIE
b. (Middle): MARY
c. (Last): MC CULLOUGH

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 29, 1906
9. AGE (In years last birthday): 45-4-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business agent for Culinary Workers
10b. KIND OF BUSINESS OR INDUSTRY: Bartender's & Bartender's Jr.
11. BIRTHPLACE (State or foreign country): Grace, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Ashbaker
BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Viola Walker
BIRTHPLACE: Perry, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-1577
17. INFORMANT'S OWN SIGNATURE: Ivor Smith
ADDRESS: 122 Elm Long Beach Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Haemorrhage, subarachnoid - occipital
Fracture dislocation complete D-1
Severance spinal cord - D-1-2
Fracture compression - L-2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

19a. DATE OF OPERATION: 4-20-52
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy for control of respiration
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT X **SUICIDE HOMICIDE** (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 17 1952 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* 4-17, 1952 *to* 4-21, 1952, *that I last saw the deceased alive on* 4-21, 1952 *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/22/52 to
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Cliffe E. Summers
ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1199
Local Reg. No. 158
Reg. Dist. No. 370

Certificate of Death

BIRTH NO.

RECEIVED APR 29 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 401 S. 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): THAYER
b. (Middle): A.
c. (Last): SINSEL

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 31, 1874
9. AGE (In years last birthday): 77-10-21 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grafton, West Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: William F. Sinsel-Grafton, West Va.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Frances Ann Holden-Grafton, West Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs Betty Jean Torrey Boise, Ida 1616 Shoshone

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Had been in ill

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:

DUE TO (b) health for some time. Nothing

DUE TO (c) of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from xxxxxxxxxx, 19xx, to xxxxxxxxxx, 19xx, that I last saw the deceased alive on xxxxxxxxxx, 19xx, and that death occurred at* 11:15 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner
23b. ADDRESS: 1205 Bannock Street of Ada County, Boise, Idaho
23c. DATE SIGNED: 4/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1200
Local Reg. No. 1725
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) RALPH c. (Last) BLACK

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR Months 5 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Black — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert L Black — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis #
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastases to liver and
DUE TO (c) lungs + intestinal tract

INTERVAL BETWEEN ONSET AND DEATH: 2 Months?
?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952 *to* 4-23, 1952, *that I last saw the deceased alive on* 4-23, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Springer (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 5-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery
24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1201
Local Reg. No. 159
Reg. Dist. No. 370

RECEIVED
APR 29 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 612 N. 9th Street

3. NAME OF DECEASED (Type or Print): a. (First) CHAUNCEY b. (Middle) IVAN c. (Last) WILD

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 29, 1879

9. AGE (In years last birthday): 72-7-24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockford, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Wild
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Annie Porter
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 546-09-5269

17. INFORMANT'S OWN SIGNATURE: Bern L. Wild
ADDRESS: 612 North 9th Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Heart D - Myocardial Weakness - Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis Chr. — 7
DUE TO (c): Arteriosclerosis — 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-15-, 1952 *to* 4-23-, 1952, *that I last saw the deceased alive on* 4-23, 1952, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Anderson (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1242
Local Reg. No. 150
Reg. Dist. No. 370

111-52-03581
BIRTH NO.

RECEIVED
DEC 5 1952
DIVISION OF VITAL

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 15 Pershing Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Terrance; b. (Middle) John; c. (Last) Holmes

4. DATE OF DEATH: (Month) 4; (Day) 23; (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -------

8. DATE OF BIRTH: 4/18/52

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months; Days 6; IF UNDER 24 HRS. — Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------- 0

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donn Guy Holmes — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Helen R Butalla — BIRTHPLACE: Donnelly, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: X Donn G. Holmes — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, 19 52, *to* 4/23, 19 52, *that I last saw the deceased alive on* 4/23, 19 52, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C. Welch MD — **23b. ADDRESS**: 218 N 18th Boise — **23c. DATE SIGNED**: 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4/26/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-24-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Russell A. Relyea — Boisem Idaho

RELYEA MEMORY CHAPEL

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1203
Local Reg. No. 152
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1716 N. 10th. St.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) CARSON c. (Last) CUNNINGHAM

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired building Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Londonderry, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Allen Cunningham
BIRTHPLACE: Londonderry, Ohio

14. MOTHER'S MAIDEN NAME: Rachel Gamble
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Elaine J. Cunningham
ADDRESS: 1716 N. 10th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

304 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* April 23, 1952, *that I last saw the deceased alive on* 4-23, 1952, *and that death occurred at* 10:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Koelsch (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Ida.
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 151
Reg. Dist. No. 370

Certificate of Death

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409 E. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): West 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dudley
b. (Middle): F.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 16, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm-Fruit
11. BIRTHPLACE (State or foreign country): Stone Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wingler F. Wilson — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sophia Reynolds — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: W. D. Wilson, Meridian — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

197X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Liposarcoma of Spine — INTERVAL BETWEEN ONSET AND DEATH: 14 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/29/51
19b. MAJOR FINDINGS OF OPERATION: Found tumor
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/28, 1950, *to* Present, 19__, *that I last saw the deceased alive on* March, 1952, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Velbert Ward M.D. (Degree or title)
23b. ADDRESS: 416 N. 11, Boise Id
23c. DATE SIGNED: 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/26/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Yakima, Wash.

DATE REC'D BY LOCAL REG.: 4-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B. W. Robison — ADDRESS: Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

State File No. 1905
Local Reg. No. 161
Reg. Dist. No. 370

BIRTH NO.

MAY 12 1952 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): Five miles North of Burns

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Isabel c. (Last) Hayes

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 1 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ruben Fletcher — BIRTHPLACE: Claypool, Mo.

14. MOTHER'S MAIDEN NAME: Fannie Jane Wilson — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ida May Hayes — ADDRESS: Burns Or.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 201X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* April, 1952, *that I last saw the deceased alive on* April 25, 1952, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: April 25 1952

24c. NAME OF CEMETERY OR CREMATORY: Burns

24d. LOCATION (City, town, or county) (State): Burns Oregon

DATE REC'D BY LOCAL REG.: 5-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Harold E. Olsen — ADDRESS: Burns Oregon

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1206
Local Reg. No. 162
Reg. Dist. No. 370

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1705. North 15 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) c. (Last) BROWN.

4. DATE OF DEATH (Month) (Day) (Year): April. 26. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: July. 30. 1871.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 77-8+26.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer. 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salmon, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: O.H. Larson 2311 N.E. Knott St Portland 12, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction 4301

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis -
DUE TO (c): Advanced age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 16-18 hrs. / years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 25, 1952, *to* April 26, 1952, *that I last saw the deceased alive on* April 26, 1952, *and that death occurred at* 10.45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Draper 512

23b. ADDRESS: 508 Eastman Bldg, Boise

23c. DATE SIGNED: April 28, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: April. 29. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 5-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1207
Local Reg. No. 153
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1512 Grove

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1512 Grove

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) c. (Last) ROBERTS

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Florence, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Eber Cypert
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Lucinda Akin
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Felix Roberts
ADDRESS: 1512 Grove Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — —
DUE TO (c) arteriosclerosis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec [illegible], 19 52 *to* April [illegible], 19 52, *that I last saw the deceased alive on* April 26, 19 52 *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 30, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: R. E. Alden McPatney-Alden

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1208
Local Reg. No. 75
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gage and Orchard Streets

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4508½ Gage Street

3. NAME OF DECEASED (Type or Print)
a. (First): SUSAN
b. (Middle): ELLEN
c. (Last): BOYER

4. DATE OF DEATH: (Month) (Day) (Year): April 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 12, 1950

9. AGE (In years last birthday): 1-9-17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marvin L. Boyer-Twin Falls, Ida.

14. MOTHER'S MAIDEN NAME: Eilleen Hines - Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Eileen Boyer 4508½ Gage Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning. Accidently fell into

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): small irrigation ditch near

DUE TO (c): home.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 29, 1952 10am m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Accidently fell into small irrigation ditch

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ *to* ~~[illegible]~~ *that I last saw the deceased alive on* ~~[illegible]~~ *and that death occurred at* 10:00 am *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers
(Degree or title): Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho

23c. DATE SIGNED: 4/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/2/52

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise Ada County, Idaho

DATE REC'D BY LOCAL REG.: 5-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers

ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1209
Local Reg. No. 173
Reg. Dist. No. 370

BIRTH NO. 15 352

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) JOHNSON c. (Last) REED

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 31, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 8 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Caldwell Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George D. Reed
BIRTHPLACE: Reedsburg Wisconsin

14. MOTHER'S MAIDEN NAME: Sarah E. Johnson
BIRTHPLACE: Linius Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encarcerated Hernia — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1952 to 4-29, 1952 that I last saw the deceased alive on 4-29, 1952 and that death occurred at 11:16 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Edw. G. Ray
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1210
Local Reg. No. 174
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1702 North 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HARRIS c. (Last) HUBBELL

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 24, 1877

9. AGE (In years last birthday): 74-4-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Walla Walla, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harris Bogart Hubbell-England
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Boyd H. Hubbell
ADDRESS: Boise Idaho 1702 No 6 St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Prostate — 6 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 19 50, *to* April 25, 19 52, *that I last saw the deceased alive on* April 28, 19 52, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice W. Burkholder M.D

23b. ADDRESS: 401 Idaho St. Boise Ida

23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-14-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1954
Local Reg. No. 154
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) BLAINE; c. (Last) YEO

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 13, 1887

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoxie, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel G. Yeo — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Katie Drew — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 515-01-5552

17. INFORMANT'S OWN SIGNATURE: x Glenn R. Yeo — Rt. 3 ADDRESS - Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: about 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Cerebral concussion & edema — 4 hrs
Conditions contributing to the death but not related to the disease or condition causing death. Exposure to cold — 4 hrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): along irrigation canal

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 29 '52 12:30 A.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Thrown from horse

22. *I hereby certify that I attended the deceased from* April 29, 1952, *to* April 29, 1952, *that I last saw the deceased alive on* April 29, 1952, *and that death occurred at* 4:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey L. Smith M.D. — **23b. ADDRESS**: Boise, Idaho — **23c. DATE SIGNED**: April 29, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 2, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-30-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer — **25. FUNERAL DIRECTOR** ADDRESS: C. E. Alden — McBratney-Alden Chapel Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 162
Reg. Dist. No. 37

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 81 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 722 Franklin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Wilhelmina
b. (Middle):
c. (Last): Lusk

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Mar. 13th 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Penn:
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Charles Steeger. BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. E. J. Lemp ADDRESS: 722 Franklin St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4-20-1 acute myocardial infarction, Pasteurisis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 26, 1952, *to* Apr 30, 1952, *that I last saw the deceased alive on* Apr 29, 1952, *and that death occurred at* 7:02 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Clifford MD
23b. ADDRESS: 311 - W Idaho St
23c. DATE SIGNED: 5/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise
J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Contin. Sk. Bld.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

State File No. 1213
Local Reg. No. 163
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1011 East State Street

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINE
b. (Middle): ROBERTS
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 28, 1869
9. AGE (In years last birthday): 82-9-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Geo. H. Roberts-Philadelphia, Pa.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Julia Culbertson-Fort Benton, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Susan D. Sayer, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Myocardial Failure — 24 hrs.

DUE TO (c): Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral Vascular Thromboses — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* 5-1, 1952, *that I last saw the deceased alive on* 4-30, 1952, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. C. Saved
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Summers, Boise, Ida. SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 60
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1023 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): L.
c. (Last): Blake

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 6/27/1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Walter L. Blake — ADDRESS: Sandy Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 446X ~~Arte~~ Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1952 *to* 4-5, 1952 *that I last saw the deceased alive on* 4-4, 1952, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty M.D.
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 4-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Relyea Memory Chapel — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 15 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1915
Local Reg. No. 58
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian — c. LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East 2-1/2 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Ada — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian — d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elza	Lee	Smith	April 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 8, 1871	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None.		Tennessee, Ill.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac Smith	Illinois	Rebecca Lawyer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-26-8959A	Anna L Smith	Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis & Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Vascular Sclerosis & Small Thrombi — Several Mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Meridian Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* April 5, 1952, *that I last saw the deceased alive on* April 4, 1952, *and that death occurred at* 645A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Meridian Idaho	4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/8/52	Meridian	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-7-52	Myrtle Palmer	B.C. Robison	Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1216
Local Reg. No. 64
Reg. Dist. No. 374

RECEIVED 15 1952 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print)
a. (First): DEWEY
b. (Middle):
c. (Last): STEWART

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 6, 1898
9. AGE (In years last birthday): 53-11-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer and Bartender
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Marys, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. Stewart — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Annie L. Glasgow — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J.W. Stewart — ADDRESS: PO Box 422 Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Had been ill for

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) several years. Nothing of a

DUE TO (c) criminal nature.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from XXXXXXXXXX 19XXX to XXXXXXXXXX 19XXX that I last saw the deceased alive on XXXXXXXXXX 19XXX and that death occurred at 2: A. m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers 470 (Degree or title) — 23b. ADDRESS: 1205 Bannock Street Coroner of Ada County, Boise, Idaho — 23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/9/52 to St. Marys, Kansas
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1217
Local Reg. No. 65
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada County Hosp.

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) V. c. (Last) Jenkins

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 8, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxidermist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-0883

17. INFORMANT'S OWN SIGNATURE: A. E. Alden
ADDRESS: 911 State Boise

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary Chronic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Mal nutrition { Refused to Eat

INTERVAL BETWEEN ONSET AND DEATH
(a) unk.
(c) unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 19 52 *to* Apr 7, 19 52 *that I last saw the deceased alive on* Feb 5, 19 52 *and that death occurred at* 3:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title): MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 67
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Seek-Rest Motel Rt.5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Blaine b. (Middle) L. c. (Last) Riggs

4. DATE OF DEATH: (Month) Apr. (Day) 9th (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Mrried

8. DATE OF BIRTH: Oct. 27. 1884

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Owner. Mngr.

10b. KIND OF BUSINESS OR INDUSTRY: Pine Crest Cafe

11. BIRTHPLACE (State or foreign country): North Powder Oregon

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph A. Riggs. BIRTHPLACE: Vancouver Washington

14. MOTHER'S MAIDEN NAME: Dora E. Craven. BIRTHPLACE: North Powder Pregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. W.W. (If yes, give war or dates of service): One

16. SOCIAL SECURITY NO.: 569-28-2927

17. INFORMANT'S OWN SIGNATURE: Albert H Leyler — ADDRESS: McCall Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1952, *to* April 9, 1952, *that I last saw the deceased alive on* April 8, 1952, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APP 23 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1219
Local Reg. No. 68
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JESSE	ALBERT	SHAWVER	April 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 21, 1876	75-11-23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		American City, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Shawver	Unknown	Jane Arbaugh	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Howard Ethaware	Boise Rt 4 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 20.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* June 29, 1942 *to* April 14, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 2: A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Boise, Idaho	4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/16/52	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-21-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1220
Local Reg. No. 70
Reg. Dist. No. 371

BIRTH NO.

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 183 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1511 No. 24th St.

3. NAME OF DECEASED (Type or Print): a. (First) Glen b. (Middle) He c. (Last) Cassell

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-19-1899

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR Months: 10 Days: 27
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Guide Rock, Nebr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. Cassell
BIRTHPLACE: Morrison, Ill.

14. MOTHER'S MAIDEN NAME: Bernice Palmer
BIRTHPLACE: Red Oak, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. [illegible]
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, Terminal — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Rectum with Metastasis — Prior to Admn.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

154X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 17, 1951, *to* April 16, 1952, *that I last saw the deceased alive on* April 16, 1952, *and that death occurred at* 9:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. STEVENSON, M.D. Chief, Medical Service
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/19/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 66
Reg. Dist. No. 371

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian,
d. STREET ADDRESS (If rural, give location): R.F.D #1

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) M. c. (Last) Anderson

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	4/26/1861	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Eden Prairie, Minn.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Anderson	Co. Cavan., Ireland	Mary Jane Hill	Co. Cavan, Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Robert M Anderson	Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & hypertension yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 4-5-52, 19__, *that I last saw the deceased alive on* 4-5-52, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Paunn MD	Meridian Ida	4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/20/52	Mountain Home	Mountain Home, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-19-52	Myrtle Palmer	Bill Robison	Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 71
Reg. Dist. No. 371

BIRTH NO. 25 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ADA, Boise, Idaho
c. LENGTH OF STAY (in this place): 188 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home, Boise

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) M.; c. (Last) Obershaw

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 6-19-88

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mason City, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Curtis Obershaw — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Marion — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of left descending coronary artery. — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Marked coronary Sclerosis with insufficiency. — Prior to Admn.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 12, 1951, *to* April 17, 1952, *that I last saw the deceased alive on* April 17, 1952, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal - 4/19/52
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden — ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 73
Reg. Dist. No. 371

RECEIVED
APR 25 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Lafayette c. (Last) Chaffin

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1st, 1883

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Farmington, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry A. Chaffin — BIRTHPLACE: Laharp, Ill.

14. MOTHER'S MAIDEN NAME: Letha Jane Crow — BIRTHPLACE: Long Valley, Calif

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-2606

17. INFORMANT'S OWN SIGNATURE: Grace G. Chaffin — ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Myocardial Failure — 4 days

DUE TO (c) Chronic Asthma — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. recent Cerebral thrombosis — unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1950, *to* Apr 21, 1952, *that I last saw the deceased alive on* Apr 20, 1952, *and that death occurred at* 6:50 P m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusk M.D

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-24-1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Ada County Ida.

DATE REC'D BY LOCAL REG.: 4-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bert Robison — ADDRESS: Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1221
Local Reg. No. 771
Reg. Dist. No. 371

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 619 Iowa St.

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Lewis c. (Last) Duvall

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1/31/1873
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glendale Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: A.G.Lewis BIRTHPLACE: Hardin Co Ky.
14. MOTHER'S MAIDEN NAME: Emma Perry BIRTHPLACE: Hardin Co. Ky.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm. Duvall ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic hypertension — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 4, 1952, *to* Apr 26, 1952, *that I last saw the deceased alive on* Apr 25, 1952, *and that death occurred at* 8:A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho.

DATE REC'D BY LOCAL REG.: 4-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.C. Robison ADDRESS: Meridian Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1225
Local Reg. No. 4
Reg. Dist. No. 300

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 miles North of Council

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID	F.	YOUNG	4 - 2 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	11-11-1932	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Metal Worker	Airplane Factory	New Hope, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lambert Young	Kentucky	Mary Pauline McGee	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ~~OWN SIGNATURE~~ (By Phone) ADDRESS
No None		Pauline Young - Chicago, Illinois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Comminuted fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident		Fruitvale, rural	Adams	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 2 '52 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	In airplane crash

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased* dead *alive on* April 2, 19 52, *and that death occurred at* About 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
113	Council, Idaho	4-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4-2-52	Atkins Funeral Home	English, Ind.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-2-52		R. Dale Thomason	Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst, rural
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wm. E. Walker ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) BATT

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Feb. 5, 1855
9. AGE (In years last birthday) 97 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) London, England
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Batt BIRTHPLACE London England
14. MOTHER'S MAIDEN NAME Jane Rebecca Childs, BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE P. G. Batt ADDRESS Caldwell, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis - generalized — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 31, 1952, *to* April 9, 1952, *that I last saw the deceased alive on* April 6, 1952, *and that death occurred at* 4-9-52 9:p *m., from the causes and on the date stated above.*

23a. SIGNATURE Bernard P. Snowh, MD (Degree or title)
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/10/52
24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cem.
24d. LOCATION (City, town, or county) (State) Salem Oregon

DATE REC'D BY LOCAL REG. 4/10/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS G. V. Peckham Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

State File No. 1227
Local Reg. No. 159
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1104 No. Hayes.

3. NAME OF DECEASED (Type or Print): a. (First) Hyrum; b. (Middle) Bevins; c. (Last) Ames

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 14, 1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paris, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clark Ames
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Francis Jane Bevins
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Mrs Lura Ames
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 12/14/51.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 13, 1952 *to* Feb. 3, 1952 *that I last saw the deceased alive on* Feb. 2, 1952 *and that death occurred at* 12:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Hughes
(Degree or title): M.D
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAY 16 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Arthur J. Hall. Hall-Grant Mortuary
ADDRESS: Allen J. Manning

Federal Security Agency
United States Public Health Service

Form DPH-48021

Hughart

Certificate of Death

STATE OF IDAHO

State File No. 1228
Local Reg. No. 153
Reg. Dist. No. 510

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 217½ North 3rd.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 25, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Bicksburg Mississippi

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert Wilson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Bolding
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Public Assistance Records, Bannock County
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory paralysis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-renal — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 16, 1952 *to* Feb. 18, 1952, *that I last saw the deceased alive on* Feb. 18, 1952, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. N. Hughart
(Degree or title): M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 52
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAY 16 1952
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR: Allen J. Fleming
ADDRESS: Pocatello, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 154
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Res. 252 So. 1st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 252 So. 1st

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Leland
c. (Last): Lewis

4. DATE OF DEATH: (Month) 2-25-52 (Day) (Year)

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 2-19-89

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer and laborer

10b. KIND OF BUSINESS OR INDUSTRY: Hospital custodian

11. BIRTHPLACE (State or foreign country): Lewiston, Utah

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-05-9088

17. INFORMANT'S OWN SIGNATURE: [illegible] Trogler
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-10-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable coronary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): stenosis. I haven't

DUE TO (c): seen patient since

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Oct. 7, 1951. I didn't see body. W.H. Hughart

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1951, *to* Feb. 25, 1952 *that I last saw the deceased alive on* 12/7, 1951, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Hughart M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED: 2/28/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery

24d. LOCATION (City, town, or county) (State): McCammon, Idaho

DATE REC'D BY LOCAL REG.: MAY 16 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: Hall-Grant-Hunt-Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 516
Reg. Dist. No. 118

BIRTH NO.

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): FARGO APTS. APT. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOSEPHINE	MARIE	DROUBAY GOLDING	APRIL	4,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	JAN. 24, 1866	86	2	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER A. DROUBAY — BIRTHPLACE: FRANCE
14. MOTHER'S MAIDEN NAME: MARIE BLONDEAU — BIRTHPLACE: FRANCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/26, 1952 *to* 4/4, 1952 *that I last saw the deceased alive on* 4/3, 1952 *and that death occurred at* 2:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D. 23b. ADDRESS: Pocatello Ida 23c. DATE SIGNED: 4/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	APRIL 7, 1952	MT. VIEW CEMETERY	POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: April 15, 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Allen J. Hammond ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1231
Local Reg. No. 511
Reg. Dist. No. 119

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1-DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COVEY MTR. LODGE POCATELLO AVE. & OAK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3005 CRECENT RIM DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): MOSS
c. (Last): STAYNER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 12, 1899
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WOODS CROSS, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN H. MOSS — BIRTHPLACE: WOODS CROSS, UTAH
14. MOTHER'S MAIDEN NAME: MISSOURI LINCOLN MOSS — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank Stayner — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) If found dead in her bed
DUE TO (c) Avan auto camp c̄ blood

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. exuding from the nose + cyanosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* see above, to April 5, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B S Call M.D.
23b. ADDRESS: Kansha Bldg. Pocatello
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 7, 1952
NAME OF CEMETERY OR CREMATORY: WOODS CROSS CEMETERY
24d. LOCATION (City, town, or county) (State): WOODS CROSS, UTAH

DATE REC'D BY LOCAL REG.: April 15, 1952
REGISTRAR'S SIGNATURE: Jessie J. Powell
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall Grant Mort. Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Miller

RECEIVED
APR 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1232
Local Reg. No. 125
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 241 NORTH 11TH. AVE.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER	ALFRED	STRATTEN	APRIL	7,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JULY 15, 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN "RETIRED"
10b. KIND OF BUSINESS OR INDUSTRY: CITY FIRE DEPARTMENT
11. BIRTHPLACE (State or foreign country): BLAIR NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILFRED STRATTEN — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: LORETTA BRANNON — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Janett Stratten — ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Coronary Thrombosis — 13 days
DUE TO (c) Hypertensive Heart Disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1952, *to* 4-7, 1952, *that I last saw the deceased alive on* 4-6, 1952, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REGISTRAR: APR 19 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

O.F. CALL

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No. 511
Reg. Dist. No. 12-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): COTTAGE AVENUE RT. #1 NORTH

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL b. (Middle) SINCLAIR c. (Last) MURRAY

4. DATE OF DEATH: (Month) APRIL (Day) 9, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 25, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): TYNDALL MANITOBA, CANADA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS SINCLAIR — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: ELEANOR SMITH — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Richard Murray — ADDRESS: 338 Moreland.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aneurysm of ellen arter.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aneurysm

DUE TO (c) Exploratory Laparotomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Large irregular inoperable Aneurysm
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2, 1952, *to* 4/9, 1952, *that I last saw the deceased alive on* 4/9, 1952, *and that death occurred at* 11A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: POCATELLO, IDAHO
23c. DATE SIGNED: APRIL 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Jessie L. Powell
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1934
Local Reg. No. 124
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 525 E. Benton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 525 E. Benton

3. NAME OF DECEASED (Type or Print): a. (First) FREDRICK b. (Middle) B.(NELSON) c. (Last) NIELSEN

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 17, 1869

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Peter Nielsen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: C. Fredricksen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Indian War-1889

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Fred B. Nielsen — ADDRESS: Pocatello Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease — 1 yr.

DUE TO (c) Arteriosclerotic Heart Disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 1951, *to* April 11, 1952, *that I last saw the deceased alive on* 4-11, 1952, *and that death occurred at* 6:30 *a.m.,* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): David C. Miller M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 4-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-15-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 16 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Byron B. Durnard Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. MILLER

Certificate of Death

STATE OF IDAHO

State File No. 1625
Local Reg. No. 510
Reg. Dist. No. 122

BIRTH NO.

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
c. LENGTH OF STAY (in this place) 1-HOUR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
d. STREET ADDRESS (If rural, give location) 435 E. CLARK

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) LAVON c. (Last) ROBBINS

4. DATE OF DEATH (Month) (Day) (Year) APRIL 13, 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG. 16, 1903

9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. DIRECTOR STATE EMPLOYMENT

10b. KIND OF BUSINESS OR INDUSTRY SERVICE

11. BIRTHPLACE (State or foreign country) WESTON, IDAHO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SOLOMON PETER ROBBINS BIRTHPLACE SODA SPRINGS, IDA.

14. MOTHER'S MAIDEN NAME HENRIETTA SIMMONDS BIRTHPLACE TRENTON, UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Lavon Robbins ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* 4-12, 1952, *that I last saw the deceased alive on* 4-12, 1952, *and that death occurred at* 12:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Miller (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 19 APRIL 16, 1952

24c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) POCATELLO, BANNOCK, (State) IDAHO

DATE REC'D BY LOCAL REG. April 15-1952

REGISTRAR'S SIGNATURE Jessie J. Powell

25. FUNERAL DIRECTOR Allen J. Manning Hall Funeral Chapel ADDRESS Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 141
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 502 Pocatello Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CLARICE
b. (Middle):
c. (Last): STIGGERS

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952

5. SEX: female

6. COLOR OR RACE: colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 10, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days: 7; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
02

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Nathaniel Stiggers
BIRTHPLACE: Birmingham, Ala.

14. MOTHER'S MAIDEN NAME: Ruth Lindsey
BIRTHPLACE: Greenwood, Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: N. B. Stiggers
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 13, 1952 *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 2p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence S Buck (Degree or title): MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Apr. 15, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Apr. 15, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallen

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 27
Local Reg. No. 135
Reg. Dist. No. 511

RECEIVED MAY 3 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: UTAH
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHAKIE RESERVATION
d. STREET ADDRESS (If rural, give location): WASHAKIE INDIAN RESERVATION

3. NAME OF DECEASED (Type or Print): a. (First) NEATZIE b. (Middle) c. (Last) BROOM

4. DATE OF DEATH: (Month) APRIL (Day) 15, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: INDIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: UNKNOWN

9. AGE (In years last birthday): ABOUT 75 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHAKIE INDIAN RESERVATION UTAH.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH MOEMBERG BIRTHPLACE: UTAH

14. MOTHER'S MAIDEN NAME: SARAH POCATELLO BIRTHPLACE: BANNOCK CREEK, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Benny Woonsook ADDRESS: Bannock Creek

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema 442X	1hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic cardio renal.	20 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10 Apr, 195- *to* 15 Apr, 195-, *that I last saw the deceased alive on* 15 Apr, 195-, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Hammond M.D.

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: 25 April 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL--BURIAL

24b. DATE: APRIL 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: WASHAKIE CEMETERY

24d. LOCATION (City, town, or county) (State): WASHAKIE UTAH

DATE REC'D BY LOCAL REG.: MAY 2 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 38
Local Reg. No. 126
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
APR 25 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 E. Dillon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 408 E. Dillon

3. NAME OF DECEASED (Type or Print): a. (First) ADA b. (Middle) BLANCHE c. (Last) PEARSON

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	married	Dec. 17, 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	self	Gentile Valley Utah	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin A. Jenne	unknown	Katherine Suttle	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Augustus W. Pearson	Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4.20.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — yes.

DUE TO (c) Hypertension — yes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* April 16, 1952, *that I last saw the deceased alive on* 4-16, 1952, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David E. Miller MD	Pocatello Idaho	4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-19-52	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 23 1952	Eva M. Wallin	Byron B. Dunard	Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 142
Reg. Dist. No. 510

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 189 PORTNEUF PARK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 189 PORTNEUF PARK

3. NAME OF DECEASED (Type or Print): a. (First) EVADEEN b. (Middle) c. (Last) POPPLETON

4. DATE OF DEATH: (Month) APRIL (Day) 18, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: MARCH 18, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months | Days; IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE E. POPPLETON — BIRTHPLACE: POCATELLO, IDAHO

14. MOTHER'S MAIDEN NAME: VIRGINIA A. MOON — BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE / ADDRESS: George E Poppleton Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — Interval between onset and death: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial-pneumonia — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Musgrave
23b. ADDRESS: Pocatello, Ida.
23c. DATE SIGNED: May 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 21, 1952
NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J Manning
ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 629½ S. Harrison

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) PADILLA c. (Last)

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 3, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Primitivo Padilla — BIRTHPLACE: N. Mex.

14. MOTHER'S MAIDEN NAME: Bernie Ocana — BIRTHPLACE: Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Primitivo Padilla — ADDRESS: Pocatello Rt.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

343X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): acidosis,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): dehydration.

DUE TO (c): encephalitis, Cause undetermined.

INTERVAL BETWEEN ONSET AND DEATH: 6-8 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 18 April, 1952 *to* 18 April, 1952 *that I last saw the deceased alive on* 18 April, 1952, *and that death occurred at* 10:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Leary — (Degree or title): M.D. — **23b. ADDRESS**: Pocatello Idaho — **23c. DATE SIGNED**: 21 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4-21-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Provo — **24d. LOCATION** (City, town, or county) (State): Provo Utah

DATE REC'D BY LOCAL REG.: APR 25 1952 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin — **25. FUNERAL DIRECTOR** — **ADDRESS**: Downard Funeral Home Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1132
Local Reg. No. 132
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: RESIDENCE 1506 So. 1st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1506 So. 1st.

3. NAME OF DECEASED (Type or Print): a. (First) LOIS b. (Middle) c. (Last) COX

4. DATE OF DEATH: (Month) APRIL (Day) 19, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: DECEMBER 9, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILFORD LAVON COX BIRTHPLACE: GRANT, MONTANA

14. MOTHER'S MAIDEN NAME: JUANITA SMITH BIRTHPLACE: BRISTOL, COLORADO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: X Wilford LaVon Cox

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchio Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead baby
DUE TO (c) had been sick with

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cold for week.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W. Hall (Degree or title): Coroner

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Apr 22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: APRIL 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: 4-29-52

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Allen J. Manning Hull Grant Mort. Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 138
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEARBORN HOTEL 123 SOUTH 2ND. AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

d. STREET ADDRESS (If rural, give location): DEARBORN HOTEL 123 SOUTH 2ND. AVE.

3. NAME OF DECEASED (Type or Print): a. (First) IKUTA b. (Middle) c. (Last) OKA

4. DATE OF DEATH (Month) (Day) (Year): APRIL 21, 1952

5. SEX: MALE

6. COLOR OR RACE: JAPANESE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: MARCH 13, 1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): KABEOKAJOMIE JAPAN

12. CITIZEN OF WHAT COUNTRY?: JAPAN

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE Public Welfare Regards — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary accleroin? — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) This pt was dead when I saw him: autopsy

DUE TO

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. was advised by me.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 19th to attend: Death occurred on the date that I last saw the deceased alive on ____, and that death occurred at ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Tamotsu Hayano M.D. also the

23b. ADDRESS: Pocatello Ida.

23c. DATE SIGNED: 28 Apr 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: MAY 2 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Allen J. Fanning Hall Funeral Dept Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1 3
Local Reg. No. 127
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED APR 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 643 N. 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 643 N. 13th

3. NAME OF DECEASED (Type or Print)
a. (First) GERHARD
b. (Middle) G.
c. (Last) WESSELS

4. DATE OF DEATH (Month) (Day) (Year): April, 21, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 15, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: N.O.P.
11. BIRTHPLACE (State or foreign country): Hanover Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — BIRTHPLACE: Wessels Germany
14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerotic heart disease — 1 yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Feb, 1952, *to* 14 Apr, 1952, *that I last saw the deceased alive on* 14 Apr, 1952, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Grandall (Degree or title): MD
23b. ADDRESS: 804 E. Center
23c. DATE SIGNED: 21 Apr 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-22-52
24c. NAME OF CEMETERY OR CREMATORY: Laramie
24d. LOCATION (City, town, or county) (State): Laramie Wyoming

DATE REC'D BY LOCAL REG.: APR 23 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 129
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-04021

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 8 Wyeton

3. NAME OF DECEASED (Type or Print)
a. (First) MICHAEL
b. (Middle) THEODORE
c. (Last) LABLEU

4. DATE OF DEATH (Month) (Day) (Year) April 22, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH April 21, 1952
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William C. La Blew — BIRTHPLACE Orange Texas
14. MOTHER'S MAIDEN NAME Ida Tamayo — BIRTHPLACE Rock Springs Id.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Wm C. La Blew — ADDRESS Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extra Large Ductus
~~DUE TO (c)~~ Arteriosus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 22, 1952, *to* Apr. 22, 1952, *that I last saw the deceased alive on* Apr. 22, 1952, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph B. Hegstad (Degree or title)
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4 —
24c. NAME OF CEMETERY OR CREMATORY Kenmerer
24d. LOCATION (City, town, or county) (State) Kenmerer Wyoming

DATE REC'D BY LOCAL REG. APR 25 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 130
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1670 Yellowstone Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1670 Yellowstone Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): EMANUEL HENRY KAHM

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 1, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: Kahm Furniture Co.
11. BIRTHPLACE (State or foreign country): Balzar Russia
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME: William Kahm — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Elizabeth Mangel — BIRTHPLACE: Russia
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5741
17. INFORMANT'S OWN SIGNATURE: Mrs. E. H. Kahm — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF LUNG WITH WIDESPREAD METASTATIC LESIONS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 18 MOS.

19a. DATE OF OPERATION: 10 DEC '51
19b. MAJOR FINDINGS OF OPERATION: BIOPSY - TUMOR, LEFT MAIN STEM BRONCHUS -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 DEC, 1952, *to* 23 APR, 1952, *that I last saw the deceased alive on* 22 APR, 1952, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Heaney (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 24 Apr. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 4-28-52
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 133
Reg. Dist. No. 510

REC'D MAY 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Cemetery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 255 S. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): CHRISTIAN PETER JACOBSON

4. DATE OF DEATH: (Month) (Day) (Year): April 25, 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 29, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker - farmer

10b. KIND OF BUSINESS OR INDUSTRY: City Cemetery

11. BIRTHPLACE (State or foreign country): Springfield Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chris Jacobson — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Johanna Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-9161

17. INFORMANT'S OWN SIGNATURE: Mrs Evalena Jacobson — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart Disease
DUE TO (c): Probable terminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary Thrombosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased* ~~alive~~ *on* 4-25, 1952, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W Hall — (Degree or title): Coroner

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: Apr 26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-28-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 30 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Durrard — ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 1 1952 DIVISION OF VITAL

State File No. 7
Local Reg. No. 134
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 419 South Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle):
c. (Last): BLY

4. DATE OF DEATH (Month) (Day) (Year): April 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 22, 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger
10b. KIND OF BUSINESS OR INDUSTRY: Naval Ordnance Plant
11. BIRTHPLACE (State or foreign country): Loup City, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emery Bly — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Victora Warminski — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Marie Bly — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Left Lung c Cerebral Metastases

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary T.B.C.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1952, *to* April 27, 1952, *that I last saw the deceased alive on* April 27, 1952, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Rutherrell (Degree or title) MD.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 28, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Apr. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Miller-Reynolds Funeral Home
24d. LOCATION (City, town, or county) (State): Bremerton, Washington

DATE REC'D BY LOCAL REG.: Apr. 29, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation Bannock Creek District
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Tazarikah Sadegant

4. DATE OF DEATH (Month) (Day) (Year): Feb 23, 1952

5. SEX: female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1861

9. AGE (In years last birthday): Approx 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Jack Ramsey
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): No doctor attending but supposed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): to have died of old age.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetery

24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: April 25, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: None attending
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

952

State of Idaho

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Bannock Creek District
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Died at home Fort Hall Reservation
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ------ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State State (b) County Bannock
(c) City or town Pocatello, Idaho
(If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Tazarikah Sadegant
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex female
5. Color or race Indian
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
Approx. 91			hr. _____ min.

9. Birthplace Fort Hall Indian Reservation (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business --
MOTHER FATHER
12. Name unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name unknown
15. Birthplace Jack Ramsey (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Ramsey
(b) Address Fort Hall, Idaho. Gen. Del.
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Feb 25, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Bannock Creek Cemetary
18. (a) Signature of funeral director None attending.
(b) Address -----
19. (a) 4/25/52 (Date received local registrar) (b) Florence Ingewanup (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month February day 23rd year 1952 hour 3 o'clock minute _____
21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__: that I last saw h____ alive on _____, 19__: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death No doctor attending but supposed to have died of old age.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation rural

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): Fort Hall Reservation

3. NAME OF DECEASED (Type or Print)

a. (First) b. (Middle) c. (Last): Mack Pocatello

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1868

9. AGE (In years last birthday): Approx. 84

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deer Lodge, Montana

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: not known

BIRTHPLACE: -

14. MOTHER'S MAIDEN NAME: Lucy Ingatuah

BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -

(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Cornelia Fisher

ADDRESS: Star Rt., Pocatello, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4933X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Believed to have died of pneumonia

INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetery

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Apr 2, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: -

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Rural Fort Hall reservation (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At home on reservation (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 84 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, Idaho (If outside city or town limits, write RURAL)
(d) Street No. Fort Hall Reservation (If rural, give location)
(e) If foreign born, how long in U. S. A.? 84 years.

3. (a) FULL NAME Mack Pocatello
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male
5. Color or race Indian
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
Approx 84	--	--	hr. -- min.

9. Birthplace Deer Lodge, (City, town, or county) Montana (State or foreign country)
10. Usual occupation blacksmith
11. Industry or business "
12. Name not known
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Lucy Ingatuah
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER FATHER

16. (a) Informant's own signature Cornelia Fisher
(b) Address Star Route, Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 4, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Bannock Creek Cemetary
18. (a) Signature of funeral director Cornelia Fisher
(b) Address same as above
19. (a) April 2, 1952 (Date received local registrar) (b) Florence Ingawanof (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 2nd year 1952 hour 10:15 minute _____
21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__: that I last saw h____ alive on _____, 19__: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Believed to have died of	
Due to pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

State File No. 1950
Local Reg. No. 131
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED
Y 1 1952
DIVISION OF

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route No. 1 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route No. 1 South

3. NAME OF DECEASED (Type or Print)
a. (First): VELMA
b. (Middle): BEATRICE
c. (Last): STEADMAN

4. DATE OF DEATH (Month) (Day) (Year): April 6 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 19, 1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Knoxville, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin Cox — BIRTHPLACE: Richmond, Missouri
14. MOTHER'S MAIDEN NAME: Maud N. Whitsitt — BIRTHPLACE: Polo, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J. M. Steadman — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obesity - Hypertension
DUE TO (c) Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19 52, to April 6, 19 52 that I last saw the deceased alive on April 6, 19 52, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: F. M. Day, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 7, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: April 7, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1251
Local Reg. No. 511
Reg. Dist. No. 121

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 57
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): A. Johnson
c. (Last): Salvesen

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 4, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Skull valley, Utah
12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: Lars Johnson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Rachel Orvin Johnson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: S. LeRoy Salvesen — ADDRESS: Downey Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2ND to GENERALIZED ARTEROSCLEROSIS

DUE TO (c) COLITIS COMPINED SYSTEMS DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952 *to* APRIL 10 1952, *that I last saw the deceased alive on* 10 APRIL, 1952 *and that death occurred at* 3:32 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 525
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14 52
24c. NAME OF CEMETERY OR CREMATORY: Downey
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-12-52
REGISTRAR'S SIGNATURE: Jessie S. Powell
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 136
Reg. Dist. No. 511

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VALLEY VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	HEBER	AVERY	APRIL 18, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	Widowed	SEPT. 4, 1873	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	Dry Farm Cattle FARMING	KONOSH, UTAH	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN NELSON AVERY	ILLINOIS	SARAH JOSEPHINE ROBERTS	ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Valley View Rest Home Records	Lava H. S.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 18 April, 1952, *that I last saw the deceased alive on* 17 April, 1952, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George H. Workman M.D.		Lava Hot Springs	4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	APRIL 22, 1952	LAVA HOT SPRINGS, CEMETERY	LAVA HOT SPRINGS BANNOCK IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1952	Eva M. Wallin	Allen J. Manning Hall Funeral Mort.	Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock rural
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek District
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Star Rt, Pocatello

3. NAME OF DECEASED (Type or Print): a. (First) Ernestine b. (Middle) Eldine c. (Last) Yupe

4. DATE OF DEATH: (Month) (Day) (Year): April 22, 1952

5. SEX: female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 26, 1949

9. AGE (In years last birthday): 2
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Hall Reservation, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Roy Yupe
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Carrie McGill
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Carrie Yupe
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cause of death not known — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetery

24d. LOCATION (City, town, or county) (State): Bannock co., Idaho

DATE REC'D BY LOCAL REG.: Apr 23, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR ADDRESS: Parents attending

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Bannock Creek District (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution home (Specify whether years, months or days)
In this community

APR 29 1952
DIVISION OF VITAL STATISTICS

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bannock
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. Star Route, Pocatello, Idaho (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) FULL NAME Ernestine Eldine Yupe
3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - -
4. Sex female
5. Color or race Ind.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - - - - - -
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased August 26, 1949 (Month) (Day) (Year)
8. AGE: Years 2 | Months 10 | Days | If less than one day hr. min.
9. Birthplace Fort Hall Reservation (City, town, or county) (State or foreign country)
10. Usual occupation child
11. Industry or business - - -
MOTHER FATHER
12. Name Roy Yupe
13. Birthplace Fort Hall Reservation (City, town, or county) (State or foreign country)
14. Maiden name Carrie McGill
15. Birthplace Fort Hall Reservation (City, town, or county) (State or foreign country)
Carrie Yupe
16. (a) Informant's own signature Carrie Yupe, mother
(b) Address Star Route, Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/52 (Month) (Day) (Year)
(c) Place; burial or cremation Bannock Creek Cemetary
18. (a) Signature of funeral director Parents attending
(b) Address same as above
19. (a) 4/23/52 (Date received by local registrar) (b) Florence Ingawanap (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month April day 22
year 1952 hour 12 a.M. minute
21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__:
that I last saw h__ alive on _____, 19__:
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Death not know as what caused it.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

State File No. [illegible]
Local Reg. No. 139
Reg. Dist. No. 510

Certificate of Death

RECEIVED MAY 3 1952 DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place): 11 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LAVA - VALLEY VIEW REST HOME.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 310 SO. 11TH. AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): MAYBELL
b. (Middle): CLARE
c. (Last): STILLSON ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): APRIL 29, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 7, 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): BATTLE CREEK MICHIGAN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: SAMUEL E. STILLSON — BIRTHPLACE: ROCHESTER NEW YORK
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Alfred Anderson — ADDRESS: Nancy Anderson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 July, 1951, *to* 29 April, 1952 *that I last saw the deceased alive on* 28 April, 1952 *and that death occurred at* 7:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Bjorkman M.D.
23b. ADDRESS: Lava Hot Springs
23c. DATE SIGNED: 4/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL: MAY 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall Grant Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1955

Local Reg. No.

Reg. Dist. No. 552

RECEIVED
MAY 3 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (a. First) Leo (b. Middle) Wallentine (c. Last)

4. DATE OF DEATH (Month) (Day) (Year) March 20 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15 1896

9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Paris Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. W. Wallentine | BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Alice Bailey | BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-10-1232

17. INFORMANT'S OWN SIGNATURE Flora Wallentine | ADDRESS Paris Ida.

416X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Carditis — Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 29, 1952, *to* March 20, 1952, *that I last saw the deceased alive on* March 20, 1952, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Spencer A Rich (Degree or title) MD

23b. ADDRESS Box 276 Paris Idaho

23c. DATE SIGNED Apr 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 3 52

NAME OF CEMETERY OR CREMATORY Paris Cemetery

24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE REC'D BY LOCAL REG. 4/10 52

REGISTRAR'S SIGNATURE N Merry

25. FUNERAL DIRECTOR Dale Matthews

ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1256
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nounan Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Otto c. (Last) Gunig

4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 10, 1878
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Mail Carrying
11. BIRTHPLACE (State or foreign country) Bel Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gunig BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Maria Monnier BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Eva Hoff ADDRESS Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene right leg

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) End Arteritis Obliterans
~~DUE TO (c)~~ Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cardio renal disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION Feb 22-52
19b. MAJOR FINDINGS OF OPERATION Amputation right leg at home
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE 471 F. P. Gaestner (Degree or title) M.D.
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 25 1952
24c. NAME OF CEMETERY OR CREMATORY Nounan Cemetery
24d. LOCATION (City, town, or county) (State) Nounan Idaho

DATE REC'D BY LOCAL REG. 4/25/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Lindsay

4. DATE OF DEATH (Month) (Day) (Year) April 1, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH July 19, 1886
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paris Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edgar M Lindsay BIRTHPLACE Kaysville Utah
14. MOTHER'S MAIDEN NAME Sarah Ann Beach BIRTHPLACE Logan Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE R B Lindsay ADDRESS Montpelier Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1952, *to* 1 April, 1952, *that I last saw the deceased alive on* 1 April, 1952, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Russell Tigert, Jr. (Degree or title) MD
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 5 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 4 1952
24c. NAME OF CEMETERY OR CREMATORY Nounan Cemetery
24d. LOCATION (City, town, or county) (State) Nounan Idaho

DATE REC'D BY LOCAL REG. 4/4/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Wilbur c. (Last) Lane

4. DATE OF DEATH (Month) (Day) (Year) Apr. 4 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 18, 1868
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholster, Furniture Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Lane BIRTHPLACE Mass.
14. MOTHER'S MAIDEN NAME Jennie Clark BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Harold E. Lane ADDRESS Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Mar, 1952, *to* 4 April, 1952, *that I last saw the deceased alive on* 4 April, 1952, *and that death occurred at* 12:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Russell Tigert Jr. MD
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 5 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Apr. 7 1952
24c. NAME OF CEMETERY OR CREMATORY Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 7/7/52
REGISTRAR'S SIGNATURE N. Nolan
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Leroy b. (Middle) Isaac c. (Last) Hill

4. DATE OF DEATH (Month) (Day) (Year): Apr. 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 7, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Charles Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac Hill — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Rebekah Tremelling — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ella E Hill — ADDRESS: Bloomington, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 25 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis & Myocarditis Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 19, 1952, *to* Apr 12, 1952, *that I last saw the deceased alive on* Apr 12, 1952, *and that death occurred at* 7:20 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Spencer H Rich MD
23b. ADDRESS: Box 276 Paris Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Apr. 16 1952
24c. NAME OF CEMETERY OR CREMATORY: Bloomington Cemetery
24d. LOCATION (City, town, or county) (State): Bloomington Idaho

DATE REC'D BY LOCAL REG.: 7/16/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1260
Local Reg. No. 55
Reg. Dist. No.

Certificate of Death

RECEIVED
MAY 3 1952
DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Asborn c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1952.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 5, 1870
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hyrum, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jared M. Davis 46 BIRTHPLACE Ill
14. MOTHER'S MAIDEN NAME Harriet Jane Asborn BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE ✓ Mrs J. O. Davis ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* Apr 28, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 471 L. P. Gardner (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1, 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier, Idaho

DATE REC'D BY LOCAL REG. 7/30/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No 1951
Local Reg. 15
Reg. Dist. 130

BIRTH NO.

RECEIVED MAY 2 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 55
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Peterson Addn.

3. NAME OF DECEASED (Type or Print): a. (First) Kalfra b. (Middle) Boone c. (Last) Wolfe

4. DATE OF DEATH (Month) (Day) (Year): Mar. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: County Highway Department

11. BIRTHPLACE (State or foreign country): Chewelah Washington

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Simeon K. Wolfe
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Clara E. Conrad
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-2123

17. INFORMANT'S OWN SIGNATURE: Myrtle Wolfe
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Mar 29, 1952, *that I last saw the deceased alive on* Mar 29, 1952, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Rapp M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-1-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 4/1/52

REGISTRAR'S SIGNATURE: Esper B. Brebner

25. FUNERAL DIRECTOR: W. E. Wells
ADDRESS: St. Maries, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1062
Local Reg. No. 17
Reg. Dist. No. 130

BIRTH NO.

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Rural
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Ness

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 9, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: Norway

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 474-03-8747

17. INFORMANT'S OWN SIGNATURE: Clyde Gray
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Died in sleep

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. McLeod (Degree or title): Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 4/7/52
REGISTRAR'S SIGNATURE: Esper L. Brebner
25. FUNERAL DIRECTOR: R. E. McLeod
ADDRESS: St. Maries, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2263
Local Reg. No. 18
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
MAY 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 19 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2207 Idaho Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 2207 Idaho Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Flora	Belle	Watt	April 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 24, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lapeere Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Dodder	Michigan	Sarah Reid	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		John D. Watt	St. Maries, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage — 4 yrs

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1948, *to* April 19 1952, *that I last saw the deceased alive on* April 19, 1952 *and that death occurred at* 6*55A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Longanecker, M. D.	St. Maries, Idaho	4-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-22-52	Woodlawn	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/21/52	Esper B. Brebner	R. E. Wessa	St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 19 - [illegible]
Local Reg. No. 19
Reg. Dist. No. 130

RECEIVED MAY 9 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 12 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) LeRoy; c. (Last) Dofelmier

4. DATE OF DEATH: (Month) (Day) (Year) April 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 10, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Buckeye Washington

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Dofelmier
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margaret M. Collins
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-10-6016

17. INFORMANT'S OWN SIGNATURE: Mrs Olga Dofelmier
ADDRESS: Harrison, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary occlusion with infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-19, 1952 *to* 4-20, 1952 *that I last saw the deceased alive on* 4-20, 1952 *and that death occurred at* 6:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title): M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-24-52

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 4/21/52

REGISTRAR'S SIGNATURE: Esper G. Brebner R. E. [illegible]

25. FUNERAL DIRECTOR

ADDRESS: St. Maries, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 66
Reg. Dist. No. 620

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grand Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HALBERT
b. (Middle): LEE
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 4, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Buffalo, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Andrew Miller — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eliza Jane Sollars, — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Harry Ellis — ADDRESS: Buffalo, Wyoming.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes, no physician in attendance. — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Probable Cerebral Hemorrhage.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Alcoholism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ON March 24, 1952, *to* ----------, 19---, *that I last saw the deceased* Deadive *on* March 24, 1952, *and that death occurred* about 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: March 30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 3 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patine
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]S
Local Reg. No. 61
Reg. Dist. No. 600

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location): Sterling 1½ mile North

3. NAME OF DECEASED (Type or Print): a. (First) Leamon b. (Middle) Douglas c. (Last) B ronson

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 20, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Huntsville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Wilmer W. Bronson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Fisher — BIRTHPLACE: Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. L. B. Bronson — ADDRESS: Sterling, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 434.1

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral thrombosis — 4 days

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* Apr 3, 1952, *that I last saw the deceased alive on* Apr 3, 1952, *and that death occurred at* 8:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Coates 546 (Degree or title) MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Apr 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Apr. 16 1952
REGISTRAR'S SIGNATURE: Mrs Wallis E Fatzie
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1267
Local Reg. No. 69
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BLACKFOOT MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): LORENTZE
c. (Last): WILCOCK

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Jan 25, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bergen Norway
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hans Hansen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Regina Johannesen Bakke — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Helen Rotter — ADDRESS: Blackfoot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure
DUE TO (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, generalized, severe

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 Mar, 1952, *to* 15 Apr, 1952, *that I last saw the deceased alive on* 15 Apr, 1952, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter G Hoge 179 MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 17 Apr 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest, Cem
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: 4-21-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Walden — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1 8
Local Reg. No. 71
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 2 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 370 E. Bingham Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 370 E. Bingham Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ursula
c. (Last): Parsons

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 12, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Lehi, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac H. Allred — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Ursula Mulliner — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Chas. Vanderwood — ADDRESS: Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis with Gen anasarca — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension + arterio sclerosis
DUE TO (c) — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* April 22, 1952 *that I last saw the deceased alive on* 4-22, 1951 *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Hampton (145) — (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Apr. 24-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1269
Local Reg. No. 74
Reg. Dist. No. 600

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 346 Grant Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 346 Grant Street

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Olof
c. (Last): Frongner

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 1, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 10, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe operator
10b. KIND OF BUSINESS OR INDUSTRY: Cafe & Bar
11. BIRTHPLACE (State or foreign country): Riverside, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Olof Frongner — BIRTHPLACE: Hyrum, Utah
14. MOTHER'S MAIDEN NAME: Emma Christensen — BIRTHPLACE: Hyrum, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Maud Frongner — ADDRESS: Blackfoot, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ 4-27, 1952, *to* did not, 19 [illegible], *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Hampton (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-29-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Arco, Butte, Idaho

DATE REC'D BY LOCAL REG.: Apr. 29-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [illegible] Marvel — ADDRESS: Arco, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1970
Local Reg. No. 710
Reg. Dist. No. 601

BIRTH NO. MAY 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Amhurst & Topaz St.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): MARGARET
c. (Last): HANSEN

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Joseph Gilson

8. DATE OF BIRTH: October 13, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brigham City, Utah.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mitchell Hansen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Sophia Holmes
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT'S OWN SIGNATURE: Emily Polson
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 9038 Sep. of pneumonia due to broken hip - Chronic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis with gen.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) 10 days (b) (c) 6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): About Feb 17, 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell on ice

22. *I hereby certify that I attended the deceased from* Feb. 22, *19*52, *to* April 30, *19*52, *that I last saw the deceased alive on* April 30, 1952, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: J O Hansbrough (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: May 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/52
24c. NAME OF CEMETERY OR CREMATORY: Cedar Butte Cemetery
24d. LOCATION (City, town, or county) (State): Annis, Jefferson Co. Idaho.

DATE REC'D BY LOCAL REG.: May 2 1952
REGISTRAR'S SIGNATURE: Mrs Ukelia E. Farnie
25. FUNERAL DIRECTOR: John C. Sandberg.
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Ambrose Bearskin

4. DATE OF DEATH (Month) (Day) (Year): January 26, 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Fort Hall Reservation, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: -
BIRTHPLACE: -

14. MOTHER'S MAIDEN NAME: -
BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Alma Wahtomy
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thought to be paralize of legs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Reservation

24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: Apr 25, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: -
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

1952
F VIIA

State of Idaho

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Fort Hall Reservation
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bingham
(c) City or town Rural Fort Hall Reservation
(If outside city or town limits, write RURAL)
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 72 years.

3. (a) FULL NAME Ambrose Bearskin

3. (b) If veteran, name war I ---

3. (c) Social Security No. ---

4. Sex male

5. Color or race Indian

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	---	---	hr. --- min.

9. Birthplace Fort Hall Reservation
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business farming

MOTHER FATHER
12. Name ---
13. Birthplace --- (City, town, or county) (State or foreign country)
14. Maiden name ---
15. Birthplace --- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alvina Wahtomy
(b) Address Fort Hall, Idaho

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Fort Hall Reservation

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 4/25/52 (Date received local registrar) (b) Florence Jagawamp (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 26
year 1952 hour about 10 o'clock minute

21. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___:
that I last saw h___ alive on _____, 19___:
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thought to be paralize of legs.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) ___
Address _____ Date signed _____

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13403

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) Hope c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) February 4, 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1871

9. AGE (In years last birthday): Approx. 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Hope
BIRTHPLACE: Lemhi Reservation

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Olive Hope
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

79565

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death not known — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) No doctor at death
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 7,1952
24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Reservation
24d. LOCATION (City, town, or county) (State): Bingham co., Idaho

DATE REC'D BY LOCAL REG.: 4-25-52
REGISTRAR'S SIGNATURE: Florence Ingawanup
25. FUNERAL DIRECTOR ADDRESS: no Funeral director attending

Federal Security Agency
United States Public Health Service
Form DPH-48021

RIVED
9 1952
OF VITAL

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Idaho

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Fort Hall Indian Reservation (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: at home on reservation (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bingham
(c) City or town Fort Hall Reservation (If outside city or town limits, write RURAL)
(d) Street No. Fort Hall Reservation (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) FULL NAME Chester Hope
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male
5. Color or race Indian
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Approx. 81			hr. min.

9. Birthplace Fort Hall Indian Reservation (City, town, or county) (State or foreign country)
10. Usual occupation farming
11. Industry or business farming

FATHER
12. Name Robert Hope
13. Birthplace Lemhi Reservation (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace -- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ollie Hope
(b) Address Fort Hall, Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 7, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Fort Hall Reservation
18. (a) Signature of funeral director No director attending
(b) Address _____
19. (a) 4/25/52 (Date received local registrar) (b) Florence Ingawanup (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month February day 4th year 1952 hour 5:30 P.M. minute ----
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____: that I last saw h____ alive on _____, 19____: and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Death not know
No Doctor at death.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) ____
Address _____ Date signed _____

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1273
Local Reg. No. 67
Reg. Dist. No. 601

111-52-11167
BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): ~~Shepherd~~ Kelley

4. DATE OF DEATH (Month) (Day) (Year): 4 - 1 - 52

5. SEX: Male
6. COLOR OR RACE:
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Mar 31-1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shelley
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Thomas Kelley — BIRTHPLACE: NK.
14. MOTHER'S MAIDEN NAME: Bonnie Shepherd — BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Phylin Shepherd — ADDRESS: Shelley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 7½ mos.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-31-52 *to* 4-1, 1952 *that I last saw the deceased alive on* 4-1, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dale H Smith M.D.
23b. ADDRESS: Shelley Ida
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-2-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county): Shelley (State): Idaho

DATE REC'D BY LOCAL REG.: 4-11-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: M Kalder — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 601

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 17Yrs, 1mo 20da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DECLO, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): AMELIA
b. (Middle): A
c. (Last): BALLARD

4. DATE OF DEATH (Month) (Day) (Year): APRIL 4 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: OCT. 19, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH, ADDRESS: BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Schizophrenia, Paranoid — 30 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 2, 19 35, *to* APR. 4, 19 52, *that I last saw the deceased alive on* APR. 4, 19 52 *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 4.4.52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal/burial
24b. DATE: April 4-1952
24c. NAME OF CEMETERY OR CREMATORY: Burley
24d. LOCATION (City, town, or county) (State): Burley - Cassia, Idaho

DATE REC'D BY LOCAL REG.: Apr. 4-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patterie
25. FUNERAL DIRECTOR: Vern McCullough - ADDRESS: Burley - Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1275
Local Reg. No. 63
Reg. Dist. No. 601

BIRTH NO. APR 11 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LEROY
b. (Middle):
c. (Last): RHOADES

4. DATE OF DEATH (Month) (Day) (Year): APRIL 6 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): " (Previous)

DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 23, 1952, *to* APRIL 6, 1952, *that I last saw the deceased alive on* APR. 6, 1952, *and that death occurred at* 11:22A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.6.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Idaho Falls
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Apr. 6-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1078
Local Reg. No. 3
Reg. Dist. No. 602

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED 3 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Main street

3. NAME OF DECEASED (Type or Print)
a. (First): Cecil
b. (Middle): Worth
c. (Last): Howell

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Aug. 24, 1908
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Potato Warehouse
11. BIRTHPLACE (State or foreign country): Lookeba, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Patent Howell — BIRTHPLACE: Crusoe, No. Carolina
14. MOTHER'S MAIDEN NAME: Eda Trull — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 568-09-2183
17. INFORMANT'S OWN SIGNATURE: Walter Howell — ADDRESS: Gardena, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): B roncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend, *to* deceased -, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Trolin — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-52
24c. NAME OF CEMETERY OR CREMATORY: Shelley Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG.: 4-11-52
REGISTRAR'S SIGNATURE: F. L. Harms, M.D.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1277
Local Reg. No. 68
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, R# 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Claus
b. (Middle): Hansen
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 2, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rasmus Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Guntha Clausen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-07-1467
17. INFORMANT'S OWN SIGNATURE: Edgar Jensen — ADDRESS: Shelley, R#2.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 10:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 404 — **23b. ADDRESS**: Shelley Ida — **23c. DATE SIGNED**: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.
24d. LOCATION (City, town, or county) (State): Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.: 4-10-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [signature] M Nalder — **ADDRESS**: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1278
Local Reg. No. 64
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 1221 Blaine St

3. NAME OF DECEASED (Type or Print)
a. (First): ELWOOD
b. (Middle): W.
c. (Last): ROCKWOOD

4. DATE OF DEATH (Month) (Day) (Year): APRIL 8, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 24, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter 63
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): AUNTRUM, MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ELI ROCKWOOD — BIRTHPLACE: VERMONT
14. MOTHER'S MAIDEN NAME: SARAH J. WALKER — BIRTHPLACE: PROVIDENCE, R.I.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar. — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 30 "
DUE TO (c) Apoplexy (previous)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 2, *19*52, *to* APR. 8, *19*52, *that I last saw the deceased alive on* APR. 8, *19*52, *and that death occurred at* 11:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.9.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/9/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 9-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1279
Local Reg. No. 4
Reg. Dist. No. 602

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) Emma Maude
b. (Middle) Thornley
c. (Last) Johnson

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Uintah, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Timothy Kendell — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Prophet — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Clair Hawes — ADDRESS: Aberdeen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lymphosarcoma (abdominal with metastase to the neck and mediastinum — 5 months.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 12, 1952
19b. MAJOR FINDINGS OF OPERATION: Biopsy of glands in left supraclavicular
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 23, 1951 *to* April 12, 1952, *that I last saw the deceased alive on* April 12, 1952, *and that death occurred at* 4:02 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harms, M.D. 149
23b. ADDRESS: Aberdeen, Idaho
23c. DATE SIGNED: April 13, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): rem & burial
24b. DATE: 4-16-52 01
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: April 14, 1952
REGISTRAR'S SIGNATURE: F. L. Harms
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: American Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Indian Reservation

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First) b. (Middle) c. (Last): Scando Movish Hetongah

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1952

5. SEX: female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1877

9. AGE (In years last birthday): Approx. 75

IF UNDER 1 YEAR Months | Days

IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: not known

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -

(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Charley Hetongah

ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown as to cause of death

INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 17,1952

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall, Idaho

24d. LOCATION (City, town, or county) (State): Bingham co., Idaho

DATE REC'D BY LOCAL REG.: Apr 17,1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR ADDRESS: No Funeral Director attending

Federal Security Agency
United States Public Health Service

Form DPH-48021

VED
1952
F VITAL
STICS

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Fort Hall Indian Reservation
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bingham
(c) City or town Fort Hall Reservation
(If outside city or town limits, write RURAL)
(d) Street No. Fort Hall, Idaho
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 75 years.

3. (a) FULL NAME Scando Movish Hetongah
3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - -
4. Sex female
5. Color or race Indian
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charley Hetongah
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
approx. 75	- -	- -	hr. - - - - min.

9. Birthplace Fort Hall Indian Reservation (City, town, or county) (State or foreign country)
10. Usual occupation farming
11. Industry or business farming

MOTHER FATHER
12. Name not known
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace _____ (City, town, or county)

16. (a) Informant's own signature Charley Het[illegible]
(b) Address Fort Hall, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Fort Hall, Idaho

18. (a) Signature of funeral director No director attending
(b) Address _____

19. (a) April 17/52 (Date received local registrar) (b) Florence Kagewamup

MEDICAL CERTIFICATION

20. Date of death: Month April day 16 Th
year 1952 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____:
that I last saw h____ alive on _____, 19____:
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown as to	
Due to cause of death	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 601

BIRTH NO. 1 952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 M. 2D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
d. STREET ADDRESS (If rural, give location): RT. #2

3. NAME OF DECEASED (Type or Print): a. (First) EDWIN b. (Middle) F. c. (Last) BALES

4. DATE OF DEATH: (Month) (Day) (Year): APRIL 17, 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: MAY 3, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 11 Days: 14
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan Cty, OHIO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WALTER WARREN BALES
BIRTHPLACE: OHIO

14. MOTHER'S MAIDEN NAME: VICTORIA LUSKEEP
BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE AND ADDRESS: Ella M. Hamar
RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 40 "

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MAR. 15, *19* 52, *to* APR. 17, *19* 52, *that I last saw the deceased alive on* APR. 17, *1952, and that death occurred at* 1:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-19-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Apr 18-1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Paine

25. FUNERAL DIRECTOR: Howard Packham

ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1282
Local Reg. No. 78
Reg. Dist. No. 601

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Harriett
b. (Middle) Ann
c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) April 17. 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 1, 1869
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Medowcreek, Millard Co. Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Thompson Rowley — BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Jane Paul — BIRTHPLACE So Africa

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) ----, (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. ---------
17. INFORMANT'S OWN SIGNATURE George C Galloway — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral vascular — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-14, 1951, *to* 4-17, 1951, *that I last saw the deceased alive on* 4-15, 1951, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) [signature] M.D.
23b. ADDRESS [signature]
23c. DATE SIGNED 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-21-52
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cem
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 4-21-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrie
25. FUNERAL DIRECTOR Lloyd M Nalder — ADDRESS Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Melvin; b. (Middle) F.; c. (Last) Warren

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 18, 1932

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Raymond Warren
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lizzie Tappo
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Raymond Warren
ADDRESS: Fort Hall, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): No Doctor attending

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): cause of death thought to be

DUE TO (c): caused by throat trouble.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery

24d. LOCATION (City, town, or county) (State): Bingham co., Idaho

DATE REC'D BY LOCAL REG.: Apr 21, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR ADDRESS: No funeral director

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Idaho

State File No. _____
Registrar's No. _____

RECEIVED
APR 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Fort Hall, Idaho (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Fort Hall Indian Reservation, home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Bingham
(c) City or town Fort Hall, Idaho (If outside city or town limits, write RURAL)
(d) Street No. Fort Hall, Idaho (If rural, give location)
(e) If foreign born, how long in U. S. A.? 19 years.

3. (a) FULL NAME Melvin F. Warren
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race Indian
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased October 18, 1952 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	6	-	hr. --- min.

9. Birthplace Fort Hall Indian Reservation (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business ---Raymond D Warren

MOTHER
12. Name Raymond Warren
13. Birthplace Ross Fork, Fort Hall Reservation (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Tappo

FATHER
15. Birthplace Fort Hall Reservation (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Warren, father
(b) Address Gen. Del, Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1952 (Month) (Day) (Year)
(c) Place; burial or cremation Gibson Cemetary
18. (a) Signature of funeral director (no furneral dir) Raymond Warren
(b) Address same as above
19. (a) Apr. 21, '52 (Date received local registrar) (b) Florence Ingawanup (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 18th
year 1952 hour 6:30 P.M. minute ---
21. I hereby certify that I attended the deceased from ---, 19--, to ---, 19--:
that I last saw h--- alive on ---, 19--:
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: No Doctor attending	
cause of death thought to	
Due to be caused by throat trouble.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 72
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1MO, 20 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): 666 S SHILLING AVE

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) LOUISE c. (Last) EARLY

4. DATE OF DEATH: (Month) APRIL (Day) 24 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: OCT. 22, 1874

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE BUSINESS

11. BIRTHPLACE (State or foreign country): ADRIAN MICHIGAN

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: RIENZA BAKER — BIRTHPLACE: ADRIAN, MICH.

14. MOTHER'S MAIDEN NAME: MARY ANN BEAMAN — BIRTHPLACE: ADRIAN, MICH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Chronic Arthritis — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Otitis Media — 10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 4, 19 52, *to* APRIL 24, 19 52, *that I last saw the deceased alive on* APR. 24, 19 52, *and that death occurred at* 8:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **24b. DATE**: 4-26-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Adrian — **24d. LOCATION** (City, town, or county) (State): ADRIAN, MICHIGAN

DATE REC'D BY LOCAL REG.: Apr. 26-1952 — REGISTRAR'S SIGNATURE: Mrs Walter E Patrick — 25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 5 1952 DIVISION OF VITAL

State File No. 5
Local Reg. No. 72
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 (Riverside)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural Rt. 2
d. STREET ADDRESS (If rural, give location): (Riverside)

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Nolan
c. (Last): Ward

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 8, 1935
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Woods Ward — BIRTHPLACE: Rexburg, Idaho
14. MOTHER'S MAIDEN NAME: Glennavon Wirick, — BIRTHPLACE: Marysville, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James W Ward — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH 974X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

***MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hanging
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. See other side.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1952, *to* ----------, 19---, *that I last saw the deceased* dead ~~alive~~ *on* April 28, 1952, *and that death occurred at* about 4 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: April 29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-30-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas
24d. LOCATION (City, town, or county) (State): Blackfoot, Rt. 2, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 30 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg. — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No. 410
Reg. Dist. No. 410

BIRTH NO.

RECEIVED
MAY 3 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	RICHARD	BROWNING	3	30	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W.		Oct 27, 1881	70	5	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Rancher	Stock	BORNHOLM - DENMARK	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
SOPHUS BROWNING	DENMARK	ANINA PETERSEN	DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		no	Marie Browning	Hailey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, gastric — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/22/51	Carcinoma, gastric	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/3, 1948, *to* 3/30, 52, *that I last saw the deceased alive on* 3/30, 52, *and that death occurred at* 3:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John P. Morita MD	Sun Valley, Idaho	Apr. 12-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR ~~CREMATORY~~	24d. LOCATION (City, town, or county) (State)
	4-2-52	Hailey	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr-15-1952	Robert H. Wright-per	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

State File No. 1287
Local Reg. No. 77
Reg. Dist. No. #10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Forest
b. (Middle): Hyrum
c. (Last): Eldredge

4. DATE OF DEATH (Month) (Day) (Year): April 6-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Oct. 20-1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Coville, Summit Co. Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Eldredge — BIRTHPLACE: Marion Co. Indiana
14. MOTHER'S MAIDEN NAME: Julia Ann Phippen — BIRTHPLACE: Potowanamee Co - Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: F. Eldredge — ADDRESS: Carey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Worn out old age

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Delicate worn out

DUE TO (c) Just old age + Dropsical symptom

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none known

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Just told by Family

22. *I hereby certify that I attended the deceased from* I have never seen him at all *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Openshore MD
23b. ADDRESS: Carey Idaho
23c. DATE SIGNED: 4-12-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9-1952
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey Idaho

DATE REC'D BY LOCAL REG.: Apr-15-1952
REGISTRAR'S SIGNATURE: Robert H. Wright-per C.B.W.
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 18
Local Reg. No. 18
Reg. Dist. No. 410

RECEIVED
MAY 3 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MAMIE b. (Middle) BELL c. (Last) GREEN

4. DATE OF DEATH: (Month) (Day) (Year) 4 - 14 - 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, ~~WIDOWED~~, DIVORCED (Specify): ODELL

8. DATE OF BIRTH: 6-22-1909.

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months 9 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havana, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHAS. FINK
BIRTHPLACE: Havana Ark

14. MOTHER'S MAIDEN NAME: ISSE TATE
BIRTHPLACE: Havana, Ark.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Odell F Green
ADDRESS: Haily.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH
(a) 15 min
(b) years
(c)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 11, 1952, to Apr. 14, 1952, *that I last saw the deceased alive on* Apr. 14, 1952, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Hahn (Degree or title) M.D.
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 4/Apr/52

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 4-17-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~: R-3-G-21 CITY
24d. LOCATION (City, town, or county): HAILEY (State): IDAHO.

DATE REC'D BY LOCAL REG.: Apr. 22-1952
REGISTRAR'S SIGNATURE: Robert H. Wright-per
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1289
Local Reg. No. 37
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): August
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): 4/1/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11/15/1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lars John Larson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Augusta Larson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Idaho Dept. of Public Assistance Records

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 8 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Paralysis both legs from spinal hemorrhage 1947 — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1948, *to* Apr 1, 1952, *that I last saw the deceased alive on* Mch 31, 1952, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler MD 431
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Apr 8 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-52 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: April 12-1952
REGISTRAR'S SIGNATURE: Merlene W. Miley
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Hartfield, Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1290
Local Reg. No. 33
Reg. Dist. No. 110

BIRTH NO.

APR 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1105 Church

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle):
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): 4/3/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/4/1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Manager 14
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (State or foreign country): Cherry Valley Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Walker — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Sandpoint, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Found dead.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 473 4 (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Apr. 7, 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4/7/52
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Apr. 7 - 1952
REGISTRAR'S SIGNATURE: Marlene H. Miley
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1291
Local Reg. No. 35
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 617 Church Street

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Peter
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): 4/8/1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/1/1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Walkerville, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 513-03-4682
17. INFORMANT'S OWN SIGNATURE: Robert N. Moore — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio & Cerotin Ht Dis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arterio & Cerotin — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26, 1951, *to* April 7, 1952, *that I last saw the deceased alive on* April 7, 1952, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orator H. Beerhuus 561 M D
23b. ADDRESS: 110 N 2nd Sandpoint Ida
23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-1952
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 10 - 1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Littlefield, Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1292
Local Reg. No. 43
Reg. Dist. No. 110

Certificate of Death

RECEIVED
MAY 1 3 1952
DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): approx 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Hauser

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 1, 1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Stroudsberg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Hauser — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: O. F. Houser — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4-22-1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 1952, *to* Apr 9, 1952, *that I last saw the deceased alive on* Apr 8, 1952, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler M D (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 14-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 17-13
Local Reg. No. 44
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAY 16 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 412 Church Street

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Milton
c. (Last): Finley

4. DATE OF DEATH: April 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 6, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Carpenter-Construction

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Macon, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: + Lucy Robinson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Apr 14, 1952, *that I last saw the deceased alive on* Apr 13, 1952, *and that death occurred at* 4 50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 14 - 1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS: L G Moon Jr
Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 59
Reg. Dist. No. 110

BIRTH NO. APR 21 1952

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 439 South Euclid

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Dell; c. (Last) Balch

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 18, 1923

9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Potlach, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lewis Balch — BIRTHPLACE: Waitsburg, Ore.

14. MOTHER'S MAIDEN NAME: Mabel Pearl Rohlf — BIRTHPLACE: New London, Mic.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 531-18-2030

17. INFORMANT'S OWN SIGNATURE: H. L. Balch — ADDRESS: 439 S. Euclid

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

456X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated lupus erythematosis — INTERVAL BETWEEN ONSET AND DEATH: 22 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1950, *to* April 14, 1952, *that I last saw the deceased alive on* April 14, 1952, *and that death occurred at* 10:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen E Peterson (Degree or title): M. D.

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 4/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-19-1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: April 17, 1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L. B. Moon Sr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1995
Local Reg. No. 40
Reg. Dist. No. 110

BIRTH NO. 23 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 128 E. Brown

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Eliza
c. (Last): Walden

4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-29-82
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Albion, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Walton — BIRTHPLACE: Spokane
14. MOTHER'S MAIDEN NAME: Mary Katzel — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Emma Wickberg — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercranial Lesion of Vascular Origin — INTERVAL BETWEEN ONSET AND DEATH: 4/12/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Myocarditis & hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11, 1952, *to* 4/16, 1952, *that I last saw the deceased alive on* 4/16, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E E Wendle MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/16/52
24c. NAME OF CEMETERY OR CREMATORY: Kellogg Idaho
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: Apr. 24-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: F G Moore Jr — ADDRESS: Sandpoint Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2 96
Local Reg. No. 41
Reg. Dist. No. 110

RECEIVED APR 28 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Athletic Round Table

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1303 Church

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Elbert
c. (Last): Gurney

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 26, 1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward
10b. KIND OF BUSINESS OR INDUSTRY: Entertainment
11. BIRTHPLACE (State or foreign country): Pasadena, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Elbert Gurney — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Emma Hilker — BIRTHPLACE: St. Louis, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 519-28-1390
17. INFORMANT'S OWN SIGNATURE: x Mrs. Charles Gurney — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1952, *to* April 21, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6 58 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor W. Beerbaum M.
23b. ADDRESS: 110 N. 2nd Sandpoint
23c. DATE SIGNED: Ida 4/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 25-1952
REGISTRAR'S SIGNATURE: Marlene H. Miley
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Littlefield
Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 42
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 224 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jefferson
c. (Last): Jones

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractor

10b. KIND OF BUSINESS OR INDUSTRY: Chiropractic Physician

11. BIRTHPLACE (State or foreign country): Red Hill, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jones
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Teeney Rowark
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Laura B Jones
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Dec. 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Aug 1951
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 1, 1951, *to* April 23, 1952, *that I last saw the deceased alive on* April 23, 1952, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton J. Higgens D.C.
23b. ADDRESS: 1107-4th St. Coeur d'Alene Ida
23c. DATE SIGNED: apr. 24. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: apr. 26-1952
REGISTRAR'S SIGNATURE: Merlene Miley
25. FUNERAL DIRECTOR: L G Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1298
Local Reg. No. 38
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO. APR 21 1952

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle): Levena
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/21/1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 51
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Baker — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Adelia Baker — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. L. M. Piatt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Decompensation — 6 yrs
DUE TO (c): Senile

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1946, *to* Apr 4, 1952, *that I last saw the deceased alive on* Apr 3, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Wendle MD 440
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-52 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 16 - 1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS: [signature]
Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1299
Local Reg. No. 34
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
APR 17 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Eugene
c. (Last): Ryan

4. DATE OF DEATH (Month) (Day) (Year): 4/7/52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/28/1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable 70 — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wallace F. Pratt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* April 7, 1952, *that I last saw the deceased alive on* April 5, 1952, *and that death occurred at* 11 33/A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor H. Barbour MD 561
23b. ADDRESS: 110 N 2nd Sandpoint Ida
23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/11/1952
24c. NAME OF CEMETERY OR CREMATORY: Clark Fork Cemetery
24d. LOCATION (City, town, or county) (State): Clark Fork, Idaho

DATE REC'D BY LOCAL REG.: Apr-10-1952
REGISTRAR'S SIGNATURE: Marlene W. Miley
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Fullerfield, Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

State File No. 1300
Local Reg. No. 3
Reg. Dist. No. 112

BIRTH NO. APR 21 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Pedro
d. STREET ADDRESS (If rural, give location): 226 La Alameda Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Bernard
c. (Last): Neumann

4. DATE OF DEATH (Month) (Day) (Year): April 8 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1910
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Long Prairie, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: August Neumann — BIRTHPLACE: Hamburg, Germany
14. MOTHER'S MAIDEN NAME: Mary Schneider — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 559-01-3769
17. INFORMANT'S OWN SIGNATURE: Mrs Michael Neumann — ADDRESS: Priest River, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 7, 1952, *to* Apr. 8, 1952, *that I last saw the deceased alive on* Apr. 8, 1952, *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Lawson, M.D. 236
23b. ADDRESS: Priest River, Idaho
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: Apr. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Priest River, Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Ida.

DATE REC'D BY LOCAL REG.: 4-11-52
REGISTRAR'S SIGNATURE: F. A. Monch
25. FUNERAL DIRECTOR: C. E. Sherman — ADDRESS: Newport, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record. typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 45
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hope
c. LENGTH OF STAY (in this place) 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hope
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Bertha
b. (Middle) Matilda
c. (Last) Owen

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 30, 1881
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ankney, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Young — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Matilda Young — BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X E W Owen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS Sandpoint, Idaho
23c. DATE SIGNED May 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/25/52
24c. NAME OF CEMETERY OR CREMATORY Hope Cemetery
24d. LOCATION (City, town, or county) (State) Hope, Idaho

DATE REC'D BY LOCAL REG. May 14-1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR L G Moon Jr — ADDRESS Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2302
Local Reg. No. 77
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Birch Creek
d. STREET ADDRESS (If rural, give location): Birch Creek

3. NAME OF DECEASED (Type or Print): a. (First) AUTO b. (Middle) HARRISON c. (Last) BARE

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 51

10b. KIND OF BUSINESS OR INDUSTRY: Livestock

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jered Bare
BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Nealie Wilcox
BIRTHPLACE: North Carolins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marshal Bare
ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 002X Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mch 21, 1952, *to* Mch 21, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE 059 (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 1-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland E. Buck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1633
Local Reg. No. 67
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 503 East 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) Karen b. (Middle) c. (Last) Enke

4. DATE OF DEATH: (Month) (Day) (Year) April 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 27, 1946

9. AGE (In years last birthday): 5 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Wilkinsburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.W.Enke
BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Addie Estelle Eton
BIRTHPLACE: Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple extreme Contusion & brain hemorrhage - skull fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & external injuring to all parts of body
DUE TO (c) & internal organs

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ] (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY: (Month) 4 (Day) 5 (Year) 52 (Hour) 8 P m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Hit by Car

22. I hereby certify that I attended the deceased from 4-4, 1952, to 4-5, 1952 that I last saw the deceased alive on 4-5, 1952 and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 9-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-480M

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1304
Local Reg. No. 68
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 32 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 266 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ASEL
b. (Middle): LOCKWOOD
c. (Last): ALBERTSON

4. DATE OF DEATH (Month) (Day) (Year): April 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 16, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman, retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Telegraph
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: 712-07-3480
17. INFORMANT'S OWN SIGNATURE: Mrs. Ken Leaverton — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1952, *to* 4-6, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: April 9-1952
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]5
Local Reg. No. 61
Reg. Dist. No. 610

Nilson

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonneville Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Macoupin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Girard
d. STREET ADDRESS (If rural, give location): 404 W. Madison

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Chatfield
c. (Last): Everhart

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept-8-1901

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR — Months: 6 Days: 29
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Civil Engineer

11. BIRTHPLACE (State or foreign country): Danville - Illinois

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles E. Everhart
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Maude Chatfield
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 506-01-5922

17. INFORMANT'S OWN SIGNATURE: Ruth M. Everhart
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo A. Williams (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Memorial

24b. DATE: April 12 '52

24c. NAME OF CEMETERY OR CREMATORY: Girard Cemetery

24d. LOCATION (City, town, or county) (State): Girard - Illinois

DATE REC'D BY LOCAL REG.: April 8-1952

REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Geo A. Williams
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 78
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 14 1952 DIV. OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 165 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 159 South Water Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Martin	Shearer	April 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 14, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Lewis, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert A Shearer	Pa.	Geneva Hetrick	Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519141907	Max H Shearer	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John D. Williams MD	353 F St. Idaho Falls.	4/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 10, 1952	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 5-1952	Verna Bridges	[illegible]	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

State File No. 1307
Local Reg. No. 79
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Connelly

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Connelly — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Jennie Tate — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Birdie B. Connelly — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 4-7, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch (Degree or title): M D
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: May 5-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1308
Local Reg. No. 69
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAY 14 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): Demott

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb. 20, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James A. Demott
BIRTHPLACE: Iona, Idaho
14. MOTHER'S MAIDEN NAME: Shirley Sayer
BIRTHPLACE: Rigby, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J. A. Demott
ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart, block & circulatory failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) feeding problem
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1952 *to* April 7, 1952 *that I last saw the deceased alive on* April 7, 1952 *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred H. Anderson M.D.
23b. ADDRESS: 5 & 7 S. Blvd
23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Iona
24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: April 28, 52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Kenneth R. Hamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 80
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 244 Lomax

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): J.
c. (Last): Storer

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 16, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John George Storer — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Jackson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Tessie Holtom — ADDRESS: Iona, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

464 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): phlebothrombosis, pelvis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Benign Prostatic hypertrophy c acute urinary retention

19a. DATE OF OPERATION: 4-3-52
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* april, 19__, *to* april 10, 1952, *that I last saw the deceased alive on* april 10, 1952, *and that death occurred at* 11:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Stevens Hatch, Nov D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 5-1952
REGISTRAR'S SIGNATURE: Laura Bridges
25. FUNERAL DIRECTOR: Jack A. Wood Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 716
Local Reg. No. 81
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 435 2nd St.

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) Clark c. (Last) Cameron

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 26, 1888

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Clark BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Sarah Evans BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519092454

17. INFORMANT'S OWN SIGNATURE: Richard D. Nelson ADDRESS: 435 2nd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: July 51-
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left breast & Axillary Metastasis
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ---
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* April, 1951, *that I last saw the deceased alive on* April 9, 1951, *and that death occurred at* 2:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Corbett, M.D. (Degree or title)
23b. ADDRESS: 798 S. Blvd. Idaho Falls, Ida.
23c. DATE SIGNED: 4/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 5-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack M. Wood Jr. ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1911
Local Reg. No. 70
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 69 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 328 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): April 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: November 16, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Municipal Water System
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Seward Smith — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lourinda Tucker — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-36-3025
17. INFORMANT'S OWN SIGNATURE: Essie Smith — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 10, 1951, *to* April 10, 1952, *that I last saw the deceased alive on* April 10, 1952, *and that death occurred at* 7:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: April 23-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Oline

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 71
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 265 Chamberlin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 265 Chamberlin

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Robert
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): April 13-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 3, 1891
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 2 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Paris, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Price
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Wilhemina Gray
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: August R. Gray
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 20 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1952, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 3/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/52
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: April 25-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1313
Local Reg. No. 73
Reg. Dist. No. 610

RECEIVED MAY 1 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 38 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Rural, East First Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	B.	Van DORN	April	16	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 31, 1868	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher, retired	Livestock	Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hezekiah Van Dorn	Pennsylvania	Caroline Duncan	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs. C. B. Van Dorn	Idaho Falls Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paralysis agitans — senile. — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-12, 1952, *to* 4-16, 1952, *that I last saw the deceased alive on* 4-15, 1952, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland T. Grant MD · M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 18, 1952	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 1-1952	Thera Bridges	Orland C. Buck	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 72
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
1 4 1952
OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Wallace b. (Middle) T. c. (Last) Hedlund

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 11- 1904
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General labor
11. BIRTHPLACE (State or foreign country): Brixton-Boyde Co. Nebr.
12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: John Hedlund — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johannah Carlsten — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 507-14-7376
17. INFORMANT'S OWN SIGNATURE: Irene Hedlund — ADDRESS: Arco

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of aorta into pericardium — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dissecting aneurysm of aorta — 8 days

DUE TO (c) Atherosclerosis of aorta — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulcer of stomach

19a. DATE OF OPERATION: April 10
19b. MAJOR FINDINGS OF OPERATION: Peripheral circulation left leg
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1952, *to* April 17, 1952, *that I last saw the deceased alive on* April 16, 1952, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vaughn Engel, M.D. (Degree or title)
23b. ADDRESS: 383 F Street
23c. DATE SIGNED: 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: April 25-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Betty J. Manuel — ADDRESS: F.D. # 19

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 74
Reg. Dist. No. 6 D

BIRTH NO. [illegible]

RECEIVED
MAY 9 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 245 - 12th Street

3. NAME OF DECEASED (Type or Print): (a. First) George (b. Middle) William (c. Last) Charlesworth

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 10 - 1878

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Executive

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leistershire - England

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George T. Charlesworth — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Annie Wildblood — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: D W Charlesworth Jr — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Damage & failure — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro vascular accident — 2 yrs

DUE TO (c) Arteriosclerosis & hypertension — 15-20 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 22, 1952 *to* April 23, 1952, *that I last saw the deceased alive on* April 22, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Leyett M.D. (Degree or title)

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 25-'52

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 1-1952

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 821
Local Reg. No. 810
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAY 1 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) LAVELLA b. (Middle) RUTH c. (Last) YOUNG

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1921

9. AGE (In years last birthday): 30
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annis, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Orlando Jackson Carr. BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Susannah Wilbur. BIRTHPLACE: Downey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Seymore D Young ADDRESS: Menan, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Fever — Indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy - 3 months -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov., 1940, *to* April 30, 1952, *that I last saw the deceased alive on* April 29, 1952, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon Call, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 5/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/3/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: May 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 8-52
Reg. Dist. No. 100

111-32-04280

RECEIVED APR 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Michael
c. (Last): Gerling

4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: April 10, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 12 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bonners Ferry Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Donald Rowbe Gerling — BIRTHPLACE: Bonners Ferry
14. MOTHER'S MAIDEN NAME: Mary Ann Emma Olberding Nebraska — BIRTHPLACE: Randolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Convulsive Eclampsia of Mother
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/10, 1952, *to* 4/11, 1952, *that I last saw the deceased alive on* 4/11, 1952, *and that death occurred at* 9:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lois L. Miller, M.D. 278
23b. ADDRESS: Bonners Ferry, Ida.
23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/52
24c. NAME OF CEMETERY OR CREMATORY: Copeland
24d. LOCATION (City, town, or county): Boundry (State): Idaho

DATE REC'D BY LOCAL REG.: 4/12/52
REGISTRAR'S SIGNATURE: Ruth Bowell
25. FUNERAL DIRECTOR — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 9 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1-8
Local Reg. No. 9-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): P
c. (Last): Collegan

4. DATE OF DEATH (Month) (Day) (Year): April 12 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 5, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forestry
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Collegan — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Kathyrn — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pleurisy c̄ effusion — 2 wks.
DUE TO (c): Bronchogenic Carcinoma — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: neoplastic cells found in thoracocentesis fluid.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/23, 1952, *to* 4/5, 1952, *that I last saw the deceased alive on* 4/5, 1952, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Durose M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 4/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Libby Montana

DATE REC'D BY LOCAL REG.: 4/16/52
REGISTRAR'S SIGNATURE: Ken Bowell
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1319
Local Reg. No. 10-52
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): David
c. (Last): Woodward

4. DATE OF DEATH (Month) (Day) (Year): April 17 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 14, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Cresco Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephan James Woodward — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Augustes — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-7538
17. INFORMANT'S OWN SIGNATURE: Mrs Clarence David Woodward — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile arteriosclerosis — "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
gastric hemorrhage cause undetermined — 4 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18, 1952, *to* 4/17, 1952, *that I last saw the deceased alive on* 4/16, 1952, *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald W. Durose M.D. 097
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April
24c. NAME OF CEMETERY OR CREMATORY: Grandview cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: 4/22/52
REGISTRAR'S SIGNATURE: Ray Bowell
25. FUNERAL DIRECTOR: Edmond Stewart — ADDRESS: Sandpoint

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 28 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1320
Local Reg. No. 38
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JANE
b. (Middle): TAPHENA
c. (Last): SHAW

4. DATE OF DEATH (Month) (Day) (Year): March 30 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 6, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wayne County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Wallace — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Sarah Ewing — BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X John H. Shaw — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) HIGH BLOOD PRESSURE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. DIABETES — GANGRENOUS FOOT

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* March 30, 19 52, *and that death occurred at* 9:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. K. Distler M.D.
23b. ADDRESS: Caldwell, Idaho.
23c. DATE SIGNED: 3/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/30/52
24c. NAME OF CEMETERY OR CREMATORY: Cottonwood Cemetery
24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: 4/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1321
Local Reg. No. 35
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Box 713

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): May
c. (Last): Huston

4. DATE OF DEATH (Month) (Day) (Year): March 31 -1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 9-1888
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 2 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hickory Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis Selby
BIRTHPLACE: Hickory Co., Missouri
14. MOTHER'S MAIDEN NAME: Belzora Irahart
BIRTHPLACE: Hickory Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ben Huston
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March, 1952, *that I last saw the deceased alive on* March 28, 1952, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE 370 (Degree or title): Tester Thrife
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 4/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1[illegible]
Local Reg. No. 87
Reg. Dist. No. 860

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 815 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Samuel
c. (Last) Shuee

4. DATE OF DEATH (Month) (Day) (Year) April 3-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 2-1862
9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months 8 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Engineer -Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stockton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Shuee BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Jane E. Powell BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE C. A. Dilley ADDRESS 815 Chicago Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE. INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AGE -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E. K. Distler M.D. (Degree or title)
23b. ADDRESS Caldwell
23c. DATE SIGNED 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 5-1952
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 4/12/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATS

Certificate of Death

STATE OF IDAHO

State File No. 1222
Local Reg. No. 41
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Carl c. (Last) Hass

4. DATE OF DEATH: (Month) (Day) (Year): April 10-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 1-1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months: 7 Days: 9
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Louk City, Nebraska

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Hass
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Krehme
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: 507-01-0196

17. INFORMANT'S OWN SIGNATURE: Elon C. Hass
ADDRESS: Caldwell Rt. 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 151X Cancer of stomach
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Metastasis to liver and adjacent organs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* death, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Kistler M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 14-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/19/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C. V. Peckham Dakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1324
Local Reg. No. 89
Reg. Dist. No. 9 6

BIRTH NO.

RECEIVED
APP 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 507 6th St.

3. NAME OF DECEASED (Type or Print): a. (First) Bess b. (Middle) c. (Last) Price

4. DATE OF DEATH: (Month) (Day) (Year) April 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 6 1887
9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 1 Days: 7 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store assistant
10b. KIND OF BUSINESS OR INDUSTRY: 19
11. BIRTHPLACE (State or foreign country): New Point, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Price BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Amanda Meyer BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond Price ADDRESS: Parma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X Carcinomatosis of Abdomen — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of ovary — 12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/19/52
19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1947, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 37° Walter Clarke
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 16 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: C. F. Peckham ADDRESS: Peckham-Dekan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1935
Local Reg. No. 40
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hastings b. (Middle) Melvin c. (Last) Whitney

4. DATE OF DEATH (Month) (Day) (Year): April 14-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 11-1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months: 7 Days: 3
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Mont, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Semour Whitney BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dollie Whitney ADDRESS: Middleton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-28-52

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic ht dis. — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1952, *to* April 14, 1952, *that I last saw the deceased alive on* April 14, 1952, *and that death occurred at* 5:05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Peterson (Degree or title) MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: Agnes Mclennan
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 42
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FRANKLIN
c. (Last): CARLILE

4. DATE OF DEATH (Month) (Day) (Year): 4-15-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-29-1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Iron Side, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James K. Carlile — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Bertha Reed — BIRTHPLACE: Midvale, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ######
17. INFORMANT'S OWN SIGNATURE: Alta Carlile — ADDRESS: Cambridge, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bulbar palsy	3 wks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Duodenal ulcers c̄ stenosis	3 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Gastrectomy for stenosis	1 wk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: multiple ulcers new & old at pylorus & duodenum 60% stomach removed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1952, *to* 4-15-, 1952, *that I last saw the deceased alive on* 4-15, 1952, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 259 S. W. Montgomery MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-16-52
24c. NAME OF CEMETERY OR CREMATORY: Cambridge
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 4/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Weiser, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED MAY 5 1952 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 43
Reg Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Panzeri

4. DATE OF DEATH: (Month) (Day) (Year): April 25-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: December 28-1881

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 3 Days: 27 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Genera BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: William Panzeri - Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Carcinoma with widespread metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: about March 25, 1952

19b. MAJOR FINDINGS OF OPERATION: Excision biopsy of metastatic lesion lower rib

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* December 1951, *to* April 25 1952, *that I last saw the deceased alive on* April 25, 1952 *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Jewett MD

23b. ADDRESS: 220 E Logan St

23c. DATE SIGNED: 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 28-1952

24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley

24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: 4/30/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: E. V. Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1955
Local Reg. No. 45
Reg. Dist. No. 960

111-52-04328
BIRTH NO.

RECEIVED
MAY 14 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Paulino b. (Middle) Ray c. (Last) Guray

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: Male
6. COLOR OR RACE: Yellow
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: April 27-1952
9. AGE (In years last birthday): — IF UNDER 1 YEAR Months: — Days: — IF UNDER 24 HRS. Hours: 9 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paulino Guray, BIRTHPLACE: Philippines
14. MOTHER'S MAIDEN NAME: Rosalie Florence Cockrum, BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Infant
17. INFORMANT'S OWN SIGNATURE: Paul Guray ADDRESS: Wilder, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity 761.5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) prematurity

DUE TO (c) Separation placenta

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1952 *to* April 28, 1952, *that I last saw the deceased alive on* April 28, 1952, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title)
23b. ADDRESS: [signature]
23c. DATE SIGNED: 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/8/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [signature] ADDRESS: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1329
Local Reg. No. 44
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) North 7th,

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle)
c. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year) April 28-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH December 17-1877
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 4 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Silver Lake, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Dunn — BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Vinnie O Dunn — ADDRESS Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ~~and congestive heart failure~~ — INTERVAL BETWEEN ONSET AND DEATH 3-4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — many years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell — (COUNTY) Canyon — (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1952 *to* April 28, 1952 *that I last saw the deceased alive on* April 28, 1952, *and that death occurred at* 8:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE W L Hubler — (Degree or title) MD
23b. ADDRESS 221 E Logan St, Caldwell Idaho
23c. DATE SIGNED April 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2-1952
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho — (State)

DATE REC'D BY LOCAL REG. 5/8/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — ADDRESS C. V. Peckham, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1776
Local Reg. No. 93
Reg. Dist. No. 362

BIRTH NO.

RECEIVED APR 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
c. LENGTH OF STAY (in this place): 18 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
d. STREET ADDRESS (If rural, give location): 408 – 15th Ave No.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Ann
c. (Last): Hannon

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 52

5. SEX: F

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 10th 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Geneseo Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sam Wagner — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Margaret McKibbin — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Nampa Funerals By G. H. Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis – Hypertension

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus – Upper Resp. Infection

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 27, 1947, *to* March 29, 1952, *that I last saw the deceased alive on* March 28, 1952, *and that death occurred at* 4:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche M.D. (Degree or title): M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 4-2-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/2/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 23, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: George H. Walker — ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021 Rev.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1231
Local Reg. No. 80
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 509 Denver St.

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): Nadine
c. (Last): Sypher

4. DATE OF DEATH (Month) (Day) (Year): April 1 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 27-1927
9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months 3 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Osage Co., Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Hoyt
BIRTHPLACE: Osage Co., Kansas
14. MOTHER'S MAIDEN NAME: Pearl Neilly
BIRTHPLACE: Osage City, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bernard Earl Sypher
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Ovary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* April 1, 1952, *that I last saw the deceased alive on* April 1, 1952, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche M.D. (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 4-1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Apr 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: C. V. Peckham
ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AP 15 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 7332
Local Reg. No. 81
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1515 4th. St. No.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): ALDON
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): April 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 9, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Armour, So. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John E. Smith — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Mary Ann Kilgore — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: L. E. Shroll — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422,1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic C.V. Dis — yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-30-, 1952 *to* 4-2, 1952, *that I last saw the deceased alive on* 4-1-, 1952 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Weeks M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1-38
Local Reg. No. 87
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903-11th.Ave.So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Ann
c. (Last): Clifton

4. DATE OF DEATH (Month) (Day) (Year): April, 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/19/1883.
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stone Co.Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Abner Garrison — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Jane McCullogh — BIRTHPLACE: Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Delbert Clifton — ADDRESS: Meridian Ida R-3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility past 6 mo
DUE TO (c) Wasted away

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 4-7, 1952, *that I last saw the deceased alive on* 4-7, 1952, *and that death occurred at* 9:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Dec 12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Ada County — (State): Idaho

DATE REC'D BY LOCAL REG.: April 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: B W Robinson — ADDRESS: Meridian Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1 34
Local Reg. No. 88
Reg. Dist. No. 3 63

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1621½ Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): Hugo
b. (Middle): H.
c. (Last): Claussen

4. DATE OF DEATH (Month) (Day) (Year): April 8-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: July 31-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamberg, Germany
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known — BIRTHPLACE: Hamberg, Germany
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-01-8024-A
17. INFORMANT'S OWN SIGNATURE: Emma Shanks — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral apoplexy
DUE TO (c): Pyelonephritis, acute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 13, 1952 *to* April 8, 1952, *that I last saw the deceased alive on* April 8, 1952, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred Ferdinando M.D.
23b. ADDRESS: 1003-12th Ave South Nampa Idaho
23c. DATE SIGNED: 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: April 18, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR (Address): G. V. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1335
Local Reg. No. 91
Reg. Dist. No. 362

RECEIVED
APR 25 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2119-2nd St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 2119-2nd St. So.

3. NAME OF DECEASED (Type or Print): a. (First) Vivian b. (Middle) Naomi c. (Last) Keeley

4. DATE OF DEATH: (Month) Found dead (Day) (Year) 4/8/52.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/27/1894

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soldier, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Weilde
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Blanche Peck
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute cerebral edema & pulmonary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bronchopneumonia

DUE TO (c) Acute barbiturate poisoning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Overdose of sleeping pills.

22. *I hereby certify that I attended the deceased from* Autopsy only, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 11 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal ?

24b. DATE: 4/11/52.

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Vancouver, B.C., Canada.

DATE REC'D BY LOCAL REG.: April 22, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1336
Local Reg. No. 86
Reg. Dist. No. 363

BIRTH NO.

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 3weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dayton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LENA	G.	ROSEBERRY	April	9	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 9, 1897	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Memphis, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Dauma	Iowa	Sallie D. Webb	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		No	Mrs O Roseberry	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiospasm
DUE TO (c) Acute Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-8-, 1952, *to* 4-9-, 1952, *that I last saw the deceased alive on* 4-9-, 1952, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel Wayne M.D.	Nampa Idaho	4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Transportation	4/21/52	Terrace Heights Mem.	Yakima, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 14, 1952	Mrs Jane Stack	John F Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED APR 25 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1537
Local Reg. No. 89
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 616 10th. Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 616 10th. Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George ,	Cooper	Perry	April 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 3, 1881	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Painter 33		Atlanta, Georgia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Perry	Georgia	No Record	Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	711-09-4926	Blythe E. Perry	Nampa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3-25-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, [redacted]NSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID IN[redacted] OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-25, 1952, *to* 4-6, 1952, *that I last saw the deceased alive on* 4-6, 1952, *and that death occurred at* 12:00 Noon, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A B Halliday	M. D.	Nampa, Idaho	4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 14, 52	Mohlerlawn	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 22, 1952	Mrs. Jane Stuck	John F Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1338
Local Reg. No. 90
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED APR 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Logston Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 616 13th. Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) T.
c. (Last) MORSE

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 8, 1882
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tennesee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mathew Terrell — BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Isabella Newby — BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE R. H. Morse — ADDRESS Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio sclerotic C-V disease — yes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma — yes

422.1

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 11-15, 1951, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 5-A *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E. Wesche M.D. (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 16, 52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn, Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. April 22, 1952
REGISTRAR'S SIGNATURE Mrs. Janet Leech
25. FUNERAL DIRECTOR John F. Alsip, Jr. Alsip Funeral Chapel — ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-04881

RECEIVED
APR 30 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 92
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Son
c. (Last): Baird

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 18, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Baird — BIRTHPLACE: Carey, Idaho
14. MOTHER'S MAIDEN NAME: Ireta Green — BIRTHPLACE: Hagerman, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Richard Baird — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:50 am, *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Farber 130 (Degree or title) M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/22/52
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county) (State): Melba, Idaho

DATE REC'D BY LOCAL REG.: April 24, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1346
Local Reg. No. 91
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. #4 Nampa
d. STREET ADDRESS (If rural, give location) Rt. #4

3. NAME OF DECEASED (Type or Print)
a. (First) CARL
b. (Middle) AUGUST
c. (Last) RENSTROM

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 7, 1868

9. AGE (In years last birthday) 84
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 54

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Galesburg, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Renstrom
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Matilda Smith
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE Hester B Renstrom
ADDRESS Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute dilitation heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardetes. —
DUE TO (c) Flu pneumonia. —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1952 *to* Apr 21, 1952, *that I last saw the deceased alive on* Apr 21, 1952 *and that death occurred at* 2 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Grace Belknap MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 4/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 23, 52
24c. NAME OF CEMETERY OR CREMATORY Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. May 15, 1952
REGISTRAR'S SIGNATURE Mrs Jack Steck
25. FUNERAL DIRECTOR Glen F Alsip
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1241
Local Reg. No. 95
Reg. Dist. No. 362

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 324 Garland

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS; b. (Middle) J.; c. (Last) RYAN

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 9 1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Ryan — BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME: Sarah Lancaster — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 600.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pyelonephritis
DUE TO (c): Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Decompensation
Myocarditis
Generalized ~~Arteriosclerosis~~

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/4, 19 52, *to* 3/22/52, 19 ___, *that I last saw the deceased alive on* ___, 19 ___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jos Saltzer (Degree or title): MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 23, 52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: May 1, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Beck

25. FUNERAL DIRECTOR: John F Alsip — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1342
Local Reg. No. 96
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa #3
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle):
c. (Last): O'DELL

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 11, 1897
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Solo, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Cunningham — BIRTHPLACE: Solo, Mo.
14. MOTHER'S MAIDEN NAME: Lissie Mitchell — BIRTHPLACE: Houston, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H. D. O'Dell — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cornary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Partial obstruction bowel

DUE TO (c) Mesentary thrombosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

570.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1952, *to* 4-28, 1952, *that I last saw the deceased alive on* 4-28, 1952, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. P. Belknap MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 4-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: May 4, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1343
Local Reg. No. 101
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 122 Smith

3. NAME OF DECEASED (Type or Print)
a. (First) Dr. Gilbert
b. (Middle) L.
c. (Last) Boyenger

4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH Oct. 18, 1879
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropedist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Holland, Mich.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Garret Boyenger — BIRTHPLACE Holland
14. MOTHER'S MAIDEN NAME Bronkhurst — BIRTHPLACE Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE G. E. Boyenger — ADDRESS Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left cardiac hypertrophy — 6 mo
DUE TO (c) Chronic nephritis — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. asthma — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 28, 1952, *to* Apr. 29, 1952, *that I last saw the deceased alive on* Apr 29, 1952, *and that death occurred at* 2:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE F. D. Koehne, M. D. (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED May 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/2/52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. May 15, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip Jr. — ADDRESS Nampa, Ida.

Alsip Funeral Chapel

Dr. Fred Koehne

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 12 11
Local Reg. No. 98
Reg. Dist. No. 3621

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523 11th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523 11th Ave No.

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): Otto
c. (Last): Dickman

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 9, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton - Kohlerlawn Cem.

10b. KIND OF BUSINESS OR INDUSTRY: Caretaker

11. BIRTHPLACE (State or foreign country): Ada County, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Henry Dickman
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Pauline Miller
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-6555

17. INFORMANT'S OWN SIGNATURE: Minnie Dickman
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 1/5 yrs?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 16, 1952, *to* April 29, 1952, *that I last saw the deceased alive on* April 25, 1952, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Rodiveau MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/1/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 15, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Rodiveau

Dr. J. R. Mangum

Certificate of Death

STATE OF IDAHO

State File No. 7345
Local Reg. No. 100
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 503 14th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) C
c. (Last) Richardson

4. DATE OF DEATH (Month) (Day) (Year) April 30, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 12, 1885
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Raleigh distributor
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (State or foreign country) Blue Sulphur Springs, West Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John C. Richardson — BIRTHPLACE West Va.
14. MOTHER'S MAIDEN NAME Elizabeth — BIRTHPLACE West Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE J. P. Wiley Quinter, Kans. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Heart Disease — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 25, 1952, *to* April 30, 1952, *that I last saw the deceased alive on* April 30, 1952, *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum Mn (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/3/52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) Nampa, (State) Ida.

DATE REC'D BY LOCAL REG. May 15, 1952
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr. Alsip Funeral Chapel — ADDRESS Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2346
Local Reg. No. 102
Reg. Dist. No. 362

BIRTH NO.

MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1605 6th St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1605 6th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): H.
c. (Last): Keim

4. DATE OF DEATH (Month) (Day) (Year): April 30 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 18, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ladoga, Indiana
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William Harshbarger — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Anne Peffley — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Stanley B. Keim — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis.
DUE TO (c): Myocarditis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28-, 1952, *to* 4-30-, 1952, *that I last saw the deceased alive on* 4-30-, 1952, *and that death occurred at* 7:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel A. Swayne, M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/5/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Ida.

DATE REC'D BY LOCAL REG.: May 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. S. A. Swayne.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1547
Local Reg. No. 106
Reg. Dist. No. 363

BIRTH NO. MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rte. 2 Caldwell

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) N. c. (Last) Case

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 9, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 1 HR. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): Maquoketa, Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Case — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Ellen Ryan — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-16-0428
17. INFORMANT'S OWN SIGNATURE: Mrs Maude Case — ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic C-V Dis. — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis - gangrene left foot — 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14, 1946, *to* 4-30, 1952, *that I last saw the deceased alive on* 4-30, 1952, *and that death occurred at* 9:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Strahl MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/3/52
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder Idaho

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Gerald Wesche

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 96
Reg. Dist. No. 961

BIRTH NO.

RECEIVED APR 28 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place) 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Deer Flat community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Janssen

4. DATE OF DEATH (Month) (Day) (Year) April 6-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH May 24-1876

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months 10 Days 12
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Engerhafe, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harms Janssen, BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Franke Peters, BIRTHPLACE Germany

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Dorothy M Albee ADDRESS Emmett

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 6, 1952 *to* only, 19__, *that I last saw the deceased alive on* Apr 6, 1952, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD

23b. ADDRESS Homedale Idaho

23c. DATE SIGNED Apr 8 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 10-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 4-12-52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Oakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1349
Local Reg. No. 94
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
APR 30 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (Middle)	b. (First)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	Ray	Hughes	4	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		5/6/89	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Samaria, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Sarah?? Unknown — BIRTHPLACE: Trabong Glamorgan Shir, So Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Jane Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epileptic
DUE TO (c) Inmate of Institution for 32 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 4/23/, 1952, *that I last saw the deceased alive on* 4/23/, 1952, *and that death occurred at* 5:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Wentworth M.D.	Box 531, Nampa, Idaho	4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Apr. 25, 52	Kohler Lawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 26, 1952	Mrs. Jane Steffenhagen	John F. Alsip, Jr.	Nampa, Idaho

Alsip Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1250
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED APR 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CARIBOU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CARIBOU CO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CARIBOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NONE
d. STREET ADDRESS (If rural, give location): 161 EAST THIRD SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): NELS
b. (Middle): J.
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): APRIL 8, 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: AUG. 3, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jense Pedersen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Gertrude K. Mathiasiam — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Norma P. Mathews — ADDRESS: SODA SPRINGS IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 610X Prostatic Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Benign Hypertrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1952 *to* 8 April, 1952, *that I last saw the deceased alive on* 8 April, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert, M.D. 427
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIEL
24b. DATE: 4/11/52
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): SODA SPRINGS, IDAHO

DATE REC'D BY LOCAL REG.: 4/10/52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: E. D. Hickman — ADDRESS: Soda Springs Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1351
Local Reg. No. 9
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert, S. OR	Samuel	Hawker.	4	12	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	Jan 9, 1885.	67	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: Farmer.
11. BIRTHPLACE (State or foreign country): Cottonwood, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT HAWKER	ENGLAND	MARY ANN MASON	ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	S. B. Hawker	SODA SPRINGS IDAHO

356.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1952, to Apr 12, 1952, *that I last saw the deceased alive on* Apr 12, 1952, *and that death occurred at* 8 54 pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles C Johnson.	M. D.	Grace, Idaho	Apr 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	4/15/52	FAIRVIEW CEMETERY	SODA SPRINGS, IDAHO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/14/52	Norma E. Ellis	E. J. Pittman	SODA SPRINGS, IDAHO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1352
Local Reg. No. 10
Reg. Dist. No. 6-20-5-21

BIRTH NO. 1352

DIVISION OF VITAL STATISTICS, STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Johanna b. (Middle) Monson c. (Last) Qualman

4. DATE OF DEATH: (Month) (Day) (Year): Apr. 28 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 6, 1853

9. AGE (In years last birthday): 98
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rosta Malmore, Sweden

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Mons Anderson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Kathrina Swenson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Herman Swenson
ADDRESS: Central Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 21, 1952, *to* Apr 28, 1952, *that I last saw the deceased alive on* Apr 25, 1952, *and that death occurred at* 3:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Johnson 192
(Degree or title): M.D.
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: May 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Central
24d. LOCATION (City, town, or county) (State): Central Idaho

DATE REC'D BY LOCAL REG.: 5/14/52
REGISTRAR'S SIGNATURE: Norma E. Ellis
25. FUNERAL DIRECTOR: Marvin Welch
ADDRESS: Preston, Idho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 34
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
MAY 20 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Invalid Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Christian	Nelson	April 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 19, 1867	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Manti, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Nielsen	Denmark	Kjirstine Markous	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. George Crofts	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsons Disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

350X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/22, 1951, *to* 4/10, 1952, *that I last saw the deceased alive on* 4/10, 1952, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John N. Davis, M.D.	Burley Idaho	4/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/14/52	Riverside Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 25 1952	C. F. Wilson	J. Darth Payne	Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1354
Local Reg. No. 40
Reg. Dist. No. 470

RECEIVED
MAY 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1226 Almo Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1226 Almo Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Levi
b. (Middle): Hamilton
c. (Last): Draney

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Plain City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel Park Draney, --- BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Angeline Richardson, BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: L. Harold Draney — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* April 20, 1952, *that I last saw the deceased alive on* April 20, 1952, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hal E Dean M D
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: April 30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: May 10 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 33
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Romney Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Riley
c. (Last): Sterzick

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectioner
10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wm. A. Sterzick — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia Coma. — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1951, *to* April 26, 1952 *that I last saw the deceased alive on* April 26, 1952, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Kircher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: April 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Apr. 28 1952
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 7
Local Reg. No. 36
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 20 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place): 12 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Reid; c. (Last) Crofts

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Apr. 8, 1930	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Heyburn, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wm Crofts.	Firth, Idaho	Marjorie Nelson	Heyburn, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-36-7564	Geo. W. Crofts	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukaemia — INTERVAL BETWEEN ONSET AND DEATH: 2 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec ____, 19 49, *to* April 29, 1952 *that I last saw the deceased alive on* April 29, 1952 *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lolan W. Davis M.D.	Burley, Idaho	5/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/2/52	Riverside Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 3 1952	R. F. Nelson	J. Garth Payne	Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 39
Reg. Dist. No. 471

BIRTH NO.

RECEIVED 1952

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
c. LENGTH OF STAY (in this place) 14 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marie	Antonie	Lippmann	April 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 25, 1870	81	9		21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Johstadt, Erzgebirge, Germany	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Friedrich Lebrecht Lorenz	Jostadt, Germany	Anna Keckstein	Klosterle Bohm, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	--		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Diabetes Mellitus — 2 Yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1948, 19___, *to* April 17, 1952, *that I last saw the deceased alive on* April 17, 1952, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Sutton	M.D.	Burley Idaho	4-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-21-52	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 10 1952	R H Wilson	Vern B. McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 31
Local Reg. No.
Reg. Dist. No. 471

BIRTH NO.

RECEIVED
MAY 20 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ Miles N.W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): P.O. Box 192

3. NAME OF DECEASED (Type or Print): a. (First) Gust b. (Middle) c. (Last) Ballas

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman - Sprayer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): ------ Greece

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theo Balakostas — BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) SOCIAL SECURITY NO. 555-05-9400

17. INFORMANT'S OWN SIGNATURE: Mrs Gus Ballas — ADDRESS: Lava Hot Spring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carotid Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carotid Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Head on collision / Veh

22. *I hereby certify that I attended the deceased from* Head on Arrival, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 7:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Sutton (Degree or title) M.D. — 23b. ADDRESS: Burley Idaho — 23c. DATE SIGNED: 4-23-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-23-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery, Pocatello,

24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1952 — REGISTRAR'S SIGNATURE: B F Nelson

25. FUNERAL DIRECTOR: Vernk McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 26
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hugo	Werner	Korkoven	4 - 21 - 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 DAY Hours	Min.
M 79	W	Single	May 29 1883	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Common Laborer	?	Finland	Finland

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Axel Korkoven	Finland	unk	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	E. L. Berry	Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1, 1943, *to* Apr 21, 1952, *that I last saw the deceased alive on* Apr 20, 1952, *and that death occurred at* 5:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Berry M.D.	Orofino Ida	4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-22-52	K of C Cemetery	Orofino Id.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/22/52	Joel E Farley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1360
Local Reg. No. 28
Reg. Dist. No. 210

Certificate of Death

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer-Star Rt.
c. LENGTH OF STAY (in this place): 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer-Star Rt.
d. STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print)
a. (First): Nola
b. (Middle): Susan
c. (Last): Cochrell

4. DATE OF DEATH (Month) (Day) (Year): 4-22-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-20-1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harman, W. Va.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John W. Snyder — BIRTHPLACE: W. Va.
14. MOTHER'S MAIDEN NAME: Mary Cooper — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Edna Thornton — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): High blood pressure. — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* -------, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 3:25p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert — (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-52
24c. NAME OF CEMETERY OR CREMATORY: Fraser cemetery
24d. LOCATION (City, town, or county) (State): Greer Star Rt. Idaho

DATE REC'D BY LOCAL REG.: 4/24/52
REGISTRAR'S SIGNATURE: Elsie E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 1
Local Reg. No. 27
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAY 5 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orogino
c. LENGTH OF STAY (in this place) 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Anton b. (Middle) Fruehl c. (Last)

4. DATE OF DEATH (Month) Apr (Day) 22 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr 17 1876

9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) La Ray Wis

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Fruehl BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Magdelene Baumann BIRTHPLACE Ger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry ADDRESS Orogino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19 *,* 1951 *, to* 4-22 *,* 1951 *, that I last saw the deceased alive on* 4-22 *,* 1951 *, and that death occurred at* 1:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry M.D. (Degree or title)

23b. ADDRESS Orogino Ida

23c. DATE SIGNED 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Interment

24b. DATE 4-22-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Cottonwood (State) Ida

DATE REC'D BY LOCAL REG. 4-22-52

REGISTRAR'S SIGNATURE Joel C. Hawley

25. FUNERAL DIRECTOR Chester A. Abraham ADDRESS Cottonwood Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 29
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
MAY 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): White Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Nelson b. (Middle) T. c. (Last) Stolsmo

4. DATE OF DEATH (Month) (Day) (Year): 4-27-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	9-11-1899	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Lumber	Norway	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. 11	369030857	W. E. Gilbert	Orofino, Idaho

4-4-52

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo. ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* --------, 19—, *to* ———, 19—, *that I last saw the deceased alive on* --------, 19—, *and that death occurred at* 1:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino, Idaho	4-29-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-29-1952	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/29/52	Joel E. Gauley	W. E. Gilbert	Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1363
Local Reg. No. 453
Reg. Dist. No. 680

BIRTH NO.

RECEIVED
MAY 1 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN: Challis
d. FULL NAME OF HOSPITAL OR INSTITUTION: home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN: Challis
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Benjamin c. (Last) Koch

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19.

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 17-1888
9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR Months: | Days: 29 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Forest Ranger
10b. KIND OF BUSINESS OR INDUSTRY: Forest Ranger
11. BIRTHPLACE (State or foreign country): Bozeman Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John B. Koch BIRTHPLACE: Log Town-Miss
14. MOTHER'S MAIDEN NAME: Louisa Marie Cook BIRTHPLACE: Sioux City Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 519-34-7050
17. INFORMANT'S OWN SIGNATURE: Oline K. Koch ADDRESS: Challis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 4 months
DUE TO (c) Arteriosclerosis, — 4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17, 19 52, *to* April 16, 19 52, *that I last saw the deceased alive on* April 15, 19 52, *and that death occurred at* 2:42 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert D. Barter (Degree or title): MD
23b. ADDRESS: Mackay, Ida
23c. DATE SIGNED: 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: april-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Lansing-Michigan
24d. LOCATION (City, town, or county) (State): Lansing Michigan

DATE REC'D BY LOCAL REG.: April 29 1952
REGISTRAR'S SIGNATURE: Edna M. Penney
25. FUNERAL DIRECTOR: Betty J. Manuel ADDRESS: Arco
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
c. LENGTH OF STAY (in this place): 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): MICHEL
b. (Middle): CLAYTON
c. (Last): LENNINGER

4. DATE OF DEATH (Month) (Day) (Year): March 2,1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 14,1950
9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 11 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wendell Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Gordon Lenninger
BIRTHPLACE: Peoria Illinois
14. MOTHER'S MAIDEN NAME: Phylis Heffner
BIRTHPLACE: York Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gordon Lenninger
ADDRESS: Glenn Ferry Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 20414 Aleukemic Leukemia
INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1951, *to* March 2, 1952, *that I last saw the deceased alive on* Feb 26, 1952, *and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wand A. Rubin M.D.
23b. ADDRESS: Glenn Ferry, Idaho
23c. DATE SIGNED: March 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 6,1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: March 6-52
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Felix J. Bey Mountain
ADDRESS: Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15 9
Local Reg. No.
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 6yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) EDNA b. (Middle) MAY c. (Last) STAUDAHER

4. DATE OF DEATH: (Month) (Day) (Year) April 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 1, 1876

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 11 Days: 0 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shenadoah Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward G. Burnet BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Hattie Arnold BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Mtn. Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. A. Liver & Gall Bladder

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Primary Site Liver

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Exploratory Surgery. Extensive Liver & Gall Bladder

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1952 *to* April 1, 1952, *that I last saw the deceased alive on* Feb. 29, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred A. Ritzinger M.D.

23b. ADDRESS: Boise Idaho Eastman Bldg

23c. DATE SIGNED: 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 4 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: April 7, 1952

REGISTRAR'S SIGNATURE: A. B. Anderson

25. FUNERAL DIRECTOR: Wiley J. Bey ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 580
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stump Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) ULYSIS b. (Middle) GRANT c. (Last) GAGE

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1952

5. SEX: Malw
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 5, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. night watchman
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.
11. BIRTHPLACE (State or foreign country): Rexford New York
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Philetus Gage — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Amalie Chamberlain — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* April 20, 1951, *to* 4-8-, 1952 *that I last saw the deceased alive on* 4-8-, 1952, *and that death occurred at* 8:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Weber (Degree or title)
23b. ADDRESS: Mountainhome Idaho
23c. DATE SIGNED: 4 952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Apr. 9, 1952
REGISTRAR'S SIGNATURE: A. F. Henderson
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rubicon

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

State File No. 1 7
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): VENRICK
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1899
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 7, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Hammett Livestock Co.
11. BIRTHPLACE (State or foreign country): Nordon Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: LeRoy Thompson — BIRTHPLACE: Pittsburg Pennsylvania
14. MOTHER'S MAIDEN NAME: Johnson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Thelma Thompson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 20 1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 13, 1947, *to* April 27, 1952, *that I last saw the deceased alive on* April 24, 1952, *and that death occurred at* 1115 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward A. Rubien M.D. 345 (Degree or title)
23b. ADDRESS: Glenn Ferry Idaho
23c. DATE SIGNED: April 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1 02 ~~April 30~~, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: April 30-52
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

MAY 2 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ERASTUS
c. (Last): PATTY

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR — Months: 6 Days: 14
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.

11. BIRTHPLACE (State or foreign country): Berryville Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ranson Patty
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Louise Bell Patty
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 19 45, *to* April 28, 19 52, *that I last saw the deceased alive on* April 26, 19 52, *and that death occurred at* 745 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Butler M.D.

23b. ADDRESS: Glenns Ferry Idaho

23c. DATE SIGNED: April 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: May 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

24d. LOCATION (City, town, or county) (State): Hanson Idaho

DATE REC'D BY LOCAL REG.: May 1-1952

REGISTRAR'S SIGNATURE: Mary Sullivan

25. FUNERAL DIRECTOR: Delig J. Bey

ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 14
Reg. Dist. No. 140

BIRTH NO.

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
d. STREET ADDRESS (If rural, give location): Whitney, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) FREDRICK WILLIAM b. (Middle) c. (Last) RALLISON

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 6, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Norfolk, Cockley Cley, England

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Rallison
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Harriet Bullard
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fredrick W. Rallison
ADDRESS: Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocardial degeneration — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-5, 1952, *to* 4-5, 1952, *that I last saw the deceased alive on* 4-5, 1952, *and that death occurred at* 10:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler M.D.
23b. ADDRESS: Preston Ida.
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-52
24c. NAME OF CEMETERY OR CREMATORY: Whitney
24d. LOCATION (City, town, or county) (State): Whitney, Idaho.

DATE REC'D BY LOCAL REG.: 4-8-52
REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman L. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4370
Local Reg. No. 16
Reg. Dist. No. 54a

Certificate of Death

RECEIVED
MAY 3 1952
DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jens
b. (Middle): Christian
c. (Last): Mortensen

4. DATE OF DEATH (Month) (Day) (Year): April 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 21, 1878
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm work
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Christian Mortensen
BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anne Margaret Neilsdatter
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Andrew D Mortensen
ADDRESS: Dayton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1952, *to* 4-11, 1952, *that I last saw the deceased alive on* 4-11, 1952 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 064 O. R. Cutler (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 02: Apr. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: D. Sherwin Webb
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1
Local Reg. No. 17
Reg. Dist. No. 54

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	ALFRED	SPATIG	April 12, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 31, 1868.	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Luscherz, Switzerland.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abraham Spatig	Switzerland	Anna Fankhauser	Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Gotfred Spatig	Preston Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary Occlusion	1 hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-12, 1952, *to* 4-13, 1952, *that I last saw the deceased alive on* 4-12, 1952, *and that death occurred at* 5:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Ida	4-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-15-52.	Mapleton	Mapleton, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-15-1952	Effie W. Brower	Richards & Son	Preston, Ida.

John M. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]6
Local Reg. No. 18
Reg. Dist. No. 540

BIRTH NO.

RECEIVED MAY 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 68 South 2nd East St.,

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) HARDY c. (Last) WHEELER

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1876.

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): North Ogden, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Calvin A. Wheeler
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Marian Hutchinson
BIRTHPLACE: Kaysville, Ut.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-09-8237

17. INFORMANT'S OWN SIGNATURE: Grant C. Wheeler
ADDRESS: Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Embolism
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of both legs 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 31, 1952, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.R. Cutler (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 4-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-52.
24c. NAME OF CEMETERY OR CREMATORY: Afton
24d. LOCATION (City, town, or county) (State): Afton, Wyoming.

DATE REC'D BY LOCAL REG.: 4-16-1952
REGISTRAR'S SIGNATURE: Effie M. Brauer

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
John M. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

APR 14 1952

DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 1[illegible]5
Local Reg. No. 15
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairview
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairview, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): 248 North 3rd East.

3. NAME OF DECEASED (Type or Print): a. (First) ROSINA b. (Middle) TIRZIAH CLARK c. (Last) TALBOT

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widwoed

8. DATE OF BIRTH: Feb. 20, 1866.

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Lehi, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Clark — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Julia A. Zimmerman — BIRTHPLACE: Green Castle, Penna.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Leone J Cherry — ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1947

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1952 *to* April 8, 1952, *that I last saw the deceased alive on* April 5, 1952, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D.

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-12,52.

24c. NAME OF CEMETERY OR CREMATORY: Fairview

24d. LOCATION (City, town, or county) (State): Fairview, Idaho.

DATE REC'D BY LOCAL REG.: 4-10-1952

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Richards & Son — **ADDRESS**: Preston, Ida.

Herman L. Richards

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 23
Reg. Dist. No. 657

BIRTH NO.

RECEIVED
APR 12 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DAWNA
b. (Middle): JEAN
c. (Last): VANDER LINDEN

4. DATE OF DEATH: (Month) APRIL (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 4, 1952

9. AGE (In years last birthday): 0 0
IF UNDER 1 YEAR — Months: 0 Days: 0
IF UNDER 24 HRS. — Hours: 6 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard F. VanderLinden
BIRTHPLACE: Clark County, Iowa

14. MOTHER'S MAIDEN NAME: Ola Jean Hardy,
BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS: St. Anthony Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature birth
INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4 April, 1952, *to* _____, 19____, *that I last saw the deceased alive on* 4 April, 1952, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Burton M.D
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 10 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 10 April 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St Anthony Idy

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 7[illegible]5
Local Reg. No. 25
Reg. Dist. No. 651

Certificate of Death

RECEIVED
MAY 5 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
c. LENGTH OF STAY (in this place): 16Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs Bauers, Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponds Idaho.
d. STREET ADDRESS (If rural, give location): Rural.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles.
b. (Middle):
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): April. 14th1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 25th1867
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trapper.
10b. KIND OF BUSINESS OR INDUSTRY: Trapping.
11. BIRTHPLACE (State or foreign country): Knoxville Ohio.
12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Dont Know
BIRTHPLACE: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know
BIRTHPLACE: Dont Know

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lewis Kiser
ADDRESS: Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

586X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Obstructive jaundice — 5 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1951, *to* April 14, 1952, *that I last saw the deceased alive on* April 12, 1952, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J O Brinton MD (Degree or title)
23b. ADDRESS: St, Anthony Idaho
23c. DATE SIGNED: 4/16th1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/ 16th 1952.
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho.

DATE REC'D BY LOCAL REG.: 25 April 52
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: Lewis Kiser
ADDRESS: Ashton. Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1276
Local Reg. No. 24
Reg. Dist. No. 650

BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 542 West Main
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN b. (Middle) LAWERENCE c. (Last) WICKHAM

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept., 2, 1921

9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filing Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: Dugway Proving Grounds

11. BIRTHPLACE (State or foreign country): Farmum, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E. Montell Wickham — BIRTHPLACE: Franklin, Ida.

14. MOTHER'S MAIDEN NAME: Charlotte Cazier — BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 519-16-4575

17. INFORMANT'S OWN SIGNATURE: E. M. Wickham — ADDRESS: St. Anthony, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 16, 1952 *to* April 21, 1952, *that I last saw the deceased alive on* April 21, 1952, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Soule MD — **23b. ADDRESS**: St. Anthony Ida — **23c. DATE SIGNED**: 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 25 April 52

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county) (State): Madison, Idaho

DATE REC'D BY LOCAL REG.: 24 April 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 22
Reg. Dist. No. 6351

BIRTH NO.

RECEIVED APR 25 1952 DIVISION OF VITAL STATISTICS

RECEIVED APR 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred.	A.	Goebel.	2/27th1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	Dec. 20th 1896	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Scriptner. Neb.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Goebel.	Neb.	Dora. Hagens.	Germany.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	-		Helen G. Dean	Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: 1/2 Hr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 27 Feb, 1952, *to* ———, *that I last saw the deceased alive on* 27 Feb 1952, *and that death occurred at* 415 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD.	Ashton - Idaho	29 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial.	3/2th1952	Fineview	Ashton Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-8-52	O. Larsen	Lund Funeral	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 651

Certificate of Death

STATE OF IDAHO

RECEIVED 5 1952 OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 4-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
d. STREET ADDRESS (If rural, give location): Main Street.

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert.
b. (Middle): Alexander.
c. (Last): Englund.

4. DATE OF DEATH (Month) (Day) (Year): 4. 21st 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: March. 7th 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Pool Hall.
11. BIRTHPLACE (State or foreign country): Sweden.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Dont Know — BIRTHPLACE: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know — BIRTHPLACE: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-3749.
17. INFORMANT'S OWN SIGNATURE: Danny A Englund — ADDRESS: Idaho Falls .Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 6 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 4-21, 1952, *that I last saw the deceased alive on* 4-20, 1952, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grande C Larsen, M.D.
23b. ADDRESS: Ashton Idaho
23c. DATE SIGNED: 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25th 1952
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho.

DATE REC'D BY LOCAL REG.: 4-24-52
REGISTRAR'S SIGNATURE: L Larsen
25. FUNERAL DIRECTOR: Luis River — ADDRESS: Ashton Idaho,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1279
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 503 East 5th St

3. NAME OF DECEASED (Type or Print): a. (First) Chris b. (Middle) H. c. (Last) Thorning

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 24, 1882

9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR Months: 7 | Days: 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Niels Thorning — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 18 0598

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Lillian B. T. Thorning

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis & — Years

DUE TO (c): Essential hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1952, *to* April 7, 1952, *that I last saw the deceased alive on* April 7, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Findlay L. Lawrence MD

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 11, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR ADDRESS: Glenn W. Beatty Beatty Chapel Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1280
Local Reg. No. 34
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 29 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 W. 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 501 W. 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Warner
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 5, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Hughes River, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Esther P. Standifer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probably Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis
DUE TO (c): Death probably occurred apart 9th

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Feb 15, 1951, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold P. Kearhorn M 325
23b. ADDRESS: Emmett
23c. DATE SIGNED: 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 15, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 24, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2231
Local Reg. No. 36
Reg. Dist. No. 340-341

RECEIVED
APR 29 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 12th St.

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy; b. (Middle) Beyerl; c. (Last) Shackelford

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 13, 1921

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Cabarton, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C. Anspaugh — BIRTHPLACE: Bedford Penn.

14. MOTHER'S MAIDEN NAME: Rose May Blue — BIRTHPLACE: Clay County, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 519-01-9091

17. INFORMANT'S OWN SIGNATURE x Ray Shackelford — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

551 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hr, 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebitis, left lower leg — Four days
DUE TO (c) Post-operative 14 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4 April 1952

19b. MAJOR FINDINGS OF OPERATION: Appendectomy done

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, *1952, to* April 18, *1952, that I last saw the deceased alive on* April 18, *1952, and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard, M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 22 April

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 22, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn A. Beatty — **ADDRESS**: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

State File No. 1032
Local Reg. No. 36
Reg. Dist. No. 34-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett, Idaho
d. STREET ADDRESS (If rural, give location): East Main

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Fredrick c. (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	July 14, 1875	76	9	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mgr. 74	retail lumber	So. Cottonwood, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George William Smith	So. Cottonwood Utah	Anna Margaret Thompson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs Arden Jensen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C-V. Dsse — 4 yrs
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. /

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 28 April, 1952, *that I last saw the deceased alive on* 28 April, 1952, *and that death occurred at* 8 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature illegible] M.D.	Emmett, Idaho	28 April 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 30, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 28, 1952	Jean A. Beatty	Beatty Chapel Glenn W. Beatty	Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1223
Local Reg. No. 53
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Lee c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 17, 1895

9. AGE (In years last birthday): 56 — If under 1 year: Months 11, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Baker, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Rose

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Lucy Baily

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes

(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Bill E. Rose

ADDRESS: Emmett

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

252.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis — 10 years

DUE TO (c) Hyperthyroidism — 20 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1952, *to* April, 1952, *that I last saw the deceased alive on* April 8, 1952, *and that death occurred at* 11:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: April 10, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty

ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1934
Local Reg. No. 37
Reg. Dist. No. 340-341

BIRTH NO.

REC'D MAY 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): Grover
b. (Middle): Cleveland
c. (Last): Kibbey

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 11, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 0, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): section man-railroad
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Hoskins, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Allen Kibbey — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Sarah Davis — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712 07 7326
17. INFORMANT'S OWN SIGNATURE: Mrs. Eva Kibbey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 45 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary disease — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* _____, 1952, *that I last saw the deceased alive on* Jan, 1952, *and that death occurred at* 1 1/2 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rudolph P. Rawlinson 325 M.D.
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 5/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 9, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — Allen W. Beatty — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 1587
Reg. Dist. No. 420

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign. Please be answered as completely as possible. State answers as unknown only after a careful investigation. Use typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuttle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): ETHEL
c. (Last): KERBY

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 28, 1887

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Youngharris Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Hooper
BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Artie Katherine Ash
BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mabel Sommerville
ADDRESS: Tooele, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 20 yrs
DUE TO (c): Obesity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 10, 1952, *to* April 10, 1952, *that I last saw the deceased alive on* 4/10, 1952, *and that death occurred at* 8:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Barrett M.D.
23b. ADDRESS: Gooding Ida.
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/14/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: J H Cromwell

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 1588
Reg. Dist. No. 420

BIRTH NO.

RECEIVED MAY 9 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 210 Main

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Edwin c. (Last) Palmer

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1869

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Operator

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Carthage, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Palmer
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Amanda Rayburn
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Jessie Palmer
ADDRESS: Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis 331X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age - Hypertension
DUE TO (c) Had previous attacks of Cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 4-18, 1952, *that I last saw the deceased alive on* 4-18, 1952, *and that death occurred at* 5:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Cromwell M D

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/22/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: J A Cromwell

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible] 7
Local Reg. No. 1840
Reg. Dist. No. 422

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 1½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T. B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle); c. (Last) Wall

4. DATE OF DEATH: (Month) (Day) (Year) April 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 14, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurseryman

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Wall
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Nancy C. Winkler
BIRTHPLACE: Miss.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Sallie Noble
ADDRESS: La Mirada, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 16, 1950, *to* April 23, 1952, *that I last saw the deceased alive on* April 23, 1952, *and that death occurred at* 5:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Brady (Degree or title) MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: Apr 23 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/27/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Whittier, California

DATE REC'D BY LOCAL REG.: 4-26-52
REGISTRAR'S SIGNATURE: J Harmwell

25. FUNERAL DIRECTOR: Lee Mead Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1388
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 42
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
d. STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) MORGAN
c. (Last) ELY

4. DATE OF DEATH (Month) (Day) (Year) April 2, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Feb. 11, 1864
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 24
10b. KIND OF BUSINESS OR INDUSTRY diversified
11. BIRTHPLACE (State or foreign country) Center, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John A. Ely — BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Mary Lane — BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Letha E. Lee — ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 March, 1952 *to* Apr. 2, 1952, *that I last saw the deceased alive on* 2 April, 1952, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Faltman 360 (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 3 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 5, 1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. April 4 1952
REGISTRAR'S SIGNATURE [illegible] Cone
25. FUNERAL DIRECTOR [illegible] Robertson — ADDRESS Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2239
Local Reg. No. 78
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 30 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): CORTES
b. (Middle): DUNCAN
c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): April, 22, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 2, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): steam engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisiana, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Van Buren Edwards, BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Mary Grimmett, BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: W R Edwards — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on, ~~19~~, to* Apr. 22, 1952, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald J. Feltman M.D. 36
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 24 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: April 26, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jos Robertson — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

State File No. 9
Local Reg. No. 80
Reg. Dist. No. 240

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kelso
d. STREET ADDRESS (If rural, give location): 1315 South 5th

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Decker

4. DATE OF DEATH (Month) (Day) (Year): April 25 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 19 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov't packer 34
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
11. BIRTHPLACE (State or foreign country): Cass County, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Decker — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Emma Kinney — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): 420.1
16. SOCIAL SECURITY NO.: 518-16-9819A
17. INFORMANT'S OWN SIGNATURE: Lucius E. Decker — ADDRESS: 1315 So. 5th, Kelso, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
~~DUE~~ with TO (c) acute pulm. edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 april, 1952, *to* 25 april, 1952, *that I last saw the deceased alive on* 25 april, 1952, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald J. Saltman M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 26 april 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: April 27, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trwary — ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 13917
Local Reg. No. 79
Reg. Dist. No. 240

BIRTH NO.

RECEIVED APR 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Idaho.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Williamson

4. DATE OF DEATH (Month) (Day) (Year) 4-26-52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Aug 26. 1867

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 8 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pine County Ky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown - BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown. BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction 430.1 — INTERVAL BETWEEN ONSET AND DEATH unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 26 April, 1952 *that I last saw the deceased alive on* 30 April, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 28 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-28-52

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville Idaho

DATE REC'D BY LOCAL REG. April 28 1952

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Glenn Ailor ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 8
Reg. Dist. No. 2 4 2

BIRTH NO.

RECEIVED MAY 5 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY E Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) c. (Last) Lauer

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 6-26-51
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Anton Lauer BIRTHPLACE
14. MOTHER'S MAIDEN NAME Ella Davis BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no 57.1
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Matt Lauer ADDRESS Ferdinand Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningococcemia; Water House - Friedricksen Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 14 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rubella - mild — 10 days ago
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2:30 PM 4/14, 19 52, *to* 6 PM - 4/14, 19 52, *that I last saw the deceased alive on* 4/14, 19 52, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John C. O'Neill M. D.
23b. ADDRESS Box 56 - Nezperce, Ida.
23c. DATE SIGNED 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-16-52
24c. NAME OF CEMETERY OR CREMATORY Ferdinand Catholic
24d. LOCATION (City, town, or county) (State) Ferdinand Ida

DATE REC'D BY LOCAL REG. Apr. 16, 1952
REGISTRAR'S SIGNATURE Wesley F. Orr, M. D. by [illegible]
25. FUNERAL DIRECTOR Clifton Williams ADDRESS Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1 [illegible]
Local Reg. No. 14
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED APR 22 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE b. (Middle) GUSTIN c. (Last) VISTERCIL

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 2, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Lexington, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thornal Gonia Gustin. BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Emma Schindler. BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-34-0119
17. INFORMANT'S OWN SIGNATURE: Jerry Vistercil ADDRESS: Roberts, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH: 14 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-12-51
19b. MAJOR FINDINGS OF OPERATION: Inoperable CARCINOMA of Stomach.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 May, 1951, *to* 20 March, 1952, *that I last saw the deceased alive on* 7 March, 1952, *and that death occurred at* 2:18P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Knautzius
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Roberts Cemetery
24d. LOCATION (City, town, or county) (State): Roberts Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 15
Reg. Dist. No. 6-12

BIRTH NO.

RECEIVED
APR 22 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Old Folks Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Martha	Rozella Clark	Morris	March 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W.	Widowed	June 23, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ogden, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Henry Hall	Maine	Marthaann Gilson	South Africa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Wm B Clark	Rexburg Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of the Rectum — 8 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	X	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb, 1942, *to* Mar 30, 1952, *that I last saw the deceased alive on* March 30, 1952, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde B. Ligh M.D.	Rigby, Idaho	4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/3/52	Cedar Butte	Annis, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-1-52	Mrs A B Eckersell	Russell Glamm	Rexburg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1395
Local Reg. No.
Reg. Dist. No. 6 & 2

BIRTH NO.

RECEIVED APR 22 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): West of Menan 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menan, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural West of Menan
d. STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) HENRY c. (Last) McCANDLESS

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 24, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Keokuk, Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George McCandless. BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Hannah Howells. BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Donna McCandless ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — ?

DUE TO (c) arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to April 4, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 3:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Clifford B. Rigby M-D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 4/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4/7/52

24c. NAME OF CEMETERY OR CREMATORY: Grant Central

24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 4-7-52

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell

ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1 [illegible]
Local Reg. No. 17
Reg. Dist. No. 640

RECEIVED
APR 22 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Donneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1153 Ada Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): Leven
c. (Last): Ames

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 26, 1925
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thornton - R-1 - Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph A. Ames
BIRTHPLACE: Cascho Co. Utah
14. MOTHER'S MAIDEN NAME: Rebecca Simmons
BIRTHPLACE: Carbon Co. Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Andrew A. Ames
ADDRESS: Thornton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrocution

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 10 1952 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Electrocuted while working on drag line

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Delay Gall Coroner
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 April 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby - Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Leo A. Thiessens
ADDRESS: Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO.

RECEIVED APR 22 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mennan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jeffersen
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mennan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma E b. (Middle) Mecham c. (Last) Rohwer

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1952

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 24, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Grantsville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lorenzod. Mecham — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Ann Clark — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Della Gray — ADDRESS: Mennan Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None Performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1952, *to* April 12, 1952, *that I last saw the deceased alive on* _____, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Russell Fitzgerald — ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 36
Local Reg. No. 19
Reg. Dist. No. 640

RECEIVED APR 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Rigby

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTIE
b. (Middle): NIELSEN
c. (Last): NOREEN

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 5, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Vordinborg, Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Arthur Noreen — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 years
DUE TO (c) Arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1950, *to* April 24, 1952, *that I last saw the deceased alive on* April 24, 1952, *and that death occurred at* 9:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Hall. M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/28/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 4/27/52
REGISTRAR'S SIGNATURE: Mrs. A. B. Eckersell
25. FUNERAL DIRECTOR: A. B. Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2299
Local Reg. No. 2
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict (Jerome Memorial) Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Eden

3. NAME OF DECEASED (Type or Print): a. (First) Pocahontas; b. (Middle) Turner; c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year): Apr. 7, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 19, 1871

9. AGE (In years last Birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dayton, Tenn

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Solomon Turner — BIRTHPLACE: Tenn

14. MOTHER'S MAIDEN NAME: Eveleyn Hughes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Oscar Porter — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* Apr 6, 1952, *that I last saw the deceased alive on* Apr 6, 1952, *and that death occurred at* 3:26A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Hazelton, Idaho

23c. DATE SIGNED: 4.8.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/9/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: April 11, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No. 3
Reg. Dist. No. 440

BIRTH NO.

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hagerman
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Loretta b. (Middle) c. (Last) Roberts

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 28. 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 9 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 548-07-1065

11. BIRTHPLACE (State or foreign country): Elba Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Wm Ebberts
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Joseph C Roberts
ADDRESS: Hagerman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2617

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxic thyroid
DUE TO (c) Diabetis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7 *, 1952, to* 4-10 *, 1952, that I last saw the deceased alive on* 4-10 *, 1952 and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (M.D.): Maurice C. Scheel (Degree or title) M.D.

23b. ADDRESS: Wendell Idaho

23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 14. 52

24c. NAME OF CEMETERY OR CREMATORY: Hagerman

24d. LOCATION (City, town, or county) (State): Hagerman Idaho

DATE REC'D BY LOCAL REG.: April 12, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Risley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1401
Local Reg. No. 5
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 25 ds.
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St Benedict's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Schroeder

4. DATE OF DEATH (Month) (Day) (Year): April 12. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 28. 1915
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 4, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eagle Grove, Iowa
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Fred Schroeder — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary DeLawyer — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 567-325035
17. INFORMANT'S OWN SIGNATURE: Mary Schroeder — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic ca. of Breast to lungs & trachea
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ca of breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1952, *to* 4-12, 1952, *that I last saw the deceased alive on* 4-12, 1952, *and that death occurred at* 2:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel M.D. 415
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 16/52 01
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: April 16, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-94620

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1112
Local Reg. No. 4
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle): Lee
c. (Last): Floyd

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Premature Infant
8. DATE OF BIRTH: April 13, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ross LeVerne Floyd, BIRTHPLACE: Granate City, Illinois
14. MOTHER'S MAIDEN NAME: Patricia Louise Gehrig, BIRTHPLACE: Shoshone, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Delbert Gehrig, ADDRESS: Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - 6 mo. Gestation — INTERVAL BETWEEN ONSET AND DEATH: 10 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature labor
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-13, 1952, *to* 10-13, 1952, *that I last saw the deceased alive on* 10-13, 1952, *and that death occurred at* 10:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Shoshone, Idaho
23c. DATE SIGNED: 10-14-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 14/1952
24c. NAME OF CEMETERY OR CREMATORY: Shoshone,
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: April 14, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: Myrtle C. Burdett, ADDRESS: Shoshone, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 8
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAY 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 509 - East ave E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 509 East Ave E

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) — c. (Last) Tyler

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 15 1863

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Tarko, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Golden — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs A.D. Rounds — ADDRESS: Pocatello Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture Rt hip — 11 weeks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

904.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) 2 (Day) 3 (Year) 52 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in house.

22. *I hereby certify that I attended the deceased from* ~~2-27~~ 2-3-52 *to* 4-26, 1952, *that I last saw the deceased alive on* 4-20, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 4-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29 52
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: April 28, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Burke — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC.A 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 8 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1 1 16
Local Reg. No. 9
Reg. Dist. No. 4 4 0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) OTTO b. (Middle) GEORGE c. (Last) HUNT, JR.

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25, 1927

9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific RR

11. BIRTHPLACE (State or foreign country): Corning, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otto George Hunt., Sr., BIRTHPLACE: Cheyenne Wells, Colo.

14. MOTHER'S MAIDEN NAME: Maude Jerome, BIRTHPLACE: Goff, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 567-32-8819

17. INFORMANT'S OWN SIGNATURE: Mrs. O. G. Hunt Jr. ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) brain concussion
DUE TO (c) Rt chest injury

INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 10 Mi. E. of Jerome,

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho, Jerome, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 27, 1952 2:00 p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* April 27, *19* 52, *to* April 27, *19* 52, *that I last saw the deceased alive on* April 27, *19* 52, *and that death occurred at* 5:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: April 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: May 3, 1952

REGISTRAR'S SIGNATURE: Lester M. Rose, O.D.

25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. /
Reg. Dist. No. 448

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place): 19yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print): a. (First) Burley b. (Middle) E c. (Last) Craig

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 5. 1889

9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR Months: 5 | Days: 29 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Joplin Missouri

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Hiram Craig — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lizzie Edgemond — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-36-5780

17. INFORMANT'S OWN SIGNATURE: X Mrs B. E. Craig — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 15, 19 49, *to* March 15, 1952, *that I last saw the deceased alive on* March 19, 1952, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Foot M D

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 4/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 7.52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: April 1952

REGISTRAR'S SIGNATURE: Lester M. Rose, O.D.

25. FUNERAL DIRECTOR: J R Turley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 6
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt 3
c. LENGTH OF STAY (in this place): 7 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt 3
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Maryann
b. (Middle): Hill
c. (Last): Choules

4. DATE OF DEATH (Month) (Day) (Year): April 15 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 11 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR Months: 1 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James Hill — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Bridge — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: George Choules — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Probably — Coronary Thrombosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) found dead in bed

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased* ~~alive~~ *on* April 15, 1952, *and that death occurred at* about 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Wiley (Coroner) (Degree or title)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 4/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/19/52
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: April 16, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 7
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place): 33yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rosella
b. (Middle): Mason
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): April 19 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 5 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Springville Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Mason — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Annie May Denton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wayne A. Edwards — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis (embolism) — INTERVAL BETWEEN ONSET AND DEATH: 0 sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mural Thrombosis — 2-3 yrs.
DUE TO (c) auricular fibrillation — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1951, *to* apr 1, 1952, *that I last saw the deceased alive on* apr 1, 1952 *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Slocot M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: apr 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22/52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: April 21, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose OSB
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. J. Hawkins

Certificate of Death

STATE OF IDAHO

State File No. 1908
Local Reg. No. 51
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
APR 10 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 18-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 935-N-12th, Street

3. NAME OF DECEASED (Type or Print)
a. (First) Rasmus
b. (Middle) R.
c. (Last) Rasmussen

4. DATE OF DEATH (Month) (Day) (Year) April 1, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 9, 1877

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman

10b. KIND OF BUSINESS OR INDUSTRY C.M. & st.p.

11. BIRTHPLACE (State or foreign country) Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rasmus Rasmussen
BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Edna E Winters
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma Left Kidney
INTERVAL BETWEEN ONSET AND DEATH: Nov 1951, 5 Months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to Lungs
3 Month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.
7 Month

19a. DATE OF OPERATION 1/28/52

19b. MAJOR FINDINGS OF OPERATION Adeno Ca Left Kidney & Invasion Renal Vein

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5, 1951, *to* 4/1, 1952, *that I last saw the deceased alive on* 4/1, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James W. Hawkins MD

23b. ADDRESS Coeur d'alene Idaho

23c. DATE SIGNED 4/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-5-52

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 4-5-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40001

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 50
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Glayds Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 206 Indiana

3. NAME OF DECEASED (Type or Print) a. (First) Jacobina b. (Middle) c. (Last) Hanson

4. DATE OF DEATH (Month) (Day) (Year) Apr. 4, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Apr 28, 1860

9. AGE (In years last birthday) 91
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? Norway

13. FATHER'S NAME Naderson
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE > Alfred Hanson ADDRESS 206 Indiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic cardio-vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 4-3-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Don Manley (Degree or title) M.D.

23b. ADDRESS Coeur d'alene, Idaho

23c. DATE SIGNED 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-6-52

24c. NAME OF CEMETERY OR CREMATORY Mason

24d. LOCATION (City, town, or county) Mason, Wisconsin (State)

DATE REC'D BY LOCAL REG. 4-6-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Ben English ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. A. Barclay

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 59
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 Foster

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 602 Foster

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Arthur	Thornton	Apr. 6 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 6, 1887	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Petroleum Dist.	General Petroleum	Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Thornton	Unknown	Belle Waganer	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	556-12-2433	Helen L. Thornton (Wife)	Cd'a Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-5 *, 1952, to* 4-6 *, 1952, that I last saw the deceased alive on* 4-5 *, 1952, and that death occurred at* 7:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Brande Barclay Jr	Coeur d'Alene Ida	4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-9-52	Forest Cemetery	Coeur d' Alene Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-8-52	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 56
Reg. Dist. No. 20

BIRTH NO. 111-52-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 7 Hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakec City GEn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 24th & Lakeside

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Michael	Allen	Brown	4 - 6 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W.	Never Married	4-6-52			7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coeur d'Alene Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Brown — BIRTHPLACE: Spkane Wn

14. MOTHER'S MAIDEN NAME: Betty Munson — BIRTHPLACE: Chicogo Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right clubfoot

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/6, 1952, *to* 4/6, 1952, *that I last saw the deceased alive on* 4/6, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Coeur d Alene Idaho	4/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-7-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-7-52	Lorraine K Brush	Gilbert Gale Funeral Home	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Hughes

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1112
Local Reg. No. 58
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 617-Empire Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Richard	Calvin	Ervin	April 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 16, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millworker
10b. KIND OF BUSINESS OR INDUSTRY Saw Mills
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS
x Lawrence K. Ervin Coeur d' Alen Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: abrupt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1952 *to* 4-9, 1952, *that I last saw the deceased alive on* 4-9, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard A Hughes MD
23b. ADDRESS Coeur D'Alene Idaho
23c. DATE SIGNED 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-12-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 4-12-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 57
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 Wallace Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene, Idaho
d. STREET ADDRESS (If rural, give location): 421 Wallace Ave

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) J. c. (Last) Discher

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12-20-52

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Morgan Minn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Dishher
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Edith Picker
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. Louis Discher
ADDRESS: C.d.A. Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital multiple malformation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1945 *to* April 11, 1952, *that I last saw the deceased alive on* March 17 1952, *and that death occurred at* 8:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Barker MD
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

State File No. 1414
Local Reg. No. 67
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 25-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mediment
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): G.
c. (Last): Osmundson

4. DATE OF DEATH (Month) (Day) (Year): Apr. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: Jul. 7, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gabriel S. Osmundson — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Julia Tweet — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: W.W.One
17. INFORMANT'S OWN SIGNATURE: Ella Osmundson DE — ADDRESS: Heron Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic cardio — 10 yrs
DUE TO (c): vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 4-14-52 *, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 270 Don Moseley MD.
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 4-17-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

State File No. 1415
Local Reg. No. 70
Reg. Dist. No. 120

RECEIVED
2 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 24-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Medimont
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Gilbert
b. (Middle) J.
c. (Last) Osmundson

4. DATE OF DEATH (Month) (Day) (Year) Apr. 14, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never
8. DATE OF BIRTH 1-2-89
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 64
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gabriel S. Osmundson — BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Julia Tweet — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.One
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ole Osmundson — ADDRESS Heron Mont

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic — approx
Cardio-vascular renal
DUE TO (c) disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 4-14-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. Don Moseley, M.D. 270
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-17-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 4-17-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. O. Husted

Certificate of Death

State File No. 116
Local Reg. No. 71
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location): Ford District

3. NAME OF DECEASED (Type or Print): a. (First) Andrew; b. (Middle) -------; c. (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 29, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jens Hansen — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Marie (Unknown) — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Andrew A. Johnson — ADDRESS: Worley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury of Chest, abdomen & Pelvis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Logging accident: Crushed by a log

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) 4 (Day) 10 (Year) 52 (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Log Crushed him

22. I hereby certify that I attended the deceased from 4/10, 1952, to 4/13, 1952; that I last saw the deceased alive on 4/13, 1952, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title): O. Husted M.D.

23b. ADDRESS: 175

23c. DATE SIGNED: 4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-17-52

24c. NAME OF CEMETERY OR CREMATORY: Fairview

24d. LOCATION (City, town, or county) (State): Rockford, Wash.

DATE REC'D BY LOCAL REG.: 4-17-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: H. Krueger — ADDRESS: Fairfield, Wash.

...ormant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. A. Barclay

RECEIVED APR 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1117
Local Reg. No. 67
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901-N-7th, Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 901-N-7th, street

3. NAME OF DECEASED (Type or Print): a. (First) Lucius b. (Middle) Hastings c. (Last) Burns

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 23, 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineers Dept.

10b. KIND OF BUSINESS OR INDUSTRY: State Highway

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lucius A. Burns — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sylvia McGraw — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ivy H. Burns — ADDRESS: Coeur d' Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of bladder — 8 Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-2, 1952, *to* 4-11, 1952, *that I last saw the deceased alive on* 4-14, 1952, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Barclay M.D.

23b. ADDRESS: Coeur d Alene, Ida

23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-16-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — **ADDRESS**: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

State File No. 1 [illegible]
Local Reg. No. 77
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene Idaho
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delaney Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Delaney Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Unkown 1886
AGE (In years last birthday): About 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

9. SOCIAL SECURITY NO.: None

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unkown

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unkonw
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Nursing Home Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis Liver — 2yrs
DUE TO (c) Cardiac decompensation — 3yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 4-16-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county): Coeur d'Alene
(State): Idaho

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Lorraine L Brush
25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 1
Local Reg. No. 73
Reg. Dist. No. 120

MAY 8 1952 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1518 n 6th St.

3. NAME OF DECEASED (Type or Print): a. (First) Pheobe; b. (Middle); c. (Last) Goodrich

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 52

5. SEX: Fe M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25 1884

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Leach — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Phoebe Bendict — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leo Goodrich — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

17 CX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast - metastasis to the lung. — INTERVAL BETWEEN ONSET AND DEATH: 11 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 28, 1949, *to* April 17, 1952, *that I last saw the deceased alive on* Ap 17, 1952, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23a. SIGNATURE: R H Parker — (Degree or title): MD

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: Ap 24 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-19-52

24c. NAME OF CEMETERY OR CREMATORY: Rathdrum Idaho

24d. LOCATION (City, town, or county) (State): Rathdrum Idaho

DATE REC'D BY LOCAL REG.: 5-3-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: CDA Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 68
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 923 Boyd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 923 Boyd

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth; b. (Middle) Fred; c. (Last) Fitch

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1905

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Finney's Transportation

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Fitch — BIRTHPLACE: Chicago, Illinois

14. MOTHER'S MAIDEN NAME: August Oldenberg — BIRTHPLACE: Berlin, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-5795

17. INFORMANT'S OWN SIGNATURE: Mrs. Mildred Fitch — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic heart; auric fibrill — 6 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis — 10 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1952, *to* 4-17, 1952, *that I last saw the deceased alive on* 4-16, 1952, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title) MD

23b. ADDRESS: Coeur d' Alene, Idaho

23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-23-52

24c. NAME OF CEMETERY OR CREMATORY: St. Thomas

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR — ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Hawkins

Certificate of Death

State File No. 1421
Local Reg. No. 63
Reg. Dist. No. 120

RECEIVED
MAY 2 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1613-4th, Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1613-4th, street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pauline C.		Herschleb	April 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 3, 1897	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beauty Operator	Own Shop	South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Karl Wacker	Russia	Madgelaine Rohrvackl	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	563-22-2779	Wm Herschleb OE	Cda Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno Carcinoma Breast — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	AUTOPSY?
1-16-48	Radical Mastectomy	YES ☐ NO ☐

20. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 12, 1948, *to* April 20, 1952, *that I last saw the deceased alive on* April 20, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J W Hawkins MD	Coeur d' Alene, Idaho	4/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-23, 1952	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-22-52	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hawkins

Certificate of Death

RECEIVED
MAY 2 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 1152
Local Reg. No. 64
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 715-Garden ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 715-Garden ave.

3. NAME OF DECEASED (Type or Print) a. (First) Thelma b. (Middle) M. c. (Last) Acton

4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 17, 1903

9. AGE (In years last birthday) 48
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Heiser
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Dora Stoltie
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Merle Acton ADDRESS Coeur d' Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metastatic Ca in Lung — INTERVAL BETWEEN ONSET AND DEATH 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma Breast — 1 1/2 yrs

DUE TO (c) Brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

170X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION See Reports of Dr Mathews Spokane

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 180 James W. Hawkins MD

23b. ADDRESS Coeur d'alene Ida

23c. DATE SIGNED 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-25-52

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 4-25-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Husted

BIRTH NO. 111-52-04658

Certificate of Death

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 7123
Local Reg. No. 65
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print): a. (First) Infant Girl b. (Middle) c. (Last) Yamamoto

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never

8. DATE OF BIRTH: April 23, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 16 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coeur d' Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hideo Yamamoto BIRTHPLACE: San Diego, Calif.

14. MOTHER'S MAIDEN NAME: Tomoko Yosinaka BIRTHPLACE: Seattle, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hideo Yamamoto ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 5½ mo Pregnancy
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 O. M. Husted
23b. ADDRESS: Coeur d Alene, Ida
23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4-26-52
24c. NAME OF CEMETERY OR CREMATORY: Hazen Jaeger Crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 4-25-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 76
Reg. Dist. No. 120

BIRTH NO.

MAY 8 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank		Richards	April 25 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Unkown	Unkown	About 76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Hand		Unkown	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkow	Unkkown	Unkown	Unkkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Yates Funeral Home	CDA Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 3 Mo

DUE TO (c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 4-25, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. D. Moody MD	Coeur d'Alene, Ida	4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-29-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-3-52	Lorraine K. Brush	Gilbert Yates	CDA Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 74
Reg. Dist. No. 120

BIRTH NO.

RECEIVED 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harlenton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anne
b. (Middle):
c. (Last): Ryum

4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 31, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Iver Elverun — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Molly Kravum — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Arnold Ryum — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1945, *to* 4/30, 1952, *that I last saw the deceased alive on* 4/30, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O M Husted M D
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-3-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1[illegible]
Local Reg. No. 72
Reg. Dist. No. 120

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City. Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1322 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First) Wealtha
b. (Middle)
c. (Last) Emmerton

4. DATE OF DEATH (Month) (Day) (Year) Apr 30, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 25, 1878
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosuewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Bickerstaff — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Jane Blair — BIRTHPLACE Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X S W Emmerton — ADDRESS Spokane, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 21.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Valvular Heart Disease — 20 or more years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/14, 1945, *to* 4/30, 1952, *that I last saw the deceased alive on* 4/30, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 175 O M Hustad MD
23b. ADDRESS
23c. DATE SIGNED 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. 5-2-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 55
Reg. Dist. No. 126

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huetter
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #10 West CdA. Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairchild Air Base
d. STREET ADDRESS (If rural, give location): Fairchild Wash

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Raymond	Frank	McGrew		4	6	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Oct 10 1917	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: Air Force
11. BIRTHPLACE (State or foreign country): Pekin Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank McGrew — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Cecial Ann — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 373-05-9490
17. INFORMANT'S OWN SIGNATURE: Records At Fairchild Air Base — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Crushing Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 10
21c. (CITY, TOWN, OR TOWNSHIP): Huetter (COUNTY): Kootenai (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 6, 1952 1:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Rear end auto accident.

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T Ward, M.D., Coroner	Coeur d'Alene Idaho	4-9-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-9-52		Allegan Mich

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-9-52	Lorraine K. Brush	Wilson Falls Funeral Home	Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1-[illegible]
Local Reg. No. 35
Reg. Dist. No. 1-12

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Medimont
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Medimont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Page
d. STREET ADDRESS (If rural, give location): Page

3. NAME OF DECEASED (Type or Print): a. (First) Jacob b. (Middle) G. c. (Last) Kindsvater

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 4, 1892

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Kindsvater — BIRTHPLACE: Prussia

14. MOTHER'S MAIDEN NAME: Eva Bauer — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William Kindsvater — ADDRESS: Page, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Rheumatic fever

INTERVAL BETWEEN ONSET AND DEATH: few mos. / few yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/13, 1952, *to* 4/13, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-17-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR / ADDRESS: Gordon Goode Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Gumprecht

RECEIVED APR 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 12 S
Local Reg. No. 69
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 9-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Post Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Post Falls

3. NAME OF DECEASED (Type or Print): a. (First) Renedius b. (Middle) c. (Last) Zuur

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never	June 11, 1872	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Priest 54	Catholic Priest	Hague, Holland	U.S.Is.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence Zuur	Holland	Augistina Samson	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs F. Van Dyk	Post Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* march, 1952, *to* april, 1952, *that I last saw the deceased alive on* 15 april, 1952 *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr M Gumprecht	MD	318 N 4th St	4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-22-52	St. Thomas Cemetery	Coeur 'd Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-22-52	Lorraine K Brush	Elbon English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. A. Barclay

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1430
Local Reg. No. 62
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 3

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): K.
c. (Last): Fischer

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nicholas Lafrenz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: S. Drobny — BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: B H Fischer — ADDRESS: Rt#3 Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: about

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary thrombosis — 10 min.
DUE TO (c): hypertension — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8, 1952, *to* 4-20, 1952, *that I last saw the deceased alive on* 2-8, 1952, *and that death occurred at* 8.20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alexander Barclay M.D.
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-23-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 4-22-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1431
Local Reg. No. 66
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): D.
c. (Last): Gunnels

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 26, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: R. H. Gunnels — ADDRESS: 1454 N. 31st St. Seattle 55

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1951, *to* April, 1952, *that I last saw the deceased alive on* 4/19, 1952, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Fredrikson MD. (Degree or title) 127
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED: 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Spirit Lake Idaho

DATE REC'D BY LOCAL REG.: 4-25-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1 2
Local Reg. No. 75
Reg. Dist. No. 126

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): State Line Village
c. LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 324 W. 5th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Dean
c. (Last): Bachman

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nev. Married
8. DATE OF BIRTH: February 9, 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attendent
10b. KIND OF BUSINESS OR INDUSTRY: Shell Service Station
11. BIRTHPLACE (State or foreign country): Somer, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Harold Bachman--Columbia Falls, Montana
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Gertrude Neset--Bemidji, Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 3-30-49 to 7-27-50
16. SOCIAL SECURITY NO.: 816 14
17. INFORMANT'S OWN SIGNATURE: Harold Bachman — ADDRESS: Neck with death

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture or dislocation — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near State Line Village
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Between Spkn + Cd'alene Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 26 52 9 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Man ran stop in front of semi + trailer

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Dead on exam *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley M.D. 270
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 4-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 4-28-52
24c. NAME OF CEMETERY OR CREMATORY: Fairmount
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 5-2-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: C. E. Gilman, Hazen & Jaeger, Spokane, Wn.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 37
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 No. Almon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 103 No. Almon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	Belle	Torgerson	April	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 4, 1891	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrison, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Nolan — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eva Morgeridt — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~OWN~~ SIGNATURE: Julia Torgerson — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5-10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Convulsive seizures - epileptiform - years in nature

DUE TO (c) undiagnosed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on April 2, 1952, to ——, 19——, that ~~I last~~ saw the deceased alive on ——, 19——, and that death occurred at 4:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lewis H. Hart M.D.	Troy, Idaho	4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-7-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/15/52	Laura E. Engell	W R Short	Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 14
Local Reg. No. 40
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 627 Elm

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Franklin	Kimberling	April	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 2, 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pullman, Wn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steven Kimberling — BIRTHPLACE: Va.

14. MOTHER'S MAIDEN NAME: Margaret Bales — BIRTHPLACE: Va.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519-09-5977

17. INFORMANT'S OWN SIGNATURE: Maurice S Kimberling — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of the right common iliac artery

Gross retroperitoneal hemorrhage of the right side and lower abdomen.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Marked arterial sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1940 *to* April 1952, *that I last saw the deceased alive on* April 2, 1952, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L J Klaus MD	Box 227, Moscow, Idaho	4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-4-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/22/52	Lois E Angel	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1435
Local Reg. No. 34
Reg. Dist. No. 200

BIRTH NO. Cul RECEIVED APR 19 1952 DIVISION OF

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Carlin

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 4, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Towle — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Jerry Carlin — ADDRESS: Bovill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Arterial Occlusion Lower extremities — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis and hypertension — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947 *to* 2 Apr, 1952, *that I last saw the deceased alive on* 2 Apr, 1952 *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Culp 070 (Degree or title): MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 4/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-5-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 4/11/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1736
Local Reg. No. 36
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Campus Motel #7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Marie	Whitcomb	April 9 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb 14, 1914	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Harvard, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E.C. Nelson	Sweden	Maggie Johnson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-26-7396	Norman J. Nelson	Deary

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 9 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1951 *to* 8 Apr, 1952, *that I last saw the deceased alive on* 8 Apr, 1952 *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Culp	M.D.	Moscow Idaho	4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-12-52	Woodfelt Cemetery	Harvard Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/14/52	Lois E. Angell	H.R. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-480(1)

Certificate of Death

STATE OF IDAHO

State File No. 1 57
Local Reg. No. 39
Reg. Dist. No. 200

BIRTH NO.

RECEIVED APR 24 1952 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 18 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. of I. Golf Course

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): U. of I. Golf Course

3. NAME OF DECEASED (Type or Print): a. (First) Francis; b. (Middle) L; c. (Last) James

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Golfing

10b. KIND OF BUSINESS OR INDUSTRY: Golfing

11. BIRTHPLACE (State or foreign country): Birmingham England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William James
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Janet Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-24-8577

17. INFORMANT'S OWN SIGNATURE: Mrs Lillian James
ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead upon arrival.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension due to arterial sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
This man woke in his sleep, walked out to living room, layed down on the davenport and was dead when I arrived. Probably had coronary occlusion or acute pulmonary edema.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1938, *to* April, 1952, *that I last saw the deceased alive on* April 10, 1952, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Doyle M. Taylor (Degree or title): M.D.
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 4/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: New Tacoma Cemetery
24d. LOCATION (City, town, or county) (State): Tacoma Washington

DATE REC'D BY LOCAL REG.: 4/26/52
REGISTRAR'S SIGNATURE: Lois E Angell

25. FUNERAL DIRECTOR: H.R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 41
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
MAY 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rural Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie		Wallen	Apr	14	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 8, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay Center, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Frei — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Anna M. Brugger — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nellie Wallen — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	30 Min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary sclerosis and myocardial insufficiency	20 years
DUE TO (c)	Arteriosclerotic heart disease	20 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Enteritis, severe	2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1952, *to* April 14, 1952, *that I last saw the deceased alive on* April 14, 1952, *and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Myers (Degree or title): M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 4-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 4/24/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: J R Smart
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible] C
Local Reg. No. 103
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Adelbert	Lyman	Davis	April 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 25, 1869	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Wheat Farm	Peoria, Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Davis	Unknown	Unknown	

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Everett Davis	Spokane Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-18-52, 19___, *to* 4-20-52, 19___, *that I last saw the deceased alive on* 4-19-52, 19___, *and that death occurred at* 1:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Myers	M.D.	Moscow, Idaho	4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-22-52	Freeze Cemetery	Freeze, Latah Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/5/52	Lois E. Angell	H. E. Kimball	Potlatch Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1410
Local Reg. No. 42
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 7 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		O'Meara	April	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Jan 4, 1870	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging (ret) 08	Forestry	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John O'Meara	Ireland	Ellen Croithers	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-4190	J. A. Wylie	Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

590X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cereb hemorrhage Sudden Onset Luetic — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cereb Homeorrhage Nephritis — 2 yrs.
DUE TO (c) — Advanced age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None.	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 9, 1952, Apr 20, 1952, *that I last saw the deceased alive* Apr 19, 1952, *and that death occurred at* 3 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Armstrong	M.D.	Moscow Idaho	4/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-28-1952	Cloquet, Minn.	Cloquet Minn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/3/52	Lois E. Angel	J. C. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

52-6054

Certificate of Death

STATE OF IDAHO

State File No. 111
Local Reg. No. 45
Reg. Dist. No. 200

BIRTH NO. MAY 7 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 6 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 531 East Third St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Darice	Dee	Evans		April	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	April 22, 1952	0	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Don S. Evans	Malad, Idaho	Demona Facer	Holbrook, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	+ Don S. Evans	Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 770.0 Erythroblastosis Fetalis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 25, 1952, *to* April 27, 1952, *that I last saw the deceased alive on* April 27, 19 52, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alfred T. DeVito M.D.	Moscow Idaho	4/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-29-1952	Malad,	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/3/52	Lois E. Angell	J R Shorts	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1442
Local Reg. No. 46
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Grover	Apr	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Feb 2, 1862	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
logger		New Brunswick, Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Syl Grover	Canada	Ann Power	Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	x Mrs Jesse Smith	Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 10 years
DUE TO (c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* April 28, 1952, *that I last saw the deceased alive on* April 28, 1952 *and that death occurred at* 5:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John H Rogers	M.D.	Moscow, Idaho	5-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2, 1952	Moscow Catholic	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/8/52	Lois E. Angell	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 38
Reg. Dist. No. 200

BIRTH NO. APR 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 Miles West of Potlatch Palouse River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 3 Miles West of Potlatch

3. NAME OF DECEASED (Type or Print) a. (First) Marian b. (Middle) Jean c. (Last) Milbert

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH April 13, 193[illegible]

9. AGE (In years last birthday) 14
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 7?

10b. KIND OF BUSINESS OR INDUSTRY High School

11. BIRTHPLACE (State or foreign country) Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Francis M. Milbert BIRTHPLACE Conway Penn.

14. MOTHER'S MAIDEN NAME Bertha C. Adams BIRTHPLACE Pittsburg Penn.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Frances M. Milbert ADDRESS Palouse Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near farm home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) T41N, Latah co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 6, 1952 - 1p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Was wading with friends and slipped into swollen river

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Short (Degree or title) Coron

23b. ADDRESS Moscow

23c. DATE SIGNED 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-15-52

24c. NAME OF CEMETERY OR CREMATORY Potlatch Cemtery

24d. LOCATION (City, town, or county) (State) Potlatch Idaho

DATE REC'D BY LOCAL REG. 4/15/52

REGISTRAR'S SIGNATURE Lois E. Angel

25. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 144
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch Rural T42N

c. LENGTH OF STAY (in this place): life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch rural T42N

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) S.; c. (Last) Nagle

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 19, 1924

9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filer

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Potlatch, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Egan Nagle — BIRTHPLACE: N. Dakota

14. MOTHER'S MAIDEN NAME: Edith Anshutz — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Egan S. Nagle — ADDRESS: Potlatch

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): horse fell on him

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): T42N Latah Idaho

21d. TIME OF INJURY (Month) 4 (Day) 27 (Year) 1952 (Hour) 3p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: horse fell on him

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* app 3p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Short (Degree or title): Coroner, Latah Co.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Moscow Catholic

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 5/3/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H R Short — **ADDRESS**: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

MAY 17 1952 STATE OF IDAHO

DIVISION OF VITAL

State File No. 115
Local Reg. No. 91
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Louise c. (Last) Dumbauld

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 15, 1861

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Crawford Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: "Unknown" Laws
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jesse Dumbauld
ADDRESS: Declsac, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 25, 1952, *to* Apr 28, 1952, *that I last saw the deceased alive on* Apr 27, 1952, *and that death occurred at* 7:00 a m, *from the causes and on the date stated above.*

23a. SIGNATURE: D. Christensen (Degree or title): M.D.
23b. ADDRESS: Kendrick, Idaho
23c. DATE SIGNED: Apr 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-1-52
24c. NAME OF CEMETERY OR CREMATORY: Juliaetta, Idaho
24d. LOCATION (City, town, or county) (State): Lewiston Juliaetta, Idaho

DATE REC'D BY LOCAL REG.: May 6, 1952
REGISTRAR'S SIGNATURE: Jean Wagelius

25. FUNERAL DIRECTOR: Brower-Wann Co., ADDRESS: Lewiston, Idaho
by- H.K. Malcom

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Dr. D. Christensen, Kendrick, Idaho

Certificate of Death

STATE OF IDAHO

State File No. 1146
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle); c. (Last) Monaghan

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 1, 1892	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner		Oklahoma City, Oklahoma	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Monoghan	Ireland	Isabelle Davis	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW #1	518-05-2149	Grace Monaghan	Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-4 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-18, 19 52, *to* 4-18, 19 52, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. R. Wilde M.D	Salmon Ida	4-26

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-23-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May-8-52	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1447
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Joseph
c. (Last): Kropach

4. DATE OF DEATH (Month) (Day) (Year): April 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 5, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bohemia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Kropach — BIRTHPLACE: Bohemia
14. MOTHER'S MAIDEN NAME: Mary — BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Annie Proksch — ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 970X Overdosage unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) medication - probably phenobarbital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Pneumonia
Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH: 3 days. 3 years

19a. DATE OF OPERATION:
19b. ~~MAJOR FINDINGS OF OPERATION~~:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lemhi, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* ap 23, 1952, *that I last saw the deceased alive on* ap 23, 1952 *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Blackadar, M.D. (Degree or title) 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1448
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
d. STREET ADDRESS (If rural, give location): Panther Creek Orchard

3. NAME OF DECEASED (Type or Print)
a. (First): Haley
b. (Middle): Lissie
c. (Last): McCafferty

4. DATE OF DEATH (Month) (Day) (Year): Apr. 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 6, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bloomfield, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ervey Layton — BIRTHPLACE: S. Carolina
14. MOTHER'S MAIDEN NAME: Sarah Eliz. Greer — BIRTHPLACE: S. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Omia C. Bingham — ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular disease c̄ cardiac failure 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2, 1951 *to* 4-26, 1952, *that I last saw the deceased alive on* 4-26, 1952 *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Harhadar M.D. 031 (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-28-52 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: May-8-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Gilbert C. Jones — ADDRESS: Salmon, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 244
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
MAY 6 1952
DIVISION OF VITAL STATISTICS
STATE ...

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): No. Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile east Gomes School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Patrick; b. (Middle); c. (Last) Engles

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 15, 1948

9. AGE (In years last birthday): 4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): #2

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bozeman, Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joe Engles
BIRTHPLACE: Bloomington, Illinois

14. MOTHER'S MAIDEN NAME: Barbara Tschannen
BIRTHPLACE: Gooding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Barbara Engles
ADDRESS: Bliss, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Loss of Blood — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tractor being driven over by
DUE TO (c): Badly crushed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No. Shoshone, Lincoln, Idaho

21d. TIME OF INJURY (Month) 4/17/52 (Day) (Year) (Hour) 5:30 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Child was run over by a tractor

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Myrtle C. Burdett Coroner

23b. ADDRESS: Shoshone Idaho

23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/21/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 4-21-52

REGISTRAR'S SIGNATURE: Myrtle C. Burdett

25. FUNERAL DIRECTOR: Geo Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign. ..... be answered as completely as possible. State answers as unknown only after a careful investigation. Use ... typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BUR...

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 15
Reg. Dist. No. 6-30

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma Frieda b. (Middle) Alber c. (Last) Pieper

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ottenhausen Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Danzinger
BIRTHPLACE: Rotensol, Germany

14. MOTHER'S MAIDEN NAME: Gottlieben Alber
BIRTHPLACE: Ottenhausen, Germ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [signature illegible] Parker

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 2, 1952, *to* April 17, 1952, *that I last saw the deceased alive on* April 16, 1952, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine Hasey M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/21/52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russell Flamm
ADDRESS: Rexburg Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 16
Reg. Dist. No. 630

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burton
d. STREET ADDRESS (If rural, give location): Rexburg Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) S. c. (Last) Hall

4. DATE OF DEATH: (Month) (Day) (Year) April 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 8, 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Wellsville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel W Hall — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Katherine Stewart — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Samuel J. Hall — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 526X Chronic Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 3 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible] 1950 *to* April 19, 1952 *that I last saw the deceased alive on* April 18, 1952, *and that death occurred at* 6:[illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Rexburg, Ida.

23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/23/52

24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery

24d. LOCATION (City, town, or county) (State): Wellsville, Utah

DATE REC'D BY LOCAL REG.: 4-22-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. m. 1452
Local Reg. No. 21
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hess Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Minidoka Dam

3. NAME OF DECEASED (Type or Print)
a. (First): Lucinda
b. (Middle):
c. (Last): Brassfield

4. DATE OF DEATH (Month) (Day) (Year): March 19 1952

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 31 1867
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leando Dowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lloyd Brown
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Angeline Smith
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clair T. Brassfield
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Myocarditis
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1952, *to* 3-19, 1952, *that I last saw the deceased alive on* 3-19, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Wellner M.D. (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: March April 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 21 1952
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 4-15-1952
REGISTRAR'S SIGNATURE: E. H. Elmore
25. FUNERAL DIRECTOR: Alan Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

D.

State File No. 1
Local Reg. No. 20
Reg. Dist. No. 400

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. LENGTH OF STAY (in this place) 5 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Bradford b. (Middle) Frank c. (Last) Schroyer

4. DATE OF DEATH (Month) Apr. (Day) 18 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH Nov. 19. 1878
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fayette Co. Iowa.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Frank Schroyer BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME, Mary E. Cowan. BIRTHPLACE Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Louie J. Schroyer ADDRESS Twin Falls Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar ~~[illegible]~~ sclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 9, 1952, *to* Apr 13, 1952, *that I last saw the deceased alive on* Apr 13, 1952, *and that death occurred at* 6:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley (Degree or title) M. D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/15/52
24c. NAME OF CEMETERY OR CREMATORY Pine Slope Cemetery
24d. LOCATION (City, town, or county) (State) Belle Fourche South Dakota

DATE REC'D BY LOCAL REG. 4-15-1952
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney G Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1454
Local Reg. No. 32
Reg. Dist. No. 471

RECEIVED MAY 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): 48 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): James
c. (Last): Stillwell

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Abilene, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Stillwell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Jane Rhinehart — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bernell H. Kennington — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1952, *to* 4-11, 1952, *that I last saw the deceased alive on* 4-11-, 1952, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Kelly MD.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/14/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Apr. 28 1952
REGISTRAR'S SIGNATURE: R. F. Wilson
25. FUNERAL DIRECTOR — ADDRESS: J. Garth Payne - Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 71
Reg. Dist. No. 220

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 814 So. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Edwin; b. (Middle); c. (Last) Hellerud

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 20, 1898

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Park, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stener F. Hellerud BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Gunhild Gullingsrud BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-5520

17. INFORMANT'S OWN SIGNATURE: Hellerud ADDRESS: Moscow

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Brain. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchial Carcinoma — 9 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1952 *to* April 2, 1952, *that I last saw the deceased alive on* 9-15, 1952, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover M.D. — 23b. ADDRESS: 527 Burrell Ave. Lewiston, Idaho — 23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 4-5-1952 — 24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery — 24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: April 16, 1952 — REGISTRAR'S SIGNATURE: Jean Wegeline

25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

State File No. 1 [illegible]
Local Reg. No. 64
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 10th and Highland Avenues

3. NAME OF DECEASED (Type or Print): a. (First) ROSE; b. (Middle); c. (Last) HAGER

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb 1, 1872	80	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Mankato, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Constatine Eiselt	Germany	Albertine Kaupp	Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	– – – – – – – –	None	William Rees	Yakima, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure — unknown.

DUE TO (c) Arteriosclerotic Heart Disease Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 2, 1952, *to* April 3, 1952, *that I last saw the deceased alive on* April 3, 1952, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Braddock, M. D.	707-11th St Lewiston Idaho	April 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4/6/52	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 7, 1952	Jean Wegelius	W. Murchent	Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1457
Local Reg. No. 63
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sommerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Culdesac
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First) Daniel H. Shuss b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowedd
8. DATE OF BIRTH August 1, 1865
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bedford County, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Shuss BIRTHPLACE Pennsylbania
14. MOTHER'S MAIDEN NAME Rachel Elder BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Mrs Garrett Arrowood ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Auricular fibrillation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26, 1952 *to* 4-2, 1952, *that I last saw the deceased alive on* 4-2, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. W. Eastwood 114 Jun D
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4-5-52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. April 5, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR O. Vossar ADDRESS Lewi ton, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 1
Local Reg. No. 65
Reg. Dist. No. 220

111-52-04793
BIRTH NO.

RECEIVED
JAN 16 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) St Joseph's.

3. NAME OF DECEASED (Type or Print)
a. (First) KATHERINE
b. (Middle) P.
c. (Last) McKENNEY

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH April 8-1952

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lewiston Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Boyd McKenney — BIRTHPLACE Mo.

14. MOTHER'S MAIDEN NAME Inez Barton — BIRTHPLACE Arizona.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. P. McKenney — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, viral.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 14 hours
(b) 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1952 *to* Apr. 10, 1952, *that I last saw the deceased alive on* April 10, 1952, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lyman E. Gilbert, M.D.
23b. ADDRESS 412 6th St. Lewiston, Ida.
23c. DATE SIGNED Apr. 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 11-52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. April 11 1952
REGISTRAR'S SIGNATURE Jean Hegelins
25. FUNERAL DIRECTOR A. H. Kasser — ADDRESS Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 66
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 701 - Burrell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mina		Coale	4 - 11 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed	7-28-1862	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Red Wing, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Finkle — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Ellis J. Coale — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Affirmative of age

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1952 *to* 4/11, 1952 *that I last saw the deceased alive on* _____, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Raymond M. Stover (Degree or title): M.D.
23b. ADDRESS: 527 Burrell Ave. Lewiston, Idaho
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 14, 1952
REGISTRAR'S SIGNATURE: Jean Wagelins
25. FUNERAL DIRECTOR: Vincent D. Vasser — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1460
Local Reg. No. 68
Reg. Dist. No. 22

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1449 Idaho Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1449 Idaho Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	B	WEST	April 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 4, 1900	52	-	-	-	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Justice of Peace 6 yr	City of Lewiston	Moscow, Idaho	- - - - -

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
T B West	AShville, N C	Amy Massey	Ashville, N C

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	Unknown	Hazel A. Wells	Lewiston, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized Carcinomatosis	1 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of stomach	9 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1951	Carcinoma of the Stomach	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 19, 1950, *to* April 11, 1952, *that I last saw the deceased alive on* April 11, 1952, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Braddock M.D.	707-11th St. Lewiston	April 14, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/15/52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 15 1952	Jean Wagelin	M.C. Merchant	Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1461
Local Reg. No. 67
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 28 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 307 2nd. Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Richard	Earl	Jacobs		4	12	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	6-7-1901	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman	mfg.	Wetaskiwin Alberta Canada	U/S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin T. Jacobs	St. Louis, Mo.	Edith B. Hollister,	Walla Walla, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-01-0919	Edabelle J. Brodie	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 16 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesion pericardium — 6 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1946 *to* April 12, 1952, *that I last saw the deceased alive on* April 12, 1952 *and that death occurred at* 11:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carrson		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 15, 1952	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 14, 1952	Jean Wegelin	Elbert S. Rawls	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1482
Local Reg. No. 70
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 -- 6th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston ,
d. STREET ADDRESS (If rural, give location): 806---- 6 th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) J. c. (Last) LUNDY

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 7, 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: House building

11. BIRTHPLACE (State or foreign country): Hubbard , Iowa

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Allen J. Lundy — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Emma E. Smith — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-03-9472

17. INFORMANT'S OWN SIGNATURE: Marie Lundy — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

434.3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew K. Vassar (Coroner)

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 16, 1952

REGISTRAR'S SIGNATURE: Jean Wyckoff

25. FUNERAL DIRECTOR: Brower-Wann K.H. Malcom

ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1463
Local Reg. No. 72
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Aaron
b. (Middle): Elsworth
c. (Last): Stinehouse

4. DATE OF DEATH (Month) (Day) (Year): April 13,1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 3,1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): well driller
10b. KIND OF BUSINESS OR INDUSTRY: water
11. BIRTHPLACE (State or foreign country): H rrisburg, Penn
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Stinehouse — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Susan Pitman — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James E. Steinhouse — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3.30.52, 19__, *to* Apr.13, 1952, *that I last saw the deceased alive on* 4-13-, 1952 *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Apr.13,1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: April 17, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Jess Lokwood — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 69
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1448-Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) Kristeen b. (Middle) c. (Last) Sackett

4. DATE OF DEATH: (Month) (Day) (Year) pril 14, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: June 26, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 9 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Couer D'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Paul Sackett BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Edith Kinzer BIRTHPLACE: Uniontwon, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Paul H. Sackett ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1952, *to* April 14, 1952, *that I last saw the deceased alive on* April 14, 1952, *and that death occurred at* 6:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Braddock M.D. **23b. ADDRESS**: 707-11th St. Lewiston **23c. DATE SIGNED**: April 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial **24b. DATE**: 4-16-52 **24c. NAME OF CEMETERY OR CREMATORY**: Normal Hill **24d. LOCATION** (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 15 1952 REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: O. Jasser ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1485
Local Reg. No. 34
Reg. Dist. No. 226

RECEIVED APR 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1528 - 14th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) L c. (Last) Cook

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months –, Days –
IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Fairberry, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Hollingsworth
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Cornell
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J F Cook
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis. — 5 yrs.
DUE TO (c) malignant Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1952, *to* April 15, 1952, *that I last saw the deceased alive on* April 15, 1952, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Braddock M.D.
23b. ADDRESS: 707-11½ St Lewiston Idaho
23c. DATE SIGNED: April 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 18, 1952
REGISTRAR'S SIGNATURE: Jean Wegeleben

25. FUNERAL DIRECTOR: Brower-Wann Co., by- K.H. Malson
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Braddock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 6
Local Reg. No. 73
Reg. Dist. No. 220

RECEIVED
APR 28 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1604-5th Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aksahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lucy	Minthorn	Marks	April 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Indian	Widowed	July 1881	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	home	Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Minthorn	Idaho	Matilda Watters	Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	x Nellie Anderson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina pectoris

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 Mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-15, 1952 *to* 4-15, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Casson.	Lewiston Idaho	4-16-52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April 17, 52	Aksahka	Aksahka, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 17 1952	Jean Wyckliss	Andrew F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED APR 28 1952 DIVISION OF VITAL

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 76
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): ORA
b. (Middle): ELDON
c. (Last): RAFFETY

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 29, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months – Days – — IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Raffety — BIRTHPLACE: Louisville, Ky
14. MOTHER'S MAIDEN NAME: Minnie Crow — BIRTHPLACE: Quincy, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 539 05 7930
17. INFORMANT'S OWN SIGNATURE: Lawrence Schreiber — ADDRESS: Asotin, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial failure — 2 days
DUE TO (c): Toxemia — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pt had Ca of gall Bladder 3 yrs. ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~Sept 29~~ Apr 16, 1952, *to* ~~Apr 16~~ Apr 16, 1952, *that I last saw the deceased alive on* ~~Apr 29~~ Apr 29, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Bardel [illegible]
23b. ADDRESS: 707 14th St. Lewiston, Idaho
23c. DATE SIGNED: 4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/18/52
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: April 21, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1758
Local Reg. No. 82
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2013 N 3rd Ave

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) A c. (Last) BERG

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1895

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Valentine, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bert Abbott
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Phoebe Onesher
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Henry Reinhardt ADDRESS: Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1952 *to* April 18, 1952 *that I last saw the deceased alive on* 4-18, 1952 *and that death occurred at* 9:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward L. Hoffman MD 575
23b. ADDRESS: 337 St John's Way Lewiston
23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 23 1952
REGISTRAR'S SIGNATURE: Jean Wagelin
25. FUNERAL DIRECTOR: Brower-Mann Co., ADDRESS Lewiston, Idaho
by- K.H. Malcom

Federal Security Agency
United States Public Health Service
Form DPH-43021

E Hoffman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-04816
BIRTH NO.

RECEIVED

Certificate of Death

MAY 17 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1189
Local Reg. No. 180
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Lewiston,~~ Lapwai,
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) ANKNEY

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 19, 1952

9. AGE (In years last birthday): ** | IF UNDER 1 YEAR Months: * Days: * | IF UNDER 24 HRS. Hours: 6 Min.: 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Glenn Ankney — BIRTHPLACE: Nateby, Alberta; Canada

14. MOTHER'S MAIDEN NAME: Mae Graham — BIRTHPLACE: Antelope, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Glenn W. Ankney — ADDRESS: Lapwai, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Labor.

DUE TO (c) Ruptured membranes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 19, 1952 *to* April 19, 1952, *that I last saw the deceased alive on* April 19, 1952 *and that death occurred at* 7:40 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. Baldeck M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: April 22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-19-52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 23 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann by H. W. Wilson — **ADDRESS**: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. E. J. Baldeck

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 77
Reg. Dist. No. 220

RECEIVED
APR 28 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 428-30th St.

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) MARY c. (Last) CAVANAUGH

4. DATE OF DEATH: (Month) (Day) (Year) 4-19-52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-29-1892
9. AGE (In years last birthday): 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): "ushville, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Verzani BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ray A. Cavanaugh ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock following Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Intestinal obstruction

DUE TO (c) Probable Mes. thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1952, to April 19, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John E. Carson
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 23-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 22 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: O. Carson ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 78
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
APR 28 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1524 17th. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1524 17th. Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Lee	K.	Goldtree		4	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	11-14-1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Tucson, Ariz
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isodore Goldtree — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME not obtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 700-07-5550
17. INFORMANT'S OWN SIGNATURE Clara Goldtree — ADDRESS Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure. — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Enlarged heart. — 2yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-48, 19 48, *to* 4-3, 19 52, *that I last saw the deceased alive on* 4-3, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carson M.D.	Lewiston, Idaho	4-21-52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 22 52	Normal Hill	Lewiston

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 22 1952	Jean Wegelius	E. S. Rawls	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED APR 28 1952 DIVISION OF VITAL

STATE OF IDAHO

State File No. 1
Local Reg. No. 79
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wisconsin
b. COUNTY: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Superior
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charlotte
b. (Middle): Ann
c. (Last): Turgeon

4. DATE OF DEATH (Month) (Day) (Year): 4-20-52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 4-3-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Skelly — BIRTHPLACE: norecord
14. MOTHER'S MAIDEN NAME: Charlotte Morrow — BIRTHPLACE: norecord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: + John W Cramer — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c): + Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Apr, 1952 *to* 20 April, 1952, *that I last saw the deceased alive on* 20 April, 1952 *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — 23b. ADDRESS: Lewiston Ida — 23c. DATE SIGNED: 21 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-22-52
24c. NAME OF CEMETERY OR CREMATORY: Superior, Wisconsin
24d. LOCATION (City, town, or county) (State): Superior, Wisconsin.

DATE REC'D BY LOCAL REG.: April 22, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1173
Local Reg. No. 84
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 509 16th. St.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) H. c. (Last) Gibbs

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-1-1861

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 41

10b. KIND OF BUSINESS OR INDUSTRY: church

11. BIRTHPLACE (State or foreign country): Ashline City, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Gibbs BIRTHPLACE: Tenn;

14. MOTHER'S MAIDEN NAME: not obtainable BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Margaret Gibbs ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 443X

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart disease — unknown

DUE TO (c) arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1952, *to* April 21, 1952, *that I last saw the deceased alive on* April 21, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Braddock M.D.

23b. ADDRESS: 707-11th St. Lewiston

23c. DATE SIGNED: April 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 4/24/52

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: April 23 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: E. L. Powers ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 474
Local Reg. No. 85
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 532 - 3rd Ave.

3. NAME OF DECEASED (Type or Print): a. (First) May; b. (Middle) B.; c. (Last) Henzel

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 13, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Barlass
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Lucy Locke
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lillian E. Brower
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis & Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 12hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* April 21, 1952, *that I last saw the deceased alive on* April 20, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Baldeck, M.D. by O.M. Morbey, M.D.

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: Apr. 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: April 24 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Warn Co. By W. Warn

ADDRESS: Lewiston Ida.

Federal Security Agency
United States Public Health Service

Form D[illegible]-40021

J. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1475
Local Reg. No. 87
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CRAIGMONT
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JEWEL b. (Middle) MAY c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): APRIL 23 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Shreveport, Louisana

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: R. D. Humphrey, Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Lucile Slayton, Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 519-30-4119

17. INFORMANT'S OWN SIGNATURE: Jem H-H
ADDRESS: Craigmont, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis with Uremia — Years

DUE TO (c) Hypertension — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Non-functioning Gallbladder — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 1952, *to* 4-23, 1952, *that I last saw the deceased alive on* 4-23, 1952 *and that death occurred at* 8:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward L. Hoffman MD

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-23-52

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: April 26 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: C. E. Claar
ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 88
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 519 Linden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) OLAF b. (Middle) Po c. (Last) SODERBURG

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Mar. 14, 1865
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 4
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) - Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Erickson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Mrs Lester Cockrum ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Stenosis. — 20+ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent Pneumonia - — 2 weeks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 1952, *to* April 22, 1952, *that I last saw the deceased alive on* April 22, 1952, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE B R Stein (Degree or title) MD
23b. ADDRESS 307 St Johns Way Lewiston
23c. DATE SIGNED April 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Prairie View -
24d. LOCATION (City, town, or county) Grangeville (State) Idaho

DATE REC'D BY LOCAL REG. April 29, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Jess Robertson ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 877
Reg. Dist. No. 820

RECEIVED
MAY 17 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): Thompson Aptl

3. NAME OF DECEASED (Type or Print): a. (First) PHOEBA b. (Middle) ANN c. (Last) ELLIOTT

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 19, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salem, Oregon

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: C. C. Roberts
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Minnie Standley
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: None.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 16 mo.
DUE TO (c) Arterial hypertention with Generalized arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-25-47, 19____, *to* 4-18-52, 19____, *that I last saw the deceased alive on* 4-15-52, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: X W. S. Douglas (Degree or title): MD
23b. ADDRESS: 307 St. John's Way, Lewiston
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Craigmont Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: April 23 1952
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann by V. H. Malion
ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. W. S. Douglas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 83
Reg. Dist. No. 220

BIRTH NO.

MAY 1 7 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Orchard~~ LAPWAI
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Orchard~~ LAPWAI
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) SARAH; b. (Middle) JANE; c. (Last) WHITE

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: ~~White~~ RED

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June, 1867

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Grant — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Nellie Epnatauyauyaputs — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Martha H. Davis — ADDRESS: Culdesac Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cholelithiasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-20, 1952, *to* 4-20, 1952, *that I last saw the deceased alive on* 4-20, 1952, *and that death occurred at* 5:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow M.D. — **23b. ADDRESS**: Lewiston Idaho — **23c. DATE SIGNED**: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: April 25, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Grant Cemetery — **24d. LOCATION** (City, town, or county) (State): Lapwai, Idaho

DATE REC'D BY LOCAL REG.: April 23 1952 — **REGISTRAR'S SIGNATURE**: Jean Wegelin

25. FUNERAL DIRECTOR — **ADDRESS**: Brower-Wann by K.H. Malcom Lewiston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. J. E. Carssow

Certificate of Death

STATE OF IDAHO

State File No. 179
Local Reg. No. 86
Reg. Dist. No. 220

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb Creek (Lewiston)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jonas b. (Middle) C. c. (Last) Frank

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: WIndian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15m 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spalding, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hoosiscppsis Frank — BIRTHPLACE: Idaho.

14. MOTHER'S MAIDEN NAME: Olive — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Estelle McConville — ADDRESS: Lapwai, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to inhalation of blood — INTERVAL BETWEEN ONSET AND DEATH: 10 (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic laceration of Spinal cord + Laceration of Larynx
DUE TO (c) Gunshot wound of neck -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

981X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT (Specify) SUICIDE HOMICIDE: Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webb Creek. NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 22 52 5:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Gunshot wound of neck

22. *I hereby certify that I attended the deceased from* autopsy only *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 23 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 26, 52

24c. NAME OF CEMETERY OR CREMATORY: Old Spalding

24d. LOCATION (City, town, or county) (State): Spalding Idaho.

DATE REC'D BY LOCAL REG.: April 25 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: C. F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED MAY 9 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1
Local Reg. No. 11
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washaki
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Harry D. Tootiwana

4. DATE OF DEATH (Month) (Day) (Year): 4 17 52

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austin Nevada
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Pahzenar Tootiwana — BIRTHPLACE: Nevada
14. MOTHER'S MAIDEN NAME: Maggie Massuck — BIRTHPLACE: Nevada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S ONE SIGNATURE: By Elias Pubigee — ADDRESS: Washakie Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General debility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946 *to* Apr 17, 1952, *that I last saw the deceased alive on* Apr 17, 1952 *and that death occurred at* 10-20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. A. Mabey (Degree or title): MSC
23b. ADDRESS: Malad Id
23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 17-52
24c. NAME OF CEMETERY OR CREMATORY: Washakie
24d. LOCATION (City, town, or county) (State): Washakie, Box Elder, Utah

DATE REC'D BY LOCAL REG.: April 30. 1952
REGISTRAR'S SIGNATURE: J. Guy Henson
25. FUNERAL DIRECTOR: Wilford Rogers — ADDRESS: Tremonton Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 12
Local Reg. No.
Reg. Dist. No. 530

BIRTH NO.

RECEIVED MAY 9 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 46 West 200 North

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) J. c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): April 24 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jinken Williams
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Rachel Vaughan
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jink C Williams
ADDRESS: Portland Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary disease Fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* April 24, 1952, *that I last saw the deceased alive on* 4-24, 1952 *and that death occurred at* 12:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Cowlishaw MD

23b. ADDRESS: Malad Idaho

23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 28 1952

24c. NAME OF CEMETERY OR CREMATORY: Malad City

24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: April 26 1952

REGISTRAR'S SIGNATURE: J. Gary Hansen

25. FUNERAL DIRECTOR: J. Gary Hansen
ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 7182
Local Reg. No.
Reg. Dist. No. 380

RECEIVED
APR 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bruneau
c. LENGTH OF STAY (in this place) 55yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bruneau
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENJAMIN c. (Last) PARSONS

4. DATE OF DEATH (Month) (Day) (Year) April 2, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12, 1891
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Ranch-hand
11. BIRTHPLACE (State or foreign country) Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Walter Parsons BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO. 519-14-2633
17. INFORMANT'S OWN SIGNATURE Lucy Parsons ADDRESS Bruneau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Bruneau (COUNTY) Owyhee (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas F. Green (Degree or title) Coroner
23b. ADDRESS Mtn. Home Ida
23c. DATE SIGNED 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 6, 1952
24c. NAME OF CEMETERY OR CREMATORY Hot Springs Cemetery
24d. LOCATION (City, town, or county) Bruneau (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 7, 1952
REGISTRAR'S SIGNATURE A T Anderson
25. FUNERAL DIRECTOR Elijah J. Ray ADDRESS Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1
Local Reg. No. 11
Reg. Dist. No. 380

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY: Owyhee	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau; c. LENGTH OF STAY (in this place): 4yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home	d. STREET ADDRESS (If rural, give location): 4 miles South

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) BERTSCHY

4. DATE OF DEATH (Month) (Day) (Year): April 5,1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 22,1888

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Owner

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Bruneau Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adolphus Bertschy — BIRTHPLACE: Swisterland

14. MOTHER'S MAIDEN NAME: Janie Portlock — BIRTHPLACE: Emmettt Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Eva Bertschy — ADDRESS: Bruneau Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Philo S. Green Coroner (Degree or title)

23b. ADDRESS: Mtn Home Ida

23c. DATE SIGNED: 5 5 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 8,1952

24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery

24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: Apr. 11, 1952

REGISTRAR'S SIGNATURE: A F Anderson

25. FUNERAL DIRECTOR: Filly J. Bay Mountain — ADDRESS: Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 1 4
Local Reg. No. 23
Reg. Dist. No. 330

BIRTH NO.

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 652 North 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WARREN	EUGENE	DORATHY	April 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 5, 1883	68	9	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Distributor	Oil Distributor	Beardsley, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Dorathy	Lake Geneva, Wisconsin	Catherine J. Palmetier	Dutchess County, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	- - - -	Earl E. Dorathy	Santa Monica, California

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

900.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) intra trochanteric fracture of left hip. — 8 weeks

DUE TO (c) decubitus ulcers — 4 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteria sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Feb 20, 1952 6pm		Fell down stairs

22. *I hereby certify that I attended the deceased from* 2-1, 19 50, *to* April 9, 19 52, *that I last saw the deceased alive on* April 9, 19 52, *and that death occurred at* 3:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Payette, Idaho	4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 12, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/10/52	Robert E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 - North 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 516 -- North 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) Minnie; b. (Middle) S.; c. (Last) Spielberg

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 27, 1869

9. AGE (In years last birthday): 82-8-17
IF UNDER 1 YEAR: Months - - Days - -
IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Bouquet, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: - - - - Berlin
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary Ann Repple
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - - - - - - -

16. SOCIAL SECURITY NO. - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: Mrs. M. Rowberry
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis and cerebral vascular accident — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION - - - -
19b. MAJOR FINDINGS OF OPERATION - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* Dec. *19* 51, *to* April 10, *19* 52, *that I last saw the deceased alive on* April 10 *19* 52, *and that death occurred at* 11:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): [signature]
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 12, 1952
NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1952
REGISTRAR'S SIGNATURE: Roberta E. Hayden
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 26
Reg. Dist. No. 330

RECEIVED MAY 8 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1 hr. at work
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6th Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1535 - 6th Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) HILBERT b. (Middle) B. c. (Last) PERSON

4. DATE OF DEATH: (Month) (Day) (Year) April 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 0, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Greenhouse-florist
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sven Person — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Fonssons — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: -- - --
17. INFORMANT'S OWN SIGNATURE: Alice T. Person — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: less than 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Parathion poisoning mod. — apparently April 11, 1952

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1952, *to* April 11, 1952, *that I last saw the deceased alive on* April 11, 1952, *and that death occurred at* 9:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter S. Klas M.D. (Degree or title)
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 4/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 21, 1952
NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: April 19, 1952
REGISTRAR'S SIGNATURE: Robert E. Hoffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 27
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 2
d. STREET ADDRESS (If rural, give location): Rt. # 2, Payette

3. NAME OF DECEASED (Type or Print)
a. (First): BURZILLA
b. (Middle): JANE
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 1, 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Hollar — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lloyd Campbell — ADDRESS: Rt. 2 Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1½ Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1952, *to* April 21, 1952, *that I last saw the deceased alive on* April 21, 1952, *and that death occurred at* 6:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 453 — (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 23, 1952
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 28
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): - -- -

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle):
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 5, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR — Months: 6 — Days: 21
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY: Invalid

11. BIRTHPLACE (State or foreign country): Wood River, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Phillips
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Esther Cooley
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A.E. Phillips
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

720.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arthritis deformans
INTERVAL BETWEEN ONSET AND DEATH: 30 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - - -

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No.
Reg. Dist. No. 330

BIRTH NO. MAY 8 1952

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 N. 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 511 N. 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) ROSS; b. (Middle) EARL; c. (Last) WOLFGANG

4. DATE OF DEATH: (Month) (Day) (Year) April 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months 10 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Farm machinery store

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Wolfgang
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Olive Elliott
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: C. A. Wolfgang
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis & cardiac rupture — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 20, 1952, *to* April 29, 1952, *that I last saw the deceased alive on* April 29, 19 52 *and that death occurred at* 7:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: April 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial
24b. DATE: May 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 30, 1952
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 9 2
Local Reg. No. 22
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Payette
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 - Payette, Idaho

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Payette
d. STREET ADDRESS (If rural, give location): Route # 1 — Payette, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Hattie b. (Middle) May c. (Last) Ady

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 26, 1876

9. AGE (In years last birthday): 75 yrs
IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Stanford, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G.L. Surber — BIRTHPLACE: Somerset, Kentucky

14. MOTHER'S MAIDEN NAME: Jennie Logen Givens — BIRTHPLACE: Stanford, Kentucky

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Thomas E Ady — ADDRESS: Dre. Ontario

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — few years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* [redacted] made inquiry on April 1, 19 52, [redacted] and found [redacted] *that death occurred at* 2:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer (Degree or title) Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4-4-52

NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24c. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 2-1952

REGISTRAR'S SIGNATURE: Roberts E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 25
Reg. Dist. No. 32

BIRTH NO.

RECEIVED MAY 8 1952 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) NELS; b. (Middle) MARINUS; c. (Last) JENSEN

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 2 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth H Jensen
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3a 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - -

22. *I hereby certify that I attended the deceased from* April 13, 1952, *to* April 13, 1952, *that I last saw the deceased alive on* April 13, 1952, *and that death occurred at* 9:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter S. Kotas (Degree or title) M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: April 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 17, 1952

NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 17, 1952

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 30
Reg. Dist. No. 330

RECEIVED MAY 8 1952 DIVISION OF VITAL

BIRTH NO. 331X

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fruitland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): Soda Springs

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): OLA
c. (Last): BLACKBURN

4. DATE OF DEATH: (Month) (Day) (Year): April 30, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 16, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months: 7 Days: 14
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Blue Earth, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ferdinand Russell
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Sarah Armstrong
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ben Blackburn
ADDRESS: Rt. 1, Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediately

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension or cerebral arteriosclerosis — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 30, 1952, *to* April 30, 1952, *that I last saw the deceased alive on* April 30, 1952, *and that death occurred at* 12:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis, M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: April 30 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial
24b. DATE: April 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Soda Springs Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: April 30, 1952
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BLACK INK in OWN handwriting. Each item should

State File No. 1493
Local Reg. No. 9
Reg. Dist. No. 500

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho.
d. STREET ADDRESS (If rural, give location): 457 W. Carson st.

3. NAME OF DECEASED (Type or Print)
a. (First): Eddie
b. (Middle): ✓
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): 4 - 3 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: August 3-1923
9. AGE (In years last birthday): 28 - IF UNDER 1 YEAR: Months 8 - Days 0 - IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook.
10b. KIND OF BUSINESS OR INDUSTRY: Red Rock Cafe
11. BIRTHPLACE (State or foreign country): Hilda, Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known — BIRTHPLACE
14. MOTHER'S ~~MAIDEN~~ NAME: Mrs P. I. Roberts — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 500-14-4536
17. INFORMANT'S OWN SIGNATURE: R. C. Fowler — ADDRESS: Pocatello, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture c̄ cerebral hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ribs - 4-5-6. left. fracture -
DUE TO (c) left pulmonary collapse.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 2 - 52 10 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* 4 - 2, 1952, *to* 4 - 3, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Barr Merrill, MD
23b. ADDRESS: American Falls Idaho.
23c. DATE SIGNED: 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-4-1952
24c. NAME OF CEMETERY OR CREMATORY: Forsyth
24d. LOCATION (City, town, or county) (State): Forsyth. Missouri.

DATE REC'D BY LOCAL REG.: April 4-1952
REGISTRAR'S SIGNATURE: Irene Daling
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: Am. Falls, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1491
Local Reg. No. 18
Reg. Dist. No. 600

BIRTH NO.

APR 24 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 14.4 mi. N.E. Am. Falls, Ida.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hi way 30 -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho.
d. STREET ADDRESS (If rural, give location): 412 N. 5th

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) Edward c. (Last) Maggard.

4. DATE OF DEATH (Month) (Day) (Year): 4 - 20 - 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 12 1906

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Trucks -

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Norton County Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: B. F. Maggard - — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Ethel Page - — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: 524-18-0801

17. INFORMANT'S OWN SIGNATURE: Howard Maggard — ADDRESS: Billings Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

82414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Head.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Car wreck :

DUE TO (c): Car Rolled over his head

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Hiway 30

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 14.4 mi. N.E. Am. Falls - Power - Idaho -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 20 - 52 2:10 a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Wheel came off of car - (Rt front)

22. *I hereby certify that I attended the deceased from* 4 - 20 -, 1952, *to* 4 - 20 -, 1952, *that I last saw the deceased* ~~alive~~ *on* 4 - 20 -, 1952, *and that death occurred at* 2:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Downs 470 (Degree or title) Coroner -

23b. ADDRESS: Am. Falls, Idaho

23c. DATE SIGNED: 4 - 21 - 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal -

24b. DATE: 4 - 22 - 52

24c. NAME OF CEMETERY OR CREMATORY: Sterling -

24d. LOCATION (City, town, or county) (State): Sterling, Colorado -

DATE REC'D BY LOCAL REG.: 4-22-1952

REGISTRAR'S SIGNATURE: Irene Bolling

25. FUNERAL DIRECTOR — **ADDRESS**: H. Downs. Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 30
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 318 W Mission

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) C c. (Last) Holcomb

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1952

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 10, 1869

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months 0 Days 23
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) Spring Lake Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edgar Holcomb BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Mattie Beal BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Florence Holcomb ADDRESS Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Terminal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility & Cardiac
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3-52, *to* 4-5-52, *that I last saw the deceased alive on* 4-3-52, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Lewis (Degree or title)

23b. ADDRESS Kellogg Idaho

23c. DATE SIGNED 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/6/52

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 4/11/52

REGISTRAR'S SIGNATURE Joe Shine

25. FUNERAL DIRECTOR Gordon C Glade ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1496
Local Reg. No. 31
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 214 W Elder

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Charles c. (Last) Biotti

4. DATE OF DEATH: April (Month) 7 (Day) 1952 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 13, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 6, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent
10b. KIND OF BUSINESS OR INDUSTRY: Sullivan Mining Co.
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Biotti — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Rachel Vergobbi — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Agnes Biotti — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1952, *to* 4-7, 1952, *that I last saw the deceased alive on* 4-7, 1952, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Stevens (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/9/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/11/52
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 14 1952
DIVISION OF VITAL STATISTICS

111-52-04863

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 32
Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 116 W. Riverside

3. NAME OF DECEASED (Type or Print)
a. (First) Linda
b. (Middle) Jo
c. (Last) Thompson

4. DATE OF DEATH (Month) April (Day) 9, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 6, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 3; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Thompson — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Gladys Peters — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Thompson — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.4 Congenital Heart Serious — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, ~~19~~ 52, *to* 4-9, ~~19~~ 52, *that I last saw the deceased alive on* 4-9, ~~19~~ 52, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Sister
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/11/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/11/52
REGISTRAR'S SIGNATURE: Jol Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 33
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): 331 Main

3. NAME OF DECEASED (Type or Print): a. (First) Annetta b. (Middle) c. (Last) Tregoning

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 29, 1891
9. AGE (In years last birthday): 60 IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Webster BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emily Rucky BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ed Tregoning ADDRESS: Wardner Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 422.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 52, *to* 4-9, 52, *that I last saw the deceased alive on* 4-9, 52, *and that death occurred at* 12:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Jesse E. Jesse
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/11/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/12/52
REGISTRAR'S SIGNATURE: Joe Sihne
25. FUNERAL DIRECTOR: Grant McGlade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 38
Reg. Dist. No. 142

BIRTH NO.

RECEIVED
MAY 5 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): McConnell Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Michelson

4. DATE OF DEATH (Month) (Day) (Year): April 14 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 14, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 3, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Bunker Hill Mine
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Michel Michelson — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Leesa Herr — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen Michelson — ADDRESS: Washington D.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

523.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Silicosis III & Arteriosis — INTERVAL BETWEEN ONSET AND DEATH: 10-15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Feb, 1952 *to* 14 Apr, 1952, *that I last saw the deceased alive on* 14 Apr, 1952 *and that death occurred at* 10:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: I. Gibbon — (Degree or title): M.D.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 15 Apr 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-29-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1500
Local Reg. No. 36
Reg. Dist. No. 142

Certificate of Death

RECEIVED
MAY 5 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver King
d. STREET ADDRESS (If rural, give location): Box 715 Smelterville

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Van Tassel

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1952

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25 1903
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker
10b. KIND OF BUSINESS OR INDUSTRY: Mining Smelter
11. BIRTHPLACE (State or foreign country): Turtle River Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert J. Van Tassel — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Clara Nosen — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Mabel Van Tassen — ADDRESS: Smelterville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 april, 1952, *to* 18 april, 1952, *that I last saw the deceased alive on* 18 april, 1952, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 21 april 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/22/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/28/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Gloss — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1501
Local Reg. No. 37
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 127 N. Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 127 North Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): James
c. (Last): Moglia

4. DATE OF DEATH (Month) (Day) (Year): April 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 16, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason 81
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Tibert Germany
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Marco Moglia — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Angelina — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Jack Flake — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broc Neck & Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fell down Cellar Stairway
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 22-52 7:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell down Cellar Steps on Head

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 4-22, 1952 and that death occurred at 7:45 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Mowery M D 260
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/28/52
REGISTRAR'S SIGNATURE: Jill Sinne
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

4

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 5 1952 DIVISION OF VITAL STATISTICS

State File No. 15 [illegible]
Local Reg. No. 39
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Francis Beason McClain

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 1, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Rinstergraft — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Molly Cox — BIRTHPLACE: Alabama
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lee McClain — ADDRESS: Pinehurst

18. CAUSE OF DEATH 442X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis — Senilitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* 4-23, 52, *that I last saw the deceased alive on* 4-23, 52, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Sterling (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-29-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended April 28, 1952

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 15
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Shoshone

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan

d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) BURDETTE c. (Last) BRIGGS

4. DATE OF DEATH: (Month) MARCH (Day) 13, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 20, 1885

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months: 3 Days: 23 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad - retired

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME ?? BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 701-16-0348

17. INFORMANT'S OWN SIGNATURE ADDRESS: Bessie P. Briggs

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis

DUE TO (c) Hypertrophied Heart

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1952, *to* 3-13, 1952, *that I last saw the deceased alive on* 3-12, 1952, *and that death occurred at* 1:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson M.D.

23b. ADDRESS: Wallace, Idaho

23c. DATE SIGNED: 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mullan

24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: March 14, 1952

REGISTRAR'S SIGNATURE: Dale L. Cornell

25. FUNERAL DIRECTOR ADDRESS: Dale L. Cornell Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE | b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) BURDETTE c. (Last) BRIGGS

4. DATE OF DEATH (Month) (Day) (Year) Mar 13 1952

5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Nov 30-1885 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 3 Days 23 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | BIRTHPLACE
14. MOTHER'S MAIDEN NAME | BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Bessie C Briggs | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) BURDETTE c. (Last) BRIGGS

4. DATE OF DEATH (Month) (Day) (Year) MAR 13-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 20-1887
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 3 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad-Retired
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
BIRTHPLACE
14. MOTHER'S MAIDEN NAME
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give dates of service) No
16. SOCIAL SECURITY NO. 701-16-0348
17. INFORMANT'S OWN SIGNATURE + Bessie P. Briggs ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Hypertrophied Heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1952, to 3-13, 1952, that I last saw the deceased alive on 3-12, 1952, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Peterson, M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 15-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. March 14 1952
REGISTRAR'S SIGNATURE Dale T Cornell
25. FUNERAL DIRECTOR ADDRESS Dale T Cornell Wallace

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

State File No. 15
Local Reg. No. 21
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTIE
b. (Middle): EUNICE
c. (Last): DUNKLE

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 27, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Fentionville, New York.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Ray Dunkle — ADDRESS: Osburn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* last few years *, 19*__, *to* 3-19, 1952 *that I last saw the deceased alive on* 3/19/1952 *and that death occurred at* about 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. S. Peterson, M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 3-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 22-1952
24c. NAME OF CEMETERY OR CREMATORY: United. K.P.
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Mar 25, 1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 12
Local Reg. No. 2
Reg. Dist. No. 14

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BECKY b. (Middle) JEAN c. (Last) ERICKSON

4. DATE OF DEATH: March 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: FEBR March 15, 1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 0 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Wallace, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Erickson BIRTHPLACE: Mullan Idaho

14. MOTHER'S MAIDEN NAME: Isabel Martin BIRTHPLACE: Sandpoint, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Walter Erickson ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital. Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Blue Baby).
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Bronchopneumonia. — 3 days.
Conditions contributing to the death but not related to the disease or condition causing death.

754.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-21- *, 19*52*, to* 3-22-52 *, that I last saw the deceased alive on* 3-22 *, 19*52 *and that death occurred at* 1.45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James R. Hunter MD (Degree or title) 173
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 26-1952
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: Mar 25-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell ADDRESS: Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1[illegible]
Local Reg. No. 23
Reg. Dist. No. 140

111-52-[illegible]7
BIRTH NO.

MAY 3 1952
STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ~~FRANK~~ JACK b. (Middle) DEWAYNE c. (Last) KOENIG

4. DATE OF DEATH: (Month) MAY (Day) 22 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	MAY 21-1952			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Wallace Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Koenig,	Wallace Idaho	Ray Fausett,	St Anthony Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	17-6X	X Albert J. Koenig	Wallace

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) PREMATURITY (24 weeks). — INTERVAL BETWEEN ONSET AND DEATH: 22 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Maternal Uterine Bleeding — 4 Months
DUE TO (c) — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21-, 1952 *to* 3-22-, 1952, *that I last saw the deceased alive on* 3-22-52, 19[illegible], *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James R. Hunter MD.	Wallace, Idaho	3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Buried	March 23-1952	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24-1952	Dale J Cornell	Dale J Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 25
Reg. Dist. No. 140

RECEIVED MAY 3 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 108 King St.

3. NAME OF DECEASED (Type or Print)
a. (First): MIKE
b. (Middle):
c. (Last): KINSELLA

4. DATE OF DEATH (Month) (Day) (Year): March 28 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 31-1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Kinsella — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Mike Kinsella — ADDRESS: Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

345X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Progressive Sadrlay — 10-15 Mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/26, 1952, *to* 3-28, 1952, *that I last saw the deceased alive on* 3/27, 1952 *and that death occurred at* 8:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Mar 31-1952
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Mar 29-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1508
Local Reg. No. 26
Reg. Dist. No. 140

BIRTH NO. 111-52-04896

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sheryel
b. (Middle): Faye
c. (Last): Smith

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-31-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 32
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wallace Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Robert Lee Smith — BIRTHPLACE: Oceola Iowa
14. MOTHER'S MAIDEN NAME: Helen C Claflin — BIRTHPLACE: Amidon N Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert Lee Smith — ADDRESS: Gem Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity. wt. 3#
DUE TO (c) Maternal Uterine Bleeding — 6 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31-52, *19*___, *to* 4-2-52, *19*___, *that I last saw the deceased alive on* 4-2-52, *19*___, *and that death occurred at* 6:45 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerrie B. Hunter M.D. 173
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-52
24c. NAME OF CEMETERY OR CREMATORY: Wallace (Wards)
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Apr 5-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: O. J. Schaubach — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

RECEIVED
MAY 3 1952
DIVISION OF VITAL

STATE OF IDAHO

State File No. 1509
Local Reg. No. 27
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence (Enroute)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Mineral
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deborgia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): Maureen b. (Middle): Juanita c. (Last): Anderson

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-5-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 30; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: W

13. FATHER'S NAME: Lawrence Anderson — BIRTHPLACE: Ekalaka Montana
14. MOTHER'S MAIDEN NAME: Marguerite Jean Pierce — BIRTHPLACE: Ekalaka Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lawrence D Anderson — ADDRESS: Deborgia Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 921.0 Strangulation & asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) aspiration of vomitus. — unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident does not apply
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Mar, 1952, *to* 5 April, 1952, *that I last saw the deceased alive on* 4 April, 1952, *and that death occurred at* 7:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Ferrelli M.D. 347
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 5 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4-7-52
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Ekalaka Montana

DATE REC'D BY LOCAL REG.: Apr 5-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: J. J. Schoobach — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
MAY 8 1952
DIVISION OF VITAL

STATE OF IDAHO

State File No. 1516
Local Reg. No. 28
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle):
c. (Last): Haug

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-2-1875
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 2 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): La Grand Ore
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George W. Robinson
BIRTHPLACE: Mass.
14. MOTHER'S MAIDEN NAME: Elizabeth Bay
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Max B. West
ADDRESS: La Grande, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Chronic hypertensive Cardio vascular disease
DUE TO (b) Cerebral hemorrhage
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1947, *to* 4-5, 1952, *that I last saw the deceased alive on* 4-4, 1952, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 109 (Degree or title): Paul Ellis MD
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Apr 9-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Boise
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Apr 8-1952
REGISTRAR'S SIGNATURE: Dale T Cornell
25. FUNERAL DIRECTOR: O J Schanbach
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 511
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) RAYMOND c. (Last) EVANS

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: apr 28 1908

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Day Mines

11. BIRTHPLACE (State or foreign country): Joplin Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Sylvanus Evans — BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Sallie West — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-12-8226

17. INFORMANT'S OWN SIGNATURE: Mrs. Robert Evans — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

E501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Appendicitis, Peritonitis — 11 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Oliguria — 6 days

19a. DATE OF OPERATION: 3-31-52

19b. MAJOR FINDINGS OF OPERATION: Suppurative appendix; Peritonitis

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-31-52, 19___, *to* 4-9-52, 19___, *that I last saw the deceased alive on* 4-9-52, 19___, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Burleigh — (Degree or title): MD

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Apr 14-1952

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: Apr 10-1952

REGISTRAR'S SIGNATURE: Dale F Cornell

25. FUNERAL DIRECTOR — ADDRESS: Dale F Cornell Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible]
Local Reg. No. 34
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ERNEST	JOHN	WILLIAMS	April 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 10, 1898	53	10	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining	Star Mine	Greely, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	499-03-5419	Ralph E. Williams	Wallace Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Left Lung — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	MD	Wallace Idaho	4/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr 20-1952	United Eagles	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr 21-1952	Dale L Connell	Dale L Connell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1
Local Reg. No. 55
Reg. Dist. No. 1-40
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) J c. (Last) BLOOM

4. DATE OF DEATH (Month) (Day) (Year) April 21-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Febr 1-1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 2 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff
10b. KIND OF BUSINESS OR INDUSTRY Shoshone County
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-34-6335
17. INFORMANT'S OWN SIGNATURE Carl R Bloom ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Mesenteric Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 48 hrs -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Duration.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Apr, 1952, *to* 21 April, 1952, *that I last saw the deceased alive on* 21 April, 1952, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D
23b. ADDRESS Wallace, Idaho.
23c. DATE SIGNED 22 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 25-1952
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. Apr 23-1952
REGISTRAR'S SIGNATURE Dale S Cornell
25. FUNERAL DIRECTOR Dale S Cornell ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
MAY 3 1952
DIVISION OF VITAL

STATE OF IDAHO

State File No. 1
Local Reg. No. 32
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRED b. (Middle) HOWARD c. (Last) HOUSE

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months: 9 Days: 7 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch & Mining
10b. KIND OF BUSINESS OR INDUSTRY: Mines
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Rose Mary Lorraine — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 518-03-3129
17. INFORMANT'S OWN SIGNATURE: Mrs Fred House — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.2 Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute Suffocative Pulmonary Edema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, *to* 4-22, 1952, *that I last saw the deceased alive on* 4-22, 1952, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 25-1952
24c. NAME OF CEMETERY OR CREMATORY: United Eagles
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Apr 24-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1515
Local Reg. No. 24
Reg. Dist. No. 140

Certificate of Death

RECEIVED
MAY 3 1952
DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BlackBear Fraction Lease

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERNARD
b. (Middle): PHILIP
c. (Last): SCHMUTZ

4. DATE OF DEATH (Month) (Day) (Year): March 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6, 1912
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 8, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Aberdeen South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Schmutz — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Carrie Steckler — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Muriel L. Schmutz — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): [illegible]
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): [illegible]
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): [illegible]

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-27-52 [illegible] m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Crushed [illegible]

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 3/27, 19__, and that death occurred at 4 [illegible] m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar 29-1952
24c. NAME OF CEMETERY OR CREMATORY: Murdo
24d. LOCATION (City, town, or county) (State): Murdo South Dakota

DATE REC'D BY LOCAL REG.: Mar 29-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 19 1952
DIVISION OF VITAL

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltermill
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smeltermill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltermill
d. STREET ADDRESS (If rural, give location): Smeltermill

3. NAME OF DECEASED (Type or Print): a. (First) Charlie b. (Middle) c. (Last) Anderson

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Widowed	June 4, 1875	76	10	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Finland	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	Finland	No Record	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	John Johnson	Smeltermill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — Days
DUE TO (c) Senile Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Hypertrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/25/52 *to* 4/9, 19 52, *that I last saw the deceased alive on* 4/7, 19 52 *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard Brown M.D.	Wallace Ida	4/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/15/52	Greenwood	Shoshone Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-14-52	Joe Irvine	Gaston Funeral Home	Kellogg Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1952 DIVISION OF VITAL

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gem
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frisco Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) c. (Last) ROHRSCHEIB

4. DATE OF DEATH (Month) (Day) (Year): April 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar 1 - 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months 1 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY: Frisco Mine
11. BIRTHPLACE (State or foreign country): Evansville, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 530-16-6011
17. INFORMANT'S OWN SIGNATURE: Mine Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Coronary [illegible] Pain Chest & Dropped [illegible] Dead [illegible] Sleeve [illegible] Upper [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Frisco Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gem Idaho Shoshone

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 17 - 02 3 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pain Chest & Dropped dead

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 4-17, 19__ and that death occurred at 3 P m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 4/22

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: apr 23-1952
24c. NAME OF CEMETERY OR CREMATORY: United Veterans Plot
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: apr 22-1952
REGISTRAR'S SIGNATURE: Dale J Cornell
25. FUNERAL DIRECTOR — ADDRESS: Dale J Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1952 DIVISION OF VITAL

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) c. (Last) ELLIOT

4. DATE OF DEATH (Month) (Day) (Year) Apr 20-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single ?
8. DATE OF BIRTH 10-18-1886
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months 6 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Pittsburg Penn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-2934
17. INFORMANT'S OWN SIGNATURE Co. Hosp Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Pulmonary [illegible] Selected for advanced [illegible] INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1952, *to* 4-22, 1952, *that I last saw the deceased alive on* 4-19, 1952, *and that death occurred at* 4:20-12:00 *m. from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) [illegible]
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 25-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Apr 24-1952
REGISTRAR'S SIGNATURE Dale J Cornell
25. FUNERAL DIRECTOR Dale J Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

RECEIVED MAY 3 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW E b. (Middle) c. (Last) KNUDTSEN

4. DATE OF DEATH (Month) (Day) (Year): April 23-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Mrs. A. J. Clark — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pernicious anemia — Myocarditis chronic — Pedernal wall

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old age
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1952 *to* May 23/52, *that I last saw the deceased alive on* May 23, 1952 *and that death occurred at* 10:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Mowery M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 23-1952
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Yeager
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Apr 24-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1952 DIVISION OF VITAL STATISTICS

State File No. 1
Local Reg. No. 36
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HARRIETT b. (Middle) ANN c. (Last) MATHER

4. DATE OF DEATH (Month) (Day) (Year): April 29 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 4 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months: 6 Days: 25 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Co. Hosp. Records ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — few yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1952, *to* 4/2, 1952, *that I last saw the deceased alive on* 4-20, 1952, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Mowry (Degree or title) MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Osburn
24d. LOCATION (City, town, or county) (State): Osburn Idaho

DATE REC'D BY LOCAL REG.: May 1-1952
REGISTRAR'S SIGNATURE: Dale J Cornell
25. FUNERAL DIRECTOR: Dale J Cornell ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 82
Reg. Dist. No. 460

RECEIVED
APR 8 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ewing Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): WEBSTER
c. (Last): SAWYER

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 12, 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owego New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles S. Webster
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Helen M. Prescott
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Orland [illegible]
ADDRESS: Fairfield, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Edema. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral Hemorrhage — 36 hrs.

DUE TO (c): Generalized Arteriosclerosis — 2-3 years

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-28, 1952, *to* 4-1, 1952, *that I last saw the deceased alive on* 4-1, 1952, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCrusky MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4/7/52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Crematory
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 4-3-52
REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS: THOMPSON CHAPEL [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK ink or BLACK record be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 92
Reg. Dist. No. 460

RECEIVED APR 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 137 10th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): Mathilda
b. (Middle): Miller
c. (Last): Sanderson

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Miller — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: M. Florence Sanderson — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 22.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Constrictive myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertrophic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6, 1945, *to* 4-3, 1952, *that I last saw the deceased alive on* 4-3, 1952, *and that death occurred at* 5 H. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 93
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls - Rural
d. STREET ADDRESS (If rural, give location): Rural Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): GENEVA
b. (Middle): RUTH
c. (Last): PITTS

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 30, 1938
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pryor, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Ira Pitts — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cora Cain — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Cora Pitts — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

400X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Rheumatic Fever — INTERVAL BETWEEN ONSET AND DEATH: 3 mhs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/24, 1952, *to* 4/6, 1952, *that I last saw the deceased alive on* 4/6, 1952, *and that death occurred at* 11 [illegible] *A*m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen 435 R Vogler M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/9/52
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [illegible signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1524
Local Reg. No. 91
Reg. Dist. No. 460

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 633 Second Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Ola
b. (Middle):
c. (Last): Swope

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 3, 1887
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: Hardward, Retail
11. BIRTHPLACE (State or foreign country): Sheridan County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Marion Sanders
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary E. Yelleck
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9137
17. INFORMANT'S OWN SIGNATURE: Susie Pratt
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 465X Pulmonary infarct, upper lobe - L. lung
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) marked Pulmonary edema & congestion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3.00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, md. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: S. J. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1525
Local Reg. No. 89
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1237 Fifth Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Ellen
c. (Last): Mackey

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 28, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sand Springs, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Charles A. McVay — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Catherine Nagel — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred W. Mackey — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: about 10 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 6, 1952, *to* Apr. 6, 1952, *that I last saw the deceased alive on* Apr. 6, 1952, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm F Passer. 487 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Apr 10 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-11-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: S. J. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1526
Local Reg. No. 90
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): Clinton
b. (Middle): John.
c. (Last): Davidson

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Riverside, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Frank Davidson — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Catherine Hunter — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. A. M. Sova — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Cerebral hemorrhage — rt — temporal lobe due to Rupture of posterior cerebral artery — right

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b)
DUE TO (c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-9-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1[illegible]
Local Reg. No. 85
Reg. Dist. No. 460

RECEIVED APR 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Riley
c. (Last): Stephens

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 3 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Keatesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Stephens — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Elizabeile Clifton — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.: 518 12 4750
17. INFORMANT'S OWN SIGNATURE: Robert L Turner — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach with metastasis to the liver about 7 mons.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1952, *to* April 9, 1952, *that I last saw the deceased alive on* April 8, 1952, *and that death occurred at* 7:05A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: April 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 12, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 4-11-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 775-8
Local Reg. No. 97
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. APR 21 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Park Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): FRed
b. (Middle): Raymond
c. (Last): Butler

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 23, 1928
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hansen, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Ray Butler — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Jenny Hoops — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jenny Stewart — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 592X Acute Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Glomerular Nephritis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cirrhosis Liver — unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 28 Mar., 1952, *to* 10 April, 1952, *that I last saw the deceased alive on* 10 April, 1952, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12 Apr. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-12-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1
Local Reg. No. 94
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED APR 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): L.
c. (Last): UNDERWOOD

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 15, 1870
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 10 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Peoria County, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: David Lowell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Susan Strange — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Harriet Claiborn — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Advanced Arteriosclerosis — years
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 2 years
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 67
Local Reg. No.
Reg. Dist. No. 460

RECEIVED APR 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 103 Tyler

3. NAME OF DECEASED (Type or Print)
a. (First) ISABEL
b. (Middle) BENNETT
c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) Apr. 12th, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH May 8, 1896
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stevens Point, Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Daniel Bennett — BIRTHPLACE Stevens Point, Wisconsin
14. MOTHER'S MAIDEN NAME Mary Murphy — BIRTHPLACE Stevens Point, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE George Bennett — ADDRESS 442 B.L. No.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of Brain — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES due to Trauma to head

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Falls co., Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 12, 1952 -8:30
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Collision

22. *I hereby certify that I attended the deceased from* Apr. 12, *19*52, *to* Apr. 12, *19*52, *that I last saw the deceased alive on* Apr. 12, *19*52, *and that death occurred at* 11:45A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean H. Affleck MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 4.14.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-15-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Yakima, Washington

DATE REC'D BY LOCAL REG. 4-15-52
REGISTRAR'S SIGNATURE Donna Fisch
25. FUNERAL DIRECTOR Doug M. Phillips — ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 96
Reg. Dist. No. 460

RECEIVED APR 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): Bruce
c. (Last): Requa

4. DATE OF DEATH (Month) (Day) (Year): Apr. 12th, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Cyrus Requa — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Hammer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dorothy Requa — ADDRESS: Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rheumatic Fever — 1927

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1952, *to* 4-14, 1952, *that I last saw the deceased alive on* 4-14, 1952, *and that death occurred at* 11:53 m.P., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Donna Kiark
25. FUNERAL DIRECTOR: Dup. E. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 98
Reg. Dist. No. 460

BIRTH NO.

APR 21 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): a. (First) Ulysses b. (Middle) Grant c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 29, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): High Point, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Edward James
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: No information
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs M. T. Hardy
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis & Hypertension

DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-26-, 1952, *to* 4-14, 1952 *that I last saw the deceased alive on* 4-14-, 1952, *and that death occurred at* 9:30 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

State File No. 1533
Local Reg. No. 104
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write [redacted] and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soper's Apts. # 7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Soper's Apts. # 7

3. NAME OF DECEASED (Type or Print)
a. (First): MELVIN
b. (Middle): AMOS
c. (Last): GUINARD

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lander, Wyoming
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Louis Guinard — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Elizabeth Jackson — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE by Arthur Smith — ADDRESS: Jackson Guinard, Twin Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute Coronary Occlussion — days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Right hip. Fracture dislocation open reduction Nov. 22, 1951

19a. DATE OF OPERATION: Nov. 22, 1951
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 7, 1951, *to* April 26, 1952, *that I last saw the deceased alive on* April 20, 1952 *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert Anderson MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: May 2

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/30/52
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 5-6-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Hugh H. Phillips — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1534
Local Reg. No. 106
Reg. Dist. No. 460

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 403 4th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Minerva
b. (Middle):
c. (Last): Flynn

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 18, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bedford, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: B. J. Remington — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Angeline Handy — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Donald R. Flynn — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- *, 19*41*, to* 4-28 *, 19*52*, that I last saw the deceased alive on* 4-28 *, 19*52*, and that death occurred at* 1:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck 013
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 2, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-7-52
REGISTRAR'S SIGNATURE: Donna Fisher
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1535
Local Reg. No. 99
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
d. STREET ADDRESS (If rural, give location) R. Route

3. NAME OF DECEASED (Type or Print) a. (First) Marius b. (Middle) August c. (Last) Allieu

4. DATE OF DEATH (Month) (Day) (Year) Apr - 29 - 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Dec. 27-1889

9. AGE (In years last birthday) 62
IF UNDER 1 YEAR Months 4 Days 3
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stockman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) France -

12. CITIZEN OF WHAT COUNTRY? France

13. FATHER'S NAME August Allieu BIRTHPLACE France

14. MOTHER'S MAIDEN NAME Honorine ? BIRTHPLACE France

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mona Allieu ADDRESS Richfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of distal esophagus with metastasis to liver — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion — 3 days -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Same -

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE George W. Warner (Degree or title) M.D

23b. ADDRESS Twin Falls Ida

23c. DATE SIGNED Apr 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Apr. 29

24c. NAME OF CEMETERY OR CREMATORY Richfield

24d. LOCATION (City, town, or county) (State) Richfield - Idaho

DATE REC'D BY LOCAL REG. 5-1-52

REGISTRAR'S SIGNATURE Norma Lieb

25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 15[illegible]
Local Reg. No. 95
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 18 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): DOLPH
c. (Last): FELTON

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: Seed Company
11. BIRTHPLACE (State or foreign country): Nyssa, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Albert Felton — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Mary Frances Miller — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James A. Felton — ADDRESS: Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Ellis Knight 569 M.D.
23b. ADDRESS: Kimberly Idaho
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: Guy M. Phillips — ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1952 DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 1-[illegible]
Local Reg. No. 88
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place): 8 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls county Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Jake c. (Last) Arnhart

4. DATE OF DEATH: (Month) (Day) (Year): April 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 15, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Well Driller

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aurora, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Arnhart
BIRTHPLACE: Benton Co., Ark.

14. MOTHER'S MAIDEN NAME: Cornelia Jane Jennings
BIRTHPLACE: Aurora, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Minnie L. Moore Boulder City, Nevada.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arterio sclerotic Cerebro- — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

DUE TO (c) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 8, 19 51, *to* April 12, 19 52, *that I last saw the deceased alive on* April 11, 19 52, *and that death occurred at* 12:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/52
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 4-15-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: James C. Reynolds Funeral Home - Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 15
Local Reg. No. 101
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 508 No. 13th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Home 508 N. 13th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): P.
c. (Last): Wachtrle

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31, 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Obona, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Wachtrle — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Mary Kruml, Czechoslovakia — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxx
16. SOCIAL SECURITY NO.: 319 34 6969
17. INFORMANT'S OWN SIGNATURE: X Paul Wachtrle — ADDRESS: Oconto, Nebraska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular
DUE TO (c): renal Disease — sev. yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* April 26, 1952, *that I last saw the deceased alive on* April 25, 1952 *and that death occurred at* 10:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. — 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: April 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: April 25, 52
24c. NAME OF CEMETERY OR CREMATORY: Hastings-Pearson Mortuary
24d. LOCATION (City, town, or county) (State): Ord Nebraska

DATE REC'D BY LOCAL REG.: 5-1-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 15 [illegible]
Local Reg. No. 105
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 8 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): Lina
b. (Middle):
c. (Last): Waegelin

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 1, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: George Cavisch — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Frede Waegelin — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jack A. Waegelin — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scirrhous Carcinoma (breast) — INTERVAL BETWEEN ONSET AND DEATH: 14 months

ANTECEDENT CAUSES — Cerebral metastasis.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1948, *to* April 25, 1952, *that I last saw the deceased alive on* April 24, 1952, *and that death occurred at* 1:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Lawn 068 M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: April 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idho

DATE REC'D BY LOCAL REG.: 5-7-52
REGISTRAR'S SIGNATURE: Donna Pisch
25. FUNERAL DIRECTOR: S. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 30 1952 DIVISION OF VITAL STATISTICS

State File No. 15 10
Local Reg. No. 3
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Edward
c. (Last): Angell

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 15, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: labor
11. BIRTHPLACE (State or foreign country): Izee, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. Angell — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Laura Wooley — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 568 10 2139
17. INFORMANT'S OWN SIGNATURE: Elmer Angell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: one mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 2, 1952, *to* Apr. 16, 1952, *that I last saw the deceased alive on* Apr. 16, 1952 *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. B. Patterson MD 313 (Degree or title)
23b. ADDRESS: Cascade Ida
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Apr 23 1952
REGISTRAR'S SIGNATURE: Myrtle M Gardner
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 19 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1541
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MILDRED
b. (Middle): CAROLINE
c. (Last): ROHRER

4. DATE OF DEATH (Month) (Day) (Year): 4-2-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-20-1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sioux City, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Kirston Johnson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S OWN SIGNATURE: Mrs. Marvin Hickman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 540.0 Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septic Ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1952, *to* 4-2-, 1952, *that I last saw the deceased alive on* 4-2, 1952, *and that death occurred at* 11:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-6-52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boisem Idaho

DATE REC'D BY LOCAL REG.: 4-3-52
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: F. Gail Thomason — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): (Shorty)
c. (Last): Calvert

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-16-1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: XXXXXX
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420,1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1952, *to* 4-4, 1952, *that I last saw the deceased alive on* 4-4-52, 19__, *and that death occurred at* 11:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 248 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4-5-52
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) HENRY c. (Last) ARAM

4. DATE OF DEATH: (Month) (Day) (Year): 4-8-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 7, 1863
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming(retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Portland, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Aram — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT'S OWN SIGNATURE: x Marie E. Aram — ADDRESS: 1043 4th St Santa Monica, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5-, 1952, *to* 4-8-, 1952, *that I last saw the deceased alive on* 4-8-, 1952, *and that death occurred at* 4:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McLeath M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-9-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-9-52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: G. Dale Thomason
ADDRESS: Weiser, Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
APR 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 26
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): L.
c. (Last): DODDS

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 13, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hiram Brooks — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth Harris — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXX — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.: XXXXXXX
17. INFORMANT'S OWN SIGNATURE: May Belle Campbell — ADDRESS: New Meadow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20th, 1951, *to* April 10th, 1952, *that I last saw the deceased alive on* April 10th, 1952, *and that death occurred at* 5:28a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M S McGrath MD
248
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-12-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4-10-52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Dan Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 30
Reg. Dist. No. 320

BIRTH NO.

MAY 9 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FRANKLIN
c. (Last): COCHRAN

4. DATE OF DEATH: (Month) 4- (Day) 18 - (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: August 11, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 64

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Terryhut, Ind

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / None

16. SOCIAL SECURITY NO.: XXXX

17. INFORMANT'S OWN SIGNATURE: Arthur B. Cochran
ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

42011

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/13 *, 19*52*, to* 4-18- *, 19*52*, that I last saw the deceased alive on* 4-18- *, 19*52*, and that death occurred at* 11:35a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 W. McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: April 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: -Hillcrest-
24d. LOCATION (City, town, or county) (State): Weiser, Washington- Idaho

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Marie Nauttorn
25. FUNERAL DIRECTOR: R. Van Thomason
ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1546
Local Reg. No. 31
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: WAshington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1015 West First Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELVIN
b. (Middle): VERDEN
c. (Last): JEFFERSON

4. DATE OF DEATH (Month) (Day) (Year): April 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14
10b. KIND OF BUSINESS OR INDUSTRY: Dentistry
11. BIRTHPLACE (State or foreign country): Paris Texas
12. CITIZEN OF WHAT COUNTRY?: U.S. A

13. FATHER'S NAME: Welbern Jefferson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Susan — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lillian Jefferson — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

916.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Second and third Degree

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) burns of 90% of body
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Explosion of Gasoline
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Office
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser - Washington, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 27th 1952 1:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Explosion of Gasoline while filling blow torch

22. *I hereby certify that I attended the deceased from* 4-27, 1952 *to* 4-27, 1952, *that I last saw the deceased alive on* 4-27, 1952, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] McGrath M.D. 248
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/30/52 24
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/29/52
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR: [signature] Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 32
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1144 State

3. NAME OF DECEASED (Type or Print)
a. (First): GREGORY
b. (Middle): DEE
c. (Last): LESH

4. DATE OF DEATH (Month) (Day) (Year): April 29 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 25 1948
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child. 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Weiser Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wayne Lesh — BIRTHPLACE: Weiser, Idaho
14. MOTHER'S MAIDEN NAME: Elva Perkins — BIRTHPLACE: Council, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wayne L. Lesh — ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Medical advice gave as opinion

ANTECEDENT CAUSES that subject died of severe concussion.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Child was struck by automobile and was

DUE TO (c): dead on arrival at hospital.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 29 52 6:30PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck by auto. See above.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. S. Jones, Coroner 470 4
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 5/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/1/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/1/52
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1548
Local Reg. No. 23
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile North of Weiser

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle):
c. (Last): REED

4. DATE OF DEATH (Month) (Day) (Year): 4-1-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-9-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Truck
11. BIRTHPLACE (State or foreign country): Shamokin, Penn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Freeman Reed — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Henry F. Reed — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable coronary occlusion (had never seen patient while living) — INTERVAL BETWEEN ONSET AND DEATH: 3-5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt, Jr. M.D. 565
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4-5-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Dale Cem 4-5-1952
24d. LOCATION (City, town, or county) (State): Payette Idao

DATE REC'D BY LOCAL REG.: 4-4-1952
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: F. Dee Thomason — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15 16
Local Reg. No. 25
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rosaltha	Olive	Adamson	April-5-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Wht.	Widowed	July 1-1867	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Mercer Co.	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Brittian	Iowa	Sarah E. Stendurf	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mark Adamson	Midvale, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	?
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis-chronic nephritis 10 yrs	
DUE TO (c)	Senile change	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	(Death occured before aid arrived)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/1/50, 19___, *to* 12/1/51, 19___, *that I last saw the deceased alive on* 12/1/51, 19___ *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
448 W. F. Whiteman MD	Cambridge Idaho	4/8/52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-9-1952	Midvale Cemetery	Midvale, Idaho

W. F. WHITEMAN, M.D. CAMBRIDGE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-7-1952	Marie Faulkner	R. Dean Rammell	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1550
Local Reg. No. 189
Reg. Dist. No. 370

BIRTH NO. 52-7883 RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS, STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2920 Ivy

3. NAME OF DECEASED (Type or Print): a. (First) BETH b. (Middle) MARIE c. (Last) STEPHENSON

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 26, 1952

9. AGE (In years last birthday): If UNDER 1 YEAR Months / Days: 5 / If UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert A. Stephenson — BIRTHPLACE: Grace, Idaho

14. MOTHER'S MAIDEN NAME: Mary Margaret Cockrill — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Robert A Stephenson 2924 Ivy St. Boise Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Edema of Newborn — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Etiology undetermined. (maternal toxemia)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

770.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/26, 1952, *to* 5/1, 1952, *that I last saw the deceased alive on* 5/1, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. McLean M.D
23b. ADDRESS: 200 E. Bannock Boise
23c. DATE SIGNED: 5/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1551
Local Reg. No. 175
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1130 Vermont

3. NAME OF DECEASED (Type or Print): a. (First) Elaine b. (Middle) Mary c. (Last) Williams

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 14 1928

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gothenburg Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Frank
BIRTHPLACE: Gothenburg Nebraska

14. MOTHER'S MAIDEN NAME: Mary J. Baalhorn
BIRTHPLACE: Hanley Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-24-6617

17. INFORMANT'S OWN SIGNATURE: Albert K Frank.
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Unknown - 600.0
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): acute pyelonephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* MAY 3, 1952, *that I last saw the deceased alive on* MAY 2, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C Johnson M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Boise

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gl
25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson-Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1552
Local Reg. No. 165
Reg. Dist. No. 370

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) STELLA; b. (Middle) L; c. (Last) EVANS

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 22, 1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Beloit, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Hogan
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Isabelle Davis
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Oscar [illegible] Rt. 3 Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* May 4, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 7:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinstein M.D.

23b. ADDRESS: 401 Idaho St. Boise Idaho

23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 7, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden Boise

State File No. 1553
Local Reg. No. 164
Reg. Dist. No. 370

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death NON-RESIDENT

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): 320 Dodge

3. NAME OF DECEASED (Type or Print)
a. (First): Isabelle
b. (Middle): (none)
c. (Last): Woods

4. DATE OF DEATH (Month) (Day) (Year): May 5 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 27 1775
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Andrew Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Sommers — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Angela Sissler — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Glenn M. Nusach — ADDRESS: 1366 West 12th Eugene, Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Auricular Fibrillation — 6 hrs

DUE TO (c): Shock Latent — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: non
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): auto accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elmore County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 4 52 9:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? auto accident

22. *I hereby certify that I attended the deceased from* 5-4-1, 1952, *to* 5-5, 1952, *that I last saw the deceased alive on* 5-5, 1952, *and that death occurred at* 11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R D Simonton
23b. ADDRESS: Boise
23c. DATE SIGNED: 5/8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 7th. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Lebanon
24d. LOCATION (City, town, or county) (State): Lebanon Oregon

DATE REC'D BY LOCAL REG.: 5-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1554
Local Reg. No. 180
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 919 15th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Noble b. (Middle) Gage c. (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 26 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Taylor Linoleum

10b. KIND OF BUSINESS OR INDUSTRY: Floor Cover

11. BIRTHPLACE (State or foreign country): Oroville, Calif.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Austin Taylor
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Sullivan
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-6369

17. INFORMANT'S OWN SIGNATURE: Donald M. Taylor
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

330 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 18, 1952, *to* May 5, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Burkholder, M.D.

23b. ADDRESS: 401 Idaho St. Boise

23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5/7/52

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: 5-27-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gs

25. FUNERAL DIRECTOR: John F. Alsin Jr.
ADDRESS: Nampa, Ida.
Alsin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1555
Local Reg. No. 177
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2511 No. 21st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2509 N. 21st

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): F.
c. (Last): Harris

4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 52

5. SEX: FEMale
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3/31/74
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (State or foreign country): Colville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Fewkes — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Harriet Clark — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------ (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Nettie Marshall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24, 1952, *to* 5-5, 1952, *that I last saw the deceased alive on* 5-4, 1952, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 424 — 23b. ADDRESS: 305 Fort St. Boise — 23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/9/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MEMORY CHAPEL - Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1556
Local Reg. No. 167
Reg. Dist. No. 370

BIRTH NO.

1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 810 N. 28th

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): May
c. (Last): Englar

4. DATE OF DEATH: May 7 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 7 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Goshen, Ind.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin J. Miller
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Miller
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Lois Brink
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 4 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/24, 1952, *to* _____, 19____, *that I last saw the deceased alive on* 4/12, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James Langlin MD
23b. ADDRESS: 309 Jefferson St
23c. DATE SIGNED: May 12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson --Boise
ADDRESS:
Robert A. Lyman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1557
Local Reg. No. 166
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 9.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A.
c. (Last): Ford

4. DATE OF DEATH (Month) (Day) (Year): May 7th 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5. 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mtns: Man. At Gowen Field.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Boston Mass.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-03-0054
17. INFORMANT'S OWN SIGNATURE: Charles A Ford — ADDRESS: Boise Rt. 9

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 11/26, 1952, *to* 5/7, 1952, *that I last saw the deceased alive on* 5/6, 1952, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 5/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: May 10th 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1588
Local Reg. No. 784
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 319 So. 10th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Edgar; b. (Middle) O.; c. (Last) Waner

4. DATE OF DEATH (Month) (Day) (Year): May 8-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: November 9- 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 5; Days 29
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 71

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntsville, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Waner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-11-1149-A

17. INFORMANT'S OWN SIGNATURE: Mrs Emily O. Stone
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-42 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension - cardio
DUE TO (c) Arterio sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-52, 19__, *to* 5-8-52, 19__, *that I last saw the deceased alive on* 5-8-52, 19__, *and that death occurred at* 7 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Spencer M.D. 321
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer Reg.

25. FUNERAL DIRECTOR: C. V. Peckham
Peckham-Pakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1559
Local Reg. No. 168
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1216 Washington

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) HOOKER c. (Last) McSPARRAN

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 1, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William McSparran
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Elizabeth Laughlin
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Ida R McSparran
ADDRESS: 1216 Washington, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral arteriosclerosis — ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5/8, 1952 *to* 5/8, 1952, *that I last saw the deceased alive on* 5/8, 1952 *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 5/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: E. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Crosby

Certificate of Death

STATE OF IDAHO

State File No. 7550
Local Reg. No.
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Myers Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 501 Hays St.

3. NAME OF DECEASED (Type or Print)
a. (First): Emoline
b. (Middle): D.
c. (Last): Amos

4. DATE OF DEATH (Month) (Day) (Year): May 9th. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Mar. 31st 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cheyenne Wyo.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Asa Tracy — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary Ann Shields — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Marjorie J. Amos — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — few years.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fractured femur — 2½ mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1952, *to* 5-9, 1952, *that I last saw the deceased alive on* 5-9, 1952, *and that death occurred at* 3:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Crosby M.D.
23b. ADDRESS: 1320 Vista Ave. Boise
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gl.
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson—Boise
Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Ward 5

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1561
Local Reg. No. 170
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 M 22 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1627 Cleveland St

3. NAME OF DECEASED (Type or Print): a. (First) Ann; b. (Middle) Maureen; c. (Last) Yriondo

4. DATE OF DEATH: (Month) (Day) (Year): May 9th. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar. 17th 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 22; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jose R. Yriondo — BIRTHPLACE: Boise Idaho

14. MOTHER'S MAIDEN NAME: Ruth Maples — BIRTHPLACE: Wainwright Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Ruth V. Yriondo — ADDRESS: Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 754.4 Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, *to* _____, 19____, *that I last saw the deceased alive on* 5/9/52, *and that death occurred at* 11:29 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C Weichmann M.D.

23b. ADDRESS: 218 N 16th

23c. DATE SIGNED: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 12.1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J V McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1562
Local Reg. No. 171
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 86
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 915 N. 8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 915 N. 8th.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERTINA b. (Middle) BACON c. (Last) CURRY

4. DATE OF DEATH: (Month) (Day) (Year) May 10, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 4, 1853

9. AGE (In years last birthday): 99
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spring Prairie, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Daniel Bacon
BIRTHPLACE: Angelica, New York

14. MOTHER'S MAIDEN NAME: Thursey Neal
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Alice M Shilson
ADDRESS: Box 606 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma - Lesd of pancreas — 6 mos.-
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diverticulosis of colon - Generalized arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 5/10, 1952, *that I last saw the deceased alive on* April, 1952, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Matter M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5/12/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer Q.S.
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: McBratney-Alden Chapel Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1563
Local Reg. No. 184
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 28 1952
DIVISION OF VITAL
STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1519 W. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1221 Grove Street

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) D. c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug. 12, 1880

9. AGE (In years last birthday): 71-8-29 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vandalia, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Harry T. Thompson — Allegheny, Pa.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Matilda Brown — Prairie City, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 526-05-3225

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Clifford E. Thompson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 159X Carcinoma esophagus or stomach - probable - not proven — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none known

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 9, 1952, *to* May 11, 1952, *that I last saw the deceased alive on* May 11, 1952, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Draper M.D. 323
23b. ADDRESS: 500 Eastman Bldg, Boise Idaho
23c. DATE SIGNED: May 13,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — **ADDRESS**: Clyde E. Summers — Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1564
Local Reg. No. 183
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 45 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Clark.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location): P.O. Box. 217.

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTLE
b. (Middle): MURPHY
c. (Last): LE VAN.

4. DATE OF DEATH (Month) (Day) (Year): May. 11. 1952.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: November. 15.
9. AGE (In years last birthday): 1888. 63-5-26. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Girard, Kansas.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lester. H. May. Lima, Ohio. BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Ida Close. Terre Haute, Indiana. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: Dan H Le Van ADDRESS: Dubois Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Cirrhosis of liver - atrophic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~(b)~~ ascites
~~DUE TO (c)~~ Pleural Effusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hepatic Coma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* May, 1952, *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jim E Cifford MD
23b. ADDRESS: 311-W Idaho Boise
23c. DATE SIGNED: 5/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: May. 13. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1565
Local Reg. No. 777
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 23 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Emmerson
c. (Last): Pearl

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21, 1898
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Mgr. district
11. BIRTHPLACE (State or foreign country): Stanbury, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Fred Pearl — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minnie Hall — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-07-2953
17. INFORMANT'S OWN SIGNATURE: Julia Pearl — ADDRESS: Meridian Ida

18. CAUSE OF DEATH 581.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Primary cirrhosis of liver	6 months
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Portal hypertension	6 weeks
DUE TO (c)	Hemorrhage from sophageal varices	10 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Splenorenal shunt	5/12/52

19a. DATE OF OPERATION: 5-12-52
19b. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21/52, 19__, *to* 5/12/52, 19__, *that I last saw the deceased alive on* 5/12/52, 19__, *and that death occurred at* 1:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Simonton (Degree or title) — R. H. Simonton, M.D.
23b. ADDRESS: 417 Eastman Bldg. Boise
23c. DATE SIGNED: 5/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/15/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 5-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer Jr.
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1566
Local Reg. No. 187
Reg. Dist. No. 370

Certificate of Death

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; LENGTH OF STAY (in this place): 25 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus	d. STREET ADDRESS (If rural, give location): 404 Washington

3. NAME OF DECEASED (Type or Print)	a. (First) LILLIAN	b. (Middle) LARUE	c. (Last) STRUTT	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1952
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: July 5, 1924	9. AGE (In years last birthday): 27; IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone operator 24	10b. KIND OF BUSINESS OR INDUSTRY: Telephone	11. BIRTHPLACE (State or foreign country): Portland, Oregon	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Alfred Strutt	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Martha Chugg	BIRTHPLACE: Nounon, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-24-7790	17. INFORMANT'S OWN SIGNATURE: x Martha Strutt	ADDRESS: 404 Washington Boise, Idaho	

18. CAUSE OF DEATH 685X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post partum nephrosis & hepatic degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last

DUE TO (b) See remarks over

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia — 2 days

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: Miscarriage 5½ mo & anemia

20. AUTOPSY: YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 3:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H M Chalaupka	23b. ADDRESS: 611 First National Bank	23c. DATE SIGNED: 5/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: May 16, 1952	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 5-28-52	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden	ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1567
Local Reg. No. 82
Reg. Dist. No. 371

BIRTH NO. [illegible]

MAY 21 1952

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 8 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2120 Sunset

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 2120 Sunset

3. NAME OF DECEASED (Type or Print)

a. (First): MARYAMNE

b. (Middle):

c. (Last): LEICHLITER

4. DATE OF DEATH

(Month) (Day) (Year): May 15, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 4, 1879

9. AGE (In years last birthday): 73

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hannibal, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Elam

BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Frances Webb

BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Frances C. Thompson ADDRESS: 2120 Sunset Boise, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchiectasis — ?

Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 7/24, 1951, *to* 5/15/52, 19 52 *that I last saw the deceased alive on* 5/12, 1952, *and that death occurred at* 2:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 5/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-19-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden

ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1568
Local Reg. No. 185
Reg. Dist. No. 370

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 603 S. 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle): ELIZABETH
c. (Last): GOODWIN

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 22, 1878
9. AGE (In years last birthday): 73-4-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thatcher, Arizona
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: William Turnbeaugh-Clark Co., Ill.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Malissa Averett-Malti, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE 612 D.15 — ADDRESS: Mrs Agnes Sorenson, Boise

18. CAUSE OF DEATH 592X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 5 years
DUE TO (c): Chronic nephritis — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1942, *to* May 16, 1952, *that I last saw the deceased alive on* May 16, 1952, *and that death occurred at* 5 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE 437 (Degree or title): Roscoe C Ward MD
23b. ADDRESS: Boise - Idaho
23c. DATE SIGNED: 5-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE 01: May 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1569
Local Reg. No. 84
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAY 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4008 Grover Street

3. NAME OF DECEASED (Type or Print)
a. (First): VICTOR
b. (Middle):
c. (Last): ISAACSON

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1952

5. SEX: White
6. COLOR OR RACE: Male
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 4, 1888
9. AGE (In years last birthday): 63-9-12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Construction Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malmo, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Isaacson
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Myrtle Isaacson
ADDRESS: Boise Idaho, 4008 Grover St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis thrombosis — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/16, 1952, *to* 5/16, 1952, *that I last saw the deceased alive on* 5/12, 1952, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Matter MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1570
Local Reg. No. 188
Reg. Dist. No. 376

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409 Washington St., Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1409 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Lulu; b. (Middle) M.; c. (Last) Hyde

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 21 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interviewer - State Employment Security

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jacob H. Mehler
BIRTHPLACE: Wares Caves, Virginia

14. MOTHER'S MAIDEN NAME: Anna Goldsmith
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-34-0353

17. INFORMANT'S OWN SIGNATURE: A. M. Thompson ADDRESS: 2102 Lipscomb Amarilla, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease 1950 with myocardial infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 4/7, 1950, *to* 5/17, 1952, *that I last saw the deceased alive on* 5/17, 1952, *and that death occurred at* 3:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 5/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-28-52
REGISTRAR'S SIGNATURE: Myrtle Talmage
25. FUNERAL DIRECTOR ADDRESS: W. E. Alden Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1571
Local Reg. No. 85
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 110 South Latah Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZA
b. (Middle): MAY
c. (Last): GREER

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 9, 1878
9. AGE (In years last birthday): 73-9-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Owner
10b. KIND OF BUSINESS OR INDUSTRY: & Postmistress
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Amos — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Holmes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ova A Greer — ADDRESS: 1615 Helen Street, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart D - Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis Gen — 3
DUE TO (c): Senility — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-, 1950, *to* 5-17, 1952, *that I last saw the deceased alive on* 5-17, 1952, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B Smithson MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1572
Local Reg. No. 141
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #5 Juniper Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Rural - SW

3. NAME OF DECEASED (Type or Print)
a. (First): Hyrum
b. (Middle): Lorenzo
c. (Last): Egan

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 30, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Deep Creek, Tooele Co, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hyrum William Egan — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Salome Proctor — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: D. B. Egan — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ___ *19*__, *to* ___, *19*__, *that I last saw the deceased alive on* not seen *19*__ *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title): MD.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 5/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park
24d. LOCATION (City, town, or county): Burley, (State): Idaho

DATE REC'D BY LOCAL REG.: 6-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1573
Local Reg. No. 192
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1 (West State St.)

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) DORA c. (Last) WOLD

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1888

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Joseph, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Louis Baker — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Caroline Ifland — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Clarence Wold — ADDRESS: Rt. 1 Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

274X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Heart failure — 1 week
DUE TO (c) Arterial insufficiency — 15-20 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic heart failure.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 17, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Frazier M.D. — **23b. ADDRESS**: 500 Eastman Bldg, Boise. — **23c. DATE SIGNED**: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 24, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer gf

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-40021

130

Burk Holden

Certificate of Death

STATE OF IDAHO

State File No. 1574
Local Reg. No. 182
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1407 Division

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) R. c. (Last) Upton

4. DATE OF DEATH: (Month) (Day) (Year) May 22 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boise Police 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Redding, Mass.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Mary J. Jenkins
ADDRESS: Sister

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARCINOMA PROSTATE — 3 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 1949, *to* MAY 22, 1952, *that I last saw the deceased alive on* May 22, 1952, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice W. Burtchaker M. D. (Degree or title)

23b. ADDRESS: 401 Idaho Street Boise Idaho

23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 28. 52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-28-52

REGISTRAR'S SIGNATURE: Myrtle Talmer Q.

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

Daniel M. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1575
Local Reg. No. 194
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 52-9880

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Dee-Anne
b. (Middle):
c. (Last): Robins

4. DATE OF DEATH (Month) (Day) (Year): May 23-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 21-1952
9. AGE (In years last birthday): --
IF UNDER 1 YEAR: Months --, Days 2
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald F. Robins, BIRTHPLACE: Carroll, Nebraska
14. MOTHER'S MAIDEN NAME: Mary Ellen Hedges, BIRTHPLACE: Parma, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Infant
17. INFORMANT'S OWN SIGNATURE: Donald Robins, ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) RH Sensitization — 50

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1952 *to* May 23, 1952 *that I last saw the deceased alive on* May 23, 1952 *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank R Fletcher M.D. 126
23b. ADDRESS: 200 E Bannock St Boise
23c. DATE SIGNED: 5/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death NON-RESIDENT

STATE OF IDAHO

State File No. 1576
Local Reg. No. 193
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): B 3/4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 715 Pueblo Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Beaver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milford
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NINA b. (Middle) D. c. (Last) BURGER

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	Jan. 24, 1894	58-3-14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Tel. Operator
10b. KIND OF BUSINESS OR INDUSTRY: M.S.T. & T.
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sumner W. Dee — BIRTHPLACE: Topeka, Kansas
14. MOTHER'S MAIDEN NAME: Isabel Bishop — BIRTHPLACE: Chicago, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 528-01-8699
17. INFORMANT'S OWN SIGNATURE: Mrs Helen L Shaver ADDRESS: 715 Pueblo Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adeno Carcinoma Rt. Kidney — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) Fracture Pathological Rt. femur — 5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple massive metastases lungs, adrenals Skeletal System — 8 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 1952	Tumor malignant Rt. trochanter, amputation	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan 1952 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell in home

22. *I hereby certify that I attended the deceased from* 1-31, 1952 *to* 5-23, 1952, *that I last saw the deceased alive on* 5-13, 1952 *and that death occurred at* 5:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
368 [signature]	M.D.	Boise Idaho	5-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1952	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-5-52	Myrtle Palmer jr.	Floyd E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1577
Local Reg. No. 195
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 7 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1011. East State Streets.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): MARGARET STEVENSON ROBERTS.

4. DATE OF DEATH (Month) (Day) (Year): May. 24. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: March. 21. 1872.

9. AGE (In years last birthday): 80-2-3. IF UNDER 1 YEAR Months Days. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State of Idaho Traveling Library.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lewistown, Illinois.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George. H. Roberts. BIRTHPLACE: Philadelphia. Penn.

14. MOTHER'S MAIDEN NAME: Julia Culbertson. BIRTHPLACE: Fort Benton Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [signature illegible] Boise, Idaho 1011 E. State

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteria Sclerotic Coronary disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 1952, *to* 5-24, 1952, *that I last saw the deceased alive on* 5-24, 1952, *and that death occurred at* 3.45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 424 D. M. Thomas M.D.

23b. ADDRESS: 305 Fort St Boise

23c. DATE SIGNED: 5-29-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Boise Mausoleum.

24b. DATE: 5/27/52

24c. NAME OF CEMETERY OR CREMATORY: Boise, Idaho.

24d. LOCATION (City, town, or county) (State): Morris Hill Cemetery.

DATE REC'D BY LOCAL REG.: 6-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR: Steele & Summers

ADDRESS: Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1578
Local Reg. No. 196
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1319 E. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1319 E. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): YOST
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 30, 1886
9. AGE (In years last birthday): 65-8-27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady 19
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Houcktown, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Geo. W. Yost — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Hettie Melick — BIRTHPLACE: West Rushville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Francis T. Stephens, Boise Idaho, 1319 E Washington

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Patient *, 19*__ *, to* dead when seen *, 19*__ *, that I last saw the deceased alive on* _____ *, 19*__ *, and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C J Nelson 197 M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1579
Local Reg. No. 77
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 315 E. Warren

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lottie	A.	Workman	May 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 11, 1877	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Silver City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Laffayette Clark — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Mary Frances Jobe — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Robt E. Eggman — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Retroperitoneal Abscess — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* 5-2-52, 19__, *that I last saw the deceased alive on* 5-1-, 1952, *and that death occurred at* 1240 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Rusty	MD	Meridian	5-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1952	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-13-52	Myrtle Palmer gf	A. E. Alden	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

McBratney-Alden Chapel

Amended Sept. 5, 1952

Certificate of Death

STATE OF IDAHO

State File No. 1580
Local Reg. No. 80
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City

d. STREET ADDRESS (If rural, give location): N. 10th & Adams

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DeVaughn	Kieth	Morris	May	5,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Never Married	July 3, 1932	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Guymon, Oklahoma	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wyatt H. Morris	Arkansas	Edith Stacy	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	2nd W. W.	518-32-8273	Wyatt Morris	Garden City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drown, in old Gravel hole that

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) was full of water, near the Boise River, Went swimming and was

DUE TO (c) stricken with cramps and could not reach the shore.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. (Accidental)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Near Boise River	2 miles west of Boise, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 5, 1952 5:15 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I* saw May 5, 1952, *to* [redacted] *death occurred at* 5:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Summers	Coroner of Ada County	Boise, Idaho	May 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	5-10-52	Meridian	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-14-52	Myrtle Palmer r.s.	B. W. Robison	Meridian, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 1580
Date Filed 15 May 1952

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for DeVaughn Kieth Morris (Name on Original Certificate) who Died (Was Born or Died) on 5 May 1952 (Date of Event)
in the Boise river (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit of parents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item # 7	Divorced	Never Married

Subscribed and sworn to before me this 4th day of Sept 19 57

O M Kenney
Notary Public, residing at Meridian Idaho
My commission expires May 7 1955
(Seal)

Signed Wood H Morris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R R Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Sept. 19 57

O M Kenney
Notary Public, residing at Meridian Idaho
My commission expires May 7 - 1955
(Seal)

Signed Cedrick Morris
(Signature of Any Credible Person)
R R. Boise. Idaho
(Street Address, City, State)

DPH 52.155

Certificate of Death

STATE OF IDAHO

State File No. 1580
Local Reg. No. 80
Reg. Dist. No. 371

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
d. STREET ADDRESS (If rural, give location): N. 40th & Adams

3. NAME OF DECEASED (Type or Print): a. (First) DeVaughn b. (Middle) Kieth c. (Last) Morris

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 3 1932
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Guymon, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wyatt H. Morris — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Edith Stacy — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 2nd. W.W.
16. SOCIAL SECURITY NO.: 518-32-8273
17. INFORMANT'S OWN SIGNATURE: Wyatt Morris, Garden City ~~Boise~~ — ADDRESS: Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drown, in old Gravel hole that was full of water, near the Boise River, Went swimming and was stricken with cramps and could not reach the shore.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(Accidental)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Boise River.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 2 Miles west of Boise, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May. 5. 1952 at 5 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May. 5 19 52 *to* ____ *19* ____ *that I last saw the deceased alive on* ____ *19* ____ *and that death occurred at* 5.15 *m.* P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers
23b. ADDRESS (Degree or title): Coroner of Ada County. Boise, Idaho. May. 7. 1952.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1581
Local Reg. No. 176
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Henry c. (Last) Kennedy

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 12, 1879

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Phillips Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mathias S. Kennedy — BIRTHPLACE: Westmoreland, Penn.

14. MOTHER'S MAIDEN NAME: Mary Angeline Landreth — BIRTHPLACE: Poke Co. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 542-22-4706

17. INFORMANT'S OWN SIGNATURE: x Emma Leonora Kennedy — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Had been in ill health a number of years. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Nothing of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *19* [illegible] *to* [illegible] *19* [illegible], *that I last saw the deceased alive on* [illegible] *19* [illegible], *and that death occurred at* 12:05 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers (Degree or title): Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.

23c. DATE SIGNED: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 5-14-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

NO RESIDENT

State File No. 1582
Local Reg. No. 81
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 miles E. of Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Seek Rest Motel, Hwy. 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Travis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Austin
d. STREET ADDRESS (If rural, give location): 2607 Salado Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) SINCLAIR c. (Last) QUINN

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: April 25, 1943

9. AGE (In years last birthday): 9-0-12
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austin, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William S. Quinn, Sr.-Austin, Texas

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Jimmie Ruth Erwin-San Antonio, Texas

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs. J. R. Erwin 1206 Lorain

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

92918

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning. Fell into irrigation canal and was carried about 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) blocks downstream. Accidental

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE** **HOMICIDE** (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): irrigation canal

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 miles E. of Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/7/52 8:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Accidentally fell into irrigation canal.

22. *I hereby certify that I attended the deceased from* ~~[illegible] 19[illegible] to [illegible] 19[illegible]~~ *that I last saw the deceased alive on* ~~[illegible] 19[illegible]~~ *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers

(Degree or title): Coroner

23b. ADDRESS: 1205 Bannock Street of Ada County, Boise, Ida.

23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/9/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Austin, Texas

DATE REC'D BY LOCAL REG.: 5-14-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf

25. FUNERAL DIRECTOR AND ADDRESS: Clyde E Summers, SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1533
Local Reg. No. 178
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Ada~~ Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Calvin
c. (Last): Emmerson

4. DATE OF DEATH (Month) (Day) (Year): 5 8 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1/14/1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. F. Emmerson — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Louisa Doris — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Betty Pulliam — ADDRESS: Rt. #4 Boise

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/6, 1952, *to* 5/8, 1952, *that I last saw the deceased alive on* 5/8, 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill Mud
23b. ADDRESS: 714½ N. Orchard
23c. DATE SIGNED: 5/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/12/52
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 5-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MEMORY CHAPEL Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1514
Local Reg. No. 79
Reg. Dist. No. 371

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley, Idaho
d. STREET ADDRESS (If rural, give location): 701 West 17th St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) M. c. (Last) Roberson

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-9-77

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 4 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerseyville, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jason Roberson
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Sarah Redroot
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAN

16. SOCIAL SECURITY NO.: 518-10-9220

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 8 years
Pulmonary Emphysema — 8 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 13, 1951, *to* May 11, 1952, *that I last saw the deceased alive on* May 11, 1952, *and that death occurred at* 8:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson, M. D. (Degree or title): Chief Medical Service
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Burley
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1705
Local Reg. No. 371
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Russell
c. (Last): Parker

4. DATE OF DEATH: (Month) May, (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 12, 1863

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Powersville, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Daniel Parker
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Addie McMullen ADDRESS: Boise Ida Rt 4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchial pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug ____, 19 51, *to* May 11, 19 52, *that I last saw the deceased alive on* May 10, 19 52 *and that death occurred at* 5:45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (23): Carl D Lusty (Degree or title): MD
23b. ADDRESS: Meridan Ida
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 5-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B C Robison
ADDRESS: Meridian, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death — NON-RESIDENT

STATE OF IDAHO

State File No. 156
Local Reg. No. 83
Reg. Dist. No. 371

BIRTH NO. MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 6, Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakeport
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy; b. (Middle); c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 17, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Strawberry Point, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Barnes
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Emma Moine
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harold R. Martin
ADDRESS: Rt. 6 Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebrovascular hemorrhage left — 5 days

DUE TO (c): Hypertensive cardiovascular dis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443 X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1952, *to* May 16, 1952, *that I last saw the deceased alive on* May 14, 1952, *and that death occurred at* 4:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A Mather (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 5/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: Hartley

24d. LOCATION (City, town, or county) (State): Lakeport, Calif.

DATE REC'D BY LOCAL REG.: 5-19-52

REGISTRAR'S SIGNATURE: Myrtle Palmer Jr.

25. FUNERAL DIRECTOR: A. E. Alden

ADDRESS: Boise, Ida

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 87
Reg. Dist. No. 3-71

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) LILLIE. b. (Middle) E. c. (Last) MURPHY.

4. DATE OF DEATH (Month) (Day) (Year): May. 24. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: August. 29. 1861.

9. AGE (In years last birthday): 90-7-25. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burning Springs West Virginia.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME / BIRTHPLACE: Nemrod Saunders Poe, West Virginia.

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Isabella M. Landon. West Virginia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Ollie Matthews Rt 2 Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

***MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intra Abdominal Malignancy — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Primary site unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Carcinomatosis — unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 19 50, *to* May 24, 19 52, *that I last saw the deceased alive on* May 12, 19 52, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: May. 27. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 6-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1588
Local Reg. No. 88
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3020 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) MYRTLE b. (Middle) ANNIS c. (Last) HUTCHISON

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 26, 1886

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 66-1-29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eagle Grove, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Benson — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ida May Baker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Bailey — ADDRESS: Box 375 Riggins Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

466X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosed varicose veins of Right leg — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 4, 1952, *to* May 25, 1952 *that I last saw the deceased alive on* May 25, 1952 *and that death occurred at* 5:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD — **23b. ADDRESS**: Meridian Ida — **23c. DATE SIGNED**: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 29, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 529
Local Reg. No. 36
Reg. Dist. No. 371

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1625 Fowler St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	J.	Karras		May	25	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-22-89	63	4	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hat Cleaner	Shoeshine Parlor	Argos Schotive, Greece	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Karapanayeotes	Greece	Hoysla Markou	Greece

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
Yes	WW I	None	Wm. Kerns	Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the prostate — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 16, *1952, to* May 25, *1952, that I last saw the deceased alive on* May 25, *1952, and that death occurred at* 11:35 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. P. Stevenson	M. D.	VA Hospital, Boise, Idaho	5-27-52
C. P. STEVENSON, Chief Medical Service			

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1952	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-28-52	Myrtle Palmer	C. E. Alden	Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15890
Local Reg. No. 89
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) G.; c. (Last) Fink

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 5-4-88

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days: 0 | 23
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Thornville, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John V. Fink — BIRTHPLACE: Onio, Miller's Port

14. MOTHER'S MAIDEN NAME: Mary Baney — BIRTHPLACE: Miller's Port, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518161272

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism, massive — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis of Gastrocnemic Veins Bilateral — 1 week

DUE TO (c) Trauma — 24 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 44

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Eagle, Ada co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 4, 1952-8pm m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Automobile collision

22. *I hereby certify that I attended the deceased from* May 4, *, 19*52*, *to* May 27, *, 19*52*, *that I last saw the deceased alive on* May 27, *, 19*52*, *and that death occurred at* 11:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Joseph Beeman, M. D. Patnologist
23b. ADDRESS: VA Hosp tal, Boise, Idaho
23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1591
Local Reg. No. 93
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): A.
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 12, 1868
9. AGE (In years last birthday): 83-7-16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harrison Kendall — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: V. T. Cox — ADDRESS: R.D. No. 4. Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH: _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — unk
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 28, 1951, *to* May 28, 1952, *that I last saw the deceased alive on* May 27, 1952, *and that death occurred at* 2:12 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Park Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1592
Local Reg. No. 6
Reg. Dist. No. 300

BIRTH NO. JUN 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY # Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place) 3½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) CHARLES
c. (Last) RUSH

4. DATE OF DEATH (Month) (Day) (Year) May 27 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH November 14 1869

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming

11. BIRTHPLACE (State or foreign country) Juneau, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward C. Rush
BIRTHPLACE Stetting# Germany

14. MOTHER'S MAIDEN NAME Margaret Wildric ks,
BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Rush
ADDRESS Council, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis, Diabetes Mellitus — unknown, unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased* ~~dead~~ *alive on* May 27, 1952, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]

23b. ADDRESS Co uncil, Idaho.

23c. DATE SIGNED 5/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5/28/52

24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery

24d. LOCATION (City, town, or county) (State) Blac kf oot, Idaho.

DATE REC'D BY LOCAL REG. 5/27/52

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature]
ADDRESS Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1593
Local Reg. No. 179
Reg. Dist. No. 610

BIRTH NO. 111-52-05212 JUN 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 22 min.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Anthony Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 112 Portneuf Park

3. NAME OF DECEASED (Type or Print): a. (First) Duane b. (Middle) O. c. (Last) Lish, Jr.

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 1, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Duane O. Lish — BIRTHPLACE: McCammon, Idaho

14. MOTHER'S MAIDEN NAME: Beth E. Allen — BIRTHPLACE: Arimo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: Beth E. Lish — ADDRESS: 112 Portneuf Park, Pocatello

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7552

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hydrocephalus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Achondroplastic

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 19 52, *to* May 1, 19 52, *that I last saw the deceased alive on* May 1, 19 52, *and that death occurred at* 4:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter B. Hewlett, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: JUN 10 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1504
Local Reg. No. 147
Reg. Dist. No. 5

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 316 East Lander Street
d. STREET ADDRESS (If rural, give location): Pocatello, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) HAMP b. (Middle) c. (Last) SALES

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 67

10b. KIND OF BUSINESS OR INDUSTRY: City of Pocatello

11. BIRTHPLACE (State or foreign country): Coverington Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No Data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Data
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jack Henderson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Failure
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* May 1, 19 52, *that I last saw the deceased alive on* May 1, 19 52, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 2, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG.: May 2, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 150
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) ROSE b. (Middle) ELLA c. (Last) CARTER RUEMKE

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1952

5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 13, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baker Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Sheets — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Sarah Goodman — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs. H. L. Hack — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Uremia

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 March, 1949, *to* 2 May, 1952, *that I last saw the deceased alive on* 2 May, 1952, *and that death occurred at* 8:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Heany (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5 May '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-5-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-4-52
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7505
Local Reg. No. 148
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 360 SOUTH 4TH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 360 SOUTH 4TH.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	ARTHUR	GUMMERSAL	MAY	2,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	WIDOWED	SEPT 21, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER & SERVICE STATION OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): YORKSHIRE, ENGLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SMITH GUMMERSAL — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: PHEOBE HODGEN — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-21-52	Carcinoma of head of pancreas (biopsied)	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
no		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-11, 1952, *to* 5-2, 1952, *that I last saw the deceased alive on* 5-1, 1952, *and that death occurred at* 6:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melvin M. Graves, M.D.	111 N Main, Pocatello, Idaho	5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAY, 5, 1952	MOUNTAIN VIEW CEMETERY	POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-4-52	Eva M. Wallin	Allen J. Manning	HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 137
Local Reg. No. 149
Reg. Dist. No. 510

BIRTH NO. 52-4037

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 133 Fuller Way

3. NAME OF DECEASED (Type or Print): a. (First) PAUL; b. (Middle) SELIE; c. (Last) FREEMAN

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 26, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0; Days 6
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Paul Freeman
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Phyllis Selle
BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Paul Freeman Jr.
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 19 52, *to* May 2, 19 52, *that I last saw the deceased alive on* May 2, 19 52, *and that death occurred at* 10:45 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis S. Bush M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: May 3, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1598
Local Reg. No. 151
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 13 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 515 N. Harrison

3. NAME OF DECEASED (Type or Print): a. (First) CARROLL b. (Middle) MUMFORD c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): May 4, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 18, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.
11. BIRTHPLACE (State or foreign country): Olympia Wash.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Homer Davenport Mumford — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Agnes Ann Carroll — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. C. Mumford — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 5 days
DUE TO (c) Arteriosclerosis General — 25 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 May, 1952, to 4 May, 1952, *that I last saw the deceased alive on* 4 May, 1952, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel Lawrence M D
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 6 May 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-6-52
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Durand — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1599
Local Reg. No. 158
Reg. Dist. No. 510

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 543 S. Fourth

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 543 S. Fourth

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) F c. (Last) OGEE WRIGHT

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 1, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jefferson Co. Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: L. Prepgrove — BIRTHPLACE: USA.
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Thurman Ogee — ADDRESS: Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): Old Age —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* May 6, 1952, *that I last saw the deceased alive on* May 5, 1952, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Dunnard — ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1600
Local Reg. No. 157
Reg. Dist. No. 510

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 906 West Center Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 906 West Center Street

3. NAME OF DECEASED (Type or Print): a. (First) STEPHENIA b. (Middle) I. c. (Last) MITCHELL

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 11, 1870

9. AGE (In years last birthday): 81 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13. FATHER'S NAME: Stephen Beach — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Catherine Lea — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: S. D. Mitchell — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 444X Uremic Coma,

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, *19*____, *to* May 6, *19*52, *that I last saw the deceased alive on* May 6, *19*52, *and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: May 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Slade Funeral Home

24d. LOCATION (City, town, or county) (State): Leon Iowa

DATE REC'D BY LOCAL REG.: May 6, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas Henderson — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. L. S. Call.

Certificate of Death

STATE OF IDAHO

State File No. 1601
Local Reg. No. 168
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED
MAY 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): 745 NORTH SHILLING AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST HOWARD DAVIS; b. (Middle); c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): MAY 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	NEVER MARRIED	APRIL 10, 1913	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER AND FARM LABORER	SELF	GARFIELD, WASHINGTON	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM ROBY DAVIS	NORTH CAROLINA	IDA CORNELL	NORTH CAROLINA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO			Dewey Davis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

201X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): HODGKINS DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: BRONCHPNEUMONIA

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* APRIL 26, 1952, *to* MAY 7, 1952, *that I last saw the deceased alive on* MAY 7, 1952, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L.S. CALL M.D. L.S. Call	KASISKA BLDG. POCATELLO	5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAY 10, 1952	MT. VIEW CEMETERY	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1952	Eva M. Wallin	Allen J. Hunsaker	Hall-Grant Mortuary Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hartvigsen.

RECEIVED
MAY 29 1952
DIVISION OF VITAL
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1602
Local Reg. No. 169
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME OF SON. 810 EAST POPLAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 575 WASHINGTON AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ALBERT
c. (Last): JOHNSON

4. DATE OF DEATH (Month) MAY (Day) 8, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 14, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 54
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): OAK CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PETER JOHNSON — BIRTHPLACE: STOCKHOLM SWEDEN
14. MOTHER'S MAIDEN NAME: ANNA CATHERENE BJORKMAN — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ivan Johnson — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 18 mo.
DUE TO (c) Another cerebral hemorrhage — 1 hr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* May 6, 1952 *to* May 8, 1952 *that I last saw the deceased alive on* May 7, 1952, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Dean Hartvigsen, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 13, 1952
NAME OF CEMETERY OR CREMATORY: Ba Salt Cemetery
24d. LOCATION (City, town, or county): Ba Salt (State) Idaho

DATE REC'D BY LOCAL REG.: MAY 28 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Grant Mort- Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NORRIS

Certificate of Death

STATE OF IDAHO

State File No. 1603
Local Reg. No. 180
Reg. Dist. No. 510

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 30 HILLCREST DRIVE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	ALPHONZO	WHEELOCK	MAY	11,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	NOVEMBER 4, 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED RAILROAD CARMAN 72	RAILROAD	WOODRUFF, UTAH	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HENRY ALPHONZO WHEELOCK	UNKNOWN	NAOMI SARIAH PARKS	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Mrs Cora Wheelock	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb., 1952, *to* May 6, 1952, *that I last saw the deceased alive on* May 6, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Merrell M.D.	Pocatello, Idaho	6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAY 13, 1952	MOUNTAIN VIEW CEMETERY	POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1952	Eva M. Wallin	Allen J. Manning	HALL GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Eli Roberts

Certificate of Death

STATE OF IDAHO

State File No. 1604
Local Reg. No. 181
Reg. Dist. No. 510

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRIVATE HOME 421 NORTH 8TH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 141 NORTH JOHNSON

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): MARIA
c. (Last): JENSEN

4. DATE OF DEATH (Month) (Day) (Year): MAY 13, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 11, 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VOLBY DENMARK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHRISTEN CHRISTENSEN — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: JOHANNA KIERSTINA LAURITSEN — BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Peter H. [illegible] — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Incident to age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1952, *to* 5/13, 1952, *that I last saw the deceased alive on* 5/13, 1952 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Roberts M.D. — 338 (Degree or title) — **23b. ADDRESS**: Pocatello — **23c. DATE SIGNED**: 5/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 01 MAY 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: LOGAN CITY CEMETERY
24d. LOCATION (City, town, or county) (State): LOGAN, CACHE, UTAH

DATE REC'D BY LOCAL REG.: JUN 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1635
Local Reg. No. 163
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 2 1952 DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 236 West Buell Street

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) ANN c. (Last) PRIEST

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 6, 1903

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Russell Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John DeWald
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Anna Proppe
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 519-20-9125

17. INFORMANT'S OWN SIGNATURE: Bertha Priest
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1948, 19---, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Howard Orr M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: May 22, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death NON-RESIDENT

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1606
Local Reg. No. 172
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): YELLOWSTONE HOTEL. 230 WEST BONNEVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: NEBRASKA
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PLAINVIEW
d. STREET ADDRESS (If rural, give location): 2024 No. 16. APARTMENT #7

3. NAME OF DECEASED (Type or Print): a. (First) DORSEY; b. (Middle) OWEN; c. (Last) VAN KIRK

4. DATE OF DEATH (Month) (Day) (Year): APROX. MAY 14, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: OCT. 5, 1906

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): BRUNSWICK, NEBRASKA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: EDDIE VAN KIRK
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: DAISY VAN GILDER
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR # 2

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: INFARMATION FROM PERSONAL EFFECTS AND PAPERS SENT BY HIS BROTHER
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9777X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): HEMMORHAGE, LOSS OF BLOOD FROM A SEVERED ARTERY
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): LOCATED IN THE ANTE-CUBITAL SPACE.
DUE TO (c): WOUND CAUSED BY RAZOR BLADE, CUT MADE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ACROSS ANTE-CUBITAL SPACE. FROM ALL INDICATIONS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: WAS SELF INFLICTED
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): YELLOWSTONE HOTEL ROOM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): POCATELLO / BANNOCK / IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): APROX MAY 14, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Hyde Deputy Coroner
23b. ADDRESS: Dietrich Building Pocatello
23c. DATE SIGNED: June 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: PLAINVIEW CEMETERY
24d. LOCATION (City, town, or county) (State): PLAINVIEW NEBRASKA

DATE REC'D BY LOCAL REG.: JUN 5 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25 FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Hall-Hunt-Manning-Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1607
Local Reg. No. 162
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Idaho
d. STREET ADDRESS (If rural, give location) 1435 Yellowstone Ave.

3 NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) JOSEPH THEODORE THOMAS

4. DATE OF DEATH (Month) (Day) (Year) May 14, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 23, 1884

9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Merchant

10b. KIND OF BUSINESS OR INDUSTRY Alameda Coal Co.

11. BIRTHPLACE (State or foreign country) Malad Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ephriam Thomas BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Margaret Thomas BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS Mrs. J. T. Thomas Pocatello Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal failure — 1 month
DUE TO (c) Benign prostatic hypertrophy — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21, 1952 *to* 5-14, 1952, *that I last saw the deceased alive on* April 14, 1952 *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. Thoms, M.D.

23b. ADDRESS Kountze Bldg Pocatello

23c. DATE SIGNED May 16 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-17-'52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. MAY 19 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Byron B. Dowland

ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1608
Local Reg. No. 161
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1021 N. Main

3. NAME OF DECEASED (Type or Print) a. (First) GERWIN b. (Middle) SHURTLEFF c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year) May 15, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 11, 1885

9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B+B. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) Salt Lake Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph E. Morgan BIRTHPLACE Salt Lake

14. MOTHER'S MAIDEN NAME Nellie Shurtleff BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. G. S. Morgan ADDRESS Pocatello Id.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis - acute — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aortic stenosis — yrs.

DUE TO (c) Arteriosclerotic Heart disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. with hypertrophy & dilation.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* May 1, 1952, to May 15, 1952, *that I last saw the deceased alive on* 5-15, 1952, *and that death occurred at* 1130 A m., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Miller (Degree or title) M.D. — 23b. ADDRESS Pocatello, Ida. — 23c. DATE SIGNED 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 5-19-52 — 24c. NAME OF CEMETERY OR CREMATORY Mountain View — 24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. MAY 19 1952 — REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Byron B. Doward — ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 59
Local Reg. No. 164
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 21 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1135 E. Carter

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) NIELS E. CHRISTIANSEN

4. DATE OF DEATH (Month) (Day) (Year) May 15, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 6, 1927

9. AGE (In years last birthday) 24 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder - Water dept.

10b. KIND OF BUSINESS OR INDUSTRY U.P.P.R.

11. BIRTHPLACE (State or foreign country) McCammon Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew A. Christiansen BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Hazel Petersen BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE John Getty ADDRESS Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 apr, 1952, *to* 15 may, 1952, *that I last saw the deceased alive on* 13 May, 1952, *and that death occurred at* 10:A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. C. Crandell (Degree or title) M.D.

23b. ADDRESS 804 E. Center Pocatello Ida

23c. DATE SIGNED 20 may 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-17-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG May 28, 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Byron B. Howard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3220
Local Reg. No. 165
Reg. Dist. No. 511

BIRTH NO.

RECEIVED MAY 21 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 370 East Bingham Street

3. NAME OF DECEASED (Type or Print): a. (First) Oliver; b. (Middle) Edward; c. (Last) Parsons

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 23, 1875

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 11, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Leon, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Isham Alphes Parsons — BIRTHPLACE: Greensboro, N. C.

14. MOTHER'S MAIDEN NAME: Elizabeth Hendricks — BIRTHPLACE: Lynn, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jane Hopkins — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Gen. — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Adenocarcinoma of stomach — 3 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5-2-52

19b. MAJOR FINDINGS OF OPERATION: widespread Ca. biopsy showed adenocarcinoma

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-29, 1952, *to* 5-16, 1952, *that I last saw the deceased alive on* 5-16, 1952, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mark Graves — (Degree or title): M.D. — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3 Removal & Bur. — **24b. DATE**: 5-20-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside-Thomas Cem. — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 22, 1952 — REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Leonard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

MAY 2 1 1952

STATE OF IDAHO

State File No. 1611
Local Reg. No. 166
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 528 S. Johnson

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): LESTER JOSEPH WERRY

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov., 10, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: Brennan & Cahoon
11. BIRTHPLACE (State or foreign country): Bellevue Idaho
12. CITIZEN OF WHAT COUNTRY? E.I.A.

13. FATHER'S NAME: Joseph Werry — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Roberts — BIRTHPLACE: N.J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-2567
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH — CC IX

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tuberculosis of lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Silicosis — ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Id

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-20-52
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: MAY 23 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1610
Local Reg. No. 170
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 146 SOUTH 10TH. AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 146 SOUTH 10TH. AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): BUSBY
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): MAY 19, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOVEMBER 24, 1854
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): KIRKENTILLOK SCOTLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL WARDROP GRAY — BIRTHPLACE: SCOTLAND
14. MOTHER'S MAIDEN NAME: SARAH BUSBY — BIRTHPLACE: DUBLAND, IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Pocatello — ADDRESS: Harriet G. Jensen

18. CAUSE OF DEATH 603X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal Coma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c): Renal Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1952 *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 11:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. F. Call (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: GRACE CEMETERY
24d. LOCATION (City, town, or county): GRACE (State): IDAHO

DATE REC'D BY LOCAL REG.: MAY 28 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4013
Local Reg. No. 187
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE, 644 RICHLAND AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 644 RICHLAND AVENUE.

3. NAME OF DECEASED (Type or Print): a. (First) ROYAL b. (Middle) ALONZO c. (Last) PALMER

4. DATE OF DEATH (Month) MAY (Day) 19, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 11, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICKLAYER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES PALMER — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: ELIZABETH FOXALL — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [illegible] Palmer — ADDRESS: 644 Richland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate and Surrounding tissues — INTERVAL BETWEEN ONSET AND DEATH: 2 & 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Prostate removed 2 & 3 yrs ago
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* years back, 19__, *to* death May 19th, 19 52, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: 327 F M Ray (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 22, 1952
NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUN 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25 FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 167-A
Local Reg. No. 167-A
Reg. Dist. No. 510
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 235 W. Sherman

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) HENRY c. (Last) HUTCHISON

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 23, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): custodian

10b. KIND OF BUSINESS OR INDUSTRY: U.S.P.O.

11. BIRTHPLACE (State or foreign country): Indianola Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm Greenville Hutchison — BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Cynthia Alice Spencer — BIRTHPLACE: Payson Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: W. Russell Hutchison — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intercapillary Glomerulosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart Disease — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R.P. Howard — (Degree or title): M.D.

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-23-52

24c. NAME OF CEMETERY OR CREMATORY: ashton

24d. LOCATION (City, town, or county) (State): ashton Idaho

DATE REC'D BY LOCAL REG.: MAY 23 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25 FUNERAL DIRECTOR: Byron B. Howard — ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1615
Local Reg. No. 171
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 22 yrs -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 610 NORTH 14TH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 610 NORTH 14TH.

3. NAME OF DECEASED (Type or Print): a. (First) AMY b. (Middle) HOYT c. (Last) PORTER HANSEN

4. DATE OF DEATH: (Month) MAY (Day) 21, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 23, 1898

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): ORDERVILLE, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRANCIS LYSANDER PORTER BIRTHPLACE: MILL CREEK, UTAH

14. MOTHER'S MAIDEN NAME: MARY MARIA HOYT BIRTHPLACE: NEPHI, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: [signature]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 234X Chronic Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stroke Para Plegia — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Valvular Heart Disease — 35 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED May 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 5-24-52

24c. NAME OF CEMETERY OR CREMATORY: BASALT CEMETERY

24d. LOCATION (City, town, or county) (State): BASALT, IDAHO

DATE REC'D BY LOCAL REG.: MAY 28 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Allen Manning Hall-Grant Mort. Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1516
Local Reg. No. 186
Reg. Dist. No. 510

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 8 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 206 PORTNEUF PARK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 206 PORTNEUF PARK

3. NAME OF DECEASED (Type or Print): a. (First) SHERRY b. (Middle) c. (Last) KNOWLES

4. DATE OF DEATH: (Month) MAY (Day) 22, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: SEPT. 23, 1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 8 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE (CHILD)

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WALLACE E. KNOWLES — BIRTHPLACE: BOISE, IDAHO

14. MOTHER'S MAIDEN NAME: JACQUELYN WELLARD — BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Wallace E Knowles — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation due to aspiration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vomitus.
DUE TO (c) Aspiration Probably secondary to prem birth of upper respiratory infection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

Did not think it necessary to call a death

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, _____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: E B Webb MD 52 (Degree or title): Pathologist

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAY 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO.

DATE REC'D BY LOCAL REG.: JUN 12 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J Hammond — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1617
Local Reg. No. 173
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JUN 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1836 S. 2nd
d. STREET ADDRESS (If rural, give location) Pocatello

3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) CHESTER c. (Last) CLEVENSTINE

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct. 24, 1881

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY Katsilometes Ranch

11. BIRTHPLACE (State or foreign country) Chester Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Clevenstine BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Ella V. Detwiler BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 519-36-5793

17. INFORMANT'S OWN SIGNATURE Maurice Clevenstine ADDRESS Spring City Pa.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease, Cardiac enlargement & decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized Arteriosclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1952, *to* May 22, 1952, *that I last saw the deceased alive on* 5-22, 1952, *and that death occurred at* 7:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Mills (Degree or title) M.D.
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-23-52
24c. NAME OF CEMETERY OR CREMATORY Zions Cem.
24d. LOCATION (City, town, or county) (State) Spring City Pa.

DATE REC'D BY LOCAL REG JUN 5 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25 FUNERAL DIRECTOR Byron B. Dorward ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1618
Local Reg. No. 173
Reg. Dist. No. 510

RECEIVED
JUN 6 1952
DIVISION OF VITAL STATISTICS

BIRTH NO. STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 754 North Arthur Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JANE	MAGDELINE	HOLT	May	23	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	Widowed	June 4, 1875	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	At Home	Eureka Nevada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lambert Fletcher Molinelli	Itay	Mary Ellen Slingerland	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	none	Eloise Holt Johnston	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemmorhage	1 week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic Ht. Dis	6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1946, 19___, *to* May 23, 1952, *that I last saw the deceased alive on* May 23, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
169 R. P. Howard M.D.	Pocatello, Idaho	May 24, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 01	May 26, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1952	Eva M. Wallin	Jack Anderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

Certificate of Death

STATE OF IDAHO

State File No. 1619
Local Reg. No. 1879
Reg. Dist. No. 510

111-52-0530 RECEIVED

BIRTH NO.

JUN 16 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

c. LENGTH OF STAY (in this place): 1 DAY

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

d. STREET ADDRESS (If rural, give location): 715 NORTH HARRISON

3. NAME OF DECEASED (Type or Print): a. (First) TERRY b. (Middle) RAY c. (Last) GUINN

4. DATE OF DEATH: (Month) MAY (Day) 25, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: MAY 24, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1 | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE (INFANT)

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: BILLY JERRY GUINN — BIRTHPLACE: POCATELLO, IDAHO

14. MOTHER'S MAIDEN NAME: MARGARET MONROE — BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Billy Jerry Guinn — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Baby

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1952 *to* May 25, 1952 *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Minnaburn M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: June 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAY 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUN 12 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Hamm — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

State File No. 1520
Local Reg. No. 176
Reg. Dist. No. 510

BIRTH NO. 111-52-05336

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1346 N. Grant

3. NAME OF DECEASED (Type or Print)
a. (First) INFANT
b. (Middle) BANKS
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 29, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 29, '52
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 0 — IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Doyle E. Banks — BIRTHPLACE Wilford Utah
14. MOTHER'S MAIDEN NAME Helen Papetti — BIRTHPLACE Salmon Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Doyle E. Banks — ADDRESS Pocatello Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) Encephalomalacia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on 29 May 52, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 29 May, 1952 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) +63 Nro
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 2 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-31-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUN 5 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1621
Local Reg. No. 155
Reg. Dist. No. 54

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lenea	Muriel	Johnson Sperry	May 2 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 9, 1899	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	Own home	Far West, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A. B. Johnson	Sweden	Augusta . Belnap	Cooper, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Leo J. Sperry	Clifton, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	4 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	1st Cerebral Hemorrhage	4 yrs

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 19 52, *to* May 2, 19 52, *that I last saw the deceased alive on* 5-2, 19 52, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Cutler 064	MD	Preston Ida	5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1952 01	Clifton	Clifton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1952	Eva M. Wallin	Thurman Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1522
Local Reg. No. 156
Reg. Dist. No. 511

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FINIS; b. (Middle) ABAGAIL; c. (Last) POTTER

4. DATE OF DEATH: (Month) MAY (Day) 5, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 2, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): PERRY, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN N. WAKLEY — BIRTHPLACE: CANADA
14. MOTHER'S MAIDEN NAME: ELENA HEMENWAY — BIRTHPLACE: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: [illegible] Lava Hot Springs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Right Cardiac Failure — 6 weeks
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1952, *to* May 7, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 6 20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Cowlishaw MD
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 5/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: LAVA HOT SPRINGS CEMETERY
24d. LOCATION (City, town, or county) (State): LAVA HOT SPRINGS BANNOCK IDAHO

DATE REC'D BY LOCAL REGISTRAR: MAY 16 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR'S SIGNATURE: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1223
Local Reg. No. 159
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL

...TH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
d. STREET ADDRESS (If rural, give location): 2 BLOCKS SO. OF SCHOOL

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): GILBERT
c. (Last): VAUGHAN

4. DATE OF DEATH (Month) (Day) (Year): MAY 8, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 2, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER AND CARPENTER 04
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): HEWELSFIELD, ENGLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOHN VAUGHAN — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: ANN BULLOCK — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Marionel Vaughan — ADDRESS: Dawson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1952 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE 551 (Degree or title): George H. Borkman M.D.
23b. ADDRESS: Lava Hot Springs
23c. DATE SIGNED: 5/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3
24b. DATE: MAY 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: SMITHFIELD
24d. LOCATION (City, town, or county) (State): SMITHFIELD, UTAH

DATE REC'D BY LOCAL REG.: MAY 16 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning Hall — ADDRESS: Grant Mortuary, Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS.

State File No. 64
Local Reg. No. 160
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Barge Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joshua b. (Middle) W c. (Last) Cranor

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH April 1 1879
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havana Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Eliza M. Crowley BIRTHPLACE Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE W. F. Cranor ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteomyelitis chronic left femur — 20 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1952 *to* 9 May, 1952, *that I last saw the deceased alive on* 9 May, 1952 *and that death occurred at* 11:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE George H. Bjorkman M.D. (Degree or title) 557
23b. ADDRESS Lava Hot Springs, Idaho
23c. DATE SIGNED 5/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 10, '52
24c. NAME OF CEMETERY OR CREMATORY Kemmerer Cemetery
24d. LOCATION (City, town, or county) Kemmerer (State) Wyoming

DATE REC'D BY LOCAL REG. 5-9-52
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Mile Matthew & Montpelier Idaho ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1625
Local Reg. No. 179
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lula b. (Middle) Olsen c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): May 22 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 25, 1894	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife of	Own home	Link Creek, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Olsen	Denmark	Lena Keller	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No.		Stanley W Nelson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Aug, 1951, *to* 5/22, 1952, *that I last saw the deceased alive on* 5/22, 1952 *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Bjorkman M.D.		Lava Hot Springs Idaho	5/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1952	Thatcher	Thatcher Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1952	Eva M Wallin	Atkinson Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No. 188
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES		KIRBY	MAY 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	NEVER MARRIED	JANUARY 10, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	LOGAN, UTAH	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
EDWARD KIRBY	SHIPMEDOW, ENGLAND	ANN ARGAR	DOVER ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Mrs. J. L. Halford	197 W Bryan

MEDICAL CERTIFICATION

33 IX

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May, 1952, *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Downey Idaho	June 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JUNE 2, 1952	HYDE PARK CEMETERY	HYDE PARK, UTAH

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 12 1952	Eva M. Wallin	Allen J. Manning	Hall-Brand Mortuary Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1627
Local Reg. No. 17727
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nora Street (R. F. D. 1 S)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Nora Street (R. F. D. 1 South)

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) RAYMOND c. (Last) GRAY

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 15, 1901

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Grange City, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry W. Gray
BIRTHPLACE: Grange Kentucky

14. MOTHER'S MAIDEN NAME: Lucy Jane Reeves
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 508-09-5009

17. INFORMANT'S OWN SIGNATURE: Mrs Carrie A. Gray ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

453.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: reported

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Buergers Disease — Nov. 14, 1951

DUE TO (c) Arteriorclerosis Arterial thinkening. — to May 30 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29 pm 1952, *to* May 30, 1952, *that I last saw the deceased alive on* May 29, 1952 *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Rosencrans D.O. 511 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 31, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REGISTRAR: JUN 5 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: James Anderson ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1628
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Edgar c. (Last) Symas
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 12 1910.
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Logan Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Karl Edgar BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Rachel Merrill BIRTHPLACE Logan Ut.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Herbert L. Symas ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Metastasis Carcinoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C.A. Breast Metastasis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 1944

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19__, to 5-9, 1952, that I last saw the deceased alive on 5-9, 1952 and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.L. Gardner MD
23b. ADDRESS Montpelier
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 11th
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. May 11th 1952
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Peterson Mortuary ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-10021

Certificate of Death

STATE OF IDAHO

State File No. 1C29
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUN 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

c. LENGTH OF STAY (in this place): 30 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Benewah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location): Valley House

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernest	Walter	Cherveny	April 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 28, 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 84		Minnesota	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		Helen Michael	St. Maries, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 1:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. McLean	Coroner	St. Maries, Idaho	4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-1-52	Woodlawn	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-1-52	Esper L. Brubner	W. E. McLean	St. Maries, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1630
Local Reg. No. 21
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): St. Maries
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cora; b. (Middle) Belle; c. (Last) Derry

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 29, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Boone N. Car.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Miller
BIRTHPLACE: N. Car.

14. MOTHER'S MAIDEN NAME: Mary Matheson
BIRTHPLACE: N. Car.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 518-05-0298

17. INFORMANT'S OWN SIGNATURE: Mark Henry
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1952 *to* 5-4, 1952 *that I last saw the deceased alive on* 5-4, 1952 *and that death occurred at* 2:16 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp 34
(Degree or title): M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5/7/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Nevin
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1C31
Local Reg. No. 2
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 322 Ninth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries,
d. STREET ADDRESS (If rural, give location): 322 Ninth

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Lewis
c. (Last): Stickney

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 1, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Woods
11. BIRTHPLACE (State or foreign country): Chippewa Falls Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Leonard Stickney — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Vesta Oliver — BIRTHPLACE: Maine
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mary Ethel Stickney — ADDRESS: St Marie Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and myocardial sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May 11, 1952, *that I last saw the deceased alive on* April 20 1952, *and that death occurred at* 12:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title) M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 5-15-52
24c. NAME OF CEMETERY OR CREMATORY: Smith Crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 5/13/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Wessa — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1632
Local Reg. No. 23
Reg. Dist. No. 130

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warnke

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Warnke

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Arthur c. (Last) McPherson

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 20, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Standish Michigan

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John McPherson
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Mary A. Dewire
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lee McPherson ADDRESS: Post Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene left foot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 5-12, 1952, *and that death occurred at* 5:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen G. Rapp M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-17-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5/16/52
REGISTRAR'S SIGNATURE: Esper G. Brubaker
25. FUNERAL DIRECTOR: R. E. Vessa
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1633
Local Reg. No. 24
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Wilber; c. (Last) Cory

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 30, 1906

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Alma Michigan

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: David Cory
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Olive Scott
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. 2

16. SOCIAL SECURITY NO.: 518-10-9250

17. INFORMANT'S OWN SIGNATURE: Mrs. Eileen Cory
ADDRESS: Plummer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CORONARY Artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 45 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Atherosclerosis (Sudden Death. Previously well) — UNKNOWN

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* HAD NOT SEEN PATIENT *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merle E Cressey M.D.

23b. ADDRESS: Tekoa, Wash

23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-16-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5/19/52

REGISTRAR'S SIGNATURE: Esper L. Brebner

25. FUNERAL DIRECTOR: R. E. McEuen
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1134
Local Reg. No. 25
Reg. Dist. No. 130

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): St. Maries Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Luther
c. (Last): Carey

4. DATE OF DEATH: May 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 22, 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blakesburg Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jonathan Carey
BIRTHPLACE: Md.

14. MOTHER'S MAIDEN NAME: Susanna B. Clark
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L. W. Carey
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420, 1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis with infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-11, 1952, *to* 5-14, 1952, *that I last saw the deceased alive on* 5-14, 1952, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title): M. D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-19-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5/16/52

REGISTRAR'S SIGNATURE: Eugene B. Brebner

25. FUNERAL DIRECTOR: W. E. Wessa
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON RESIDENT

State File No. 1225
Local Reg. No. 26
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries Rural
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Rochat Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): St. Clair Hotel, S 222 Howard St.,

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) LaFace

4. DATE OF DEATH: (Month) (Day) (Year) May 18 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N. M.

8. DATE OF BIRTH: May 23 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Paris Shoe Store

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carmen Laface
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Frances Passanti
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Albo, N 4728 Hawthorne St.,
ADDRESS: Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

E38.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto Accident, faulty brakes

DUE TO (c) and drove into the St. Joe River

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): St. Joe River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near St. Maries Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18, 1952 7:10P

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Faulty auto brakes and drove into St. Joe River

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wells
(Degree or title): Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-19-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Spokane

DATE REC'D BY LOCAL REG.: 5/20/52

REGISTRAR'S SIGNATURE: Esper S. Brebner

25. FUNERAL DIRECTOR: R. E. Wells
ADDRESS: St. Maries, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1936
Local Reg. No. 3
Reg. Dist. No. 135

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tensed
c. LENGTH OF STAY (in this place): 6 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Alpha; b. (Middle) Viola; c. (Last) McHargue

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1916

9. AGE (In years last birthday): 35
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Culdesac Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Alfa Marvin Grant
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary A. Laughlin
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-22-4137

17. INFORMANT'S OWN SIGNATURE: Earl McHargue
ADDRESS: Grangeville Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suicide by firearms — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Tensed Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 24, 1952 12:10P.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot in head with .300 cal. Remington rifle

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wesson (Degree or title): Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 5-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-27-52

24c. NAME OF CEMETERY OR CREMATORY: Gifford

24d. LOCATION (City, town, or county) (State): Gifford Idaho

DATE REC'D BY LOCAL REG.: 5/26/52

REGISTRAR'S SIGNATURE: Esper B. Brebner

25. FUNERAL DIRECTOR: R. E. Wesson
ADDRESS: St. Maries, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1537
Local Reg. No. 77
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUN 6 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 41 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries Rural
d. STREET ADDRESS (If rural, give location): Cherry Creek

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle); c. (Last) Rieger

4. DATE OF DEATH: (Month) (Day) (Year) May 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter J. Rieger
ADDRESS: 16220-14NE Seattle

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary edema — 434.3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1952, *to* May 25, 1952, *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 12:26A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Berger A. Rapp M. D.

23b. ADDRESS: St. Maries Idaho

23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-29-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 5/26/52

REGISTRAR'S SIGNATURE: Esper B. Brebner

25. FUNERAL DIRECTOR: M. E. Weeks

ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1638
Local Reg. No. 28
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 42 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lawlers

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 802 College

3. NAME OF DECEASED (Type or Print): a. (First) Jennie; b. (Middle) H.; c. (Last) McMellian

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 15, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator 74
10b. KIND OF BUSINESS OR INDUSTRY: Apartment House
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Conover — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nels A Pearson — ADDRESS: St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis rt. cheek

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952 *to* 26 May 1952, *that I last saw the deceased alive on* 20 May, 1952 *and that death occurred at* 2:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. A. Rapp 34 (Degree or title): M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5/29/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: N. E. Wessa — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1629
Local Reg. No. 293
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 27 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Riverdale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Riverdale

3. NAME OF DECEASED (Type or Print)
a. (First): [redacted]
b. (Middle): Maria
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 10, 1859
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: Sweden

13. FATHER'S NAME: Johannes Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Richard Lundell — ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Frac. Left humerus — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Maries, Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 23 May 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 23 May, 1952, *to* 26 May, 1952, *that I last saw the deceased alive on* 26 May, 1952, *and that death occurred at* 6:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-30-52
24c. NAME OF CEMETERY OR CREMATORY: Runkel
24d. LOCATION (City, town, or county) (State): Junction City Wisconsin

DATE REC'D BY LOCAL REG.: 5/29/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Wessa — ADDRESS: St. Maries, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1540
Local Reg. No. 48
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,

c. LENGTH OF STAY (in this place): 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)

d. STREET ADDRESS (If rural, give location): Rt. 1 (Moreland)

3. NAME OF DECEASED (Type or Print): a. (First) Alexander; b. (Middle) M.; c. (Last) Clement

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 31, 1866

9. AGE (In years last birthday): 85

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Plain City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Alma Clement

BIRTHPLACE: Dryden, New York

14. MOTHER'S MAIDEN NAME: Margaret Eliza Shoemaker

BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jesse Clement

ADDRESS: Rt.1, Blackfoot, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hypertension — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/7/52

24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery

24d. LOCATION (City, town, or county) (State): Moreland, Bingham Idaho.

DATE REC'D BY LOCAL REG.: May 6 1952.

REGISTRAR'S SIGNATURE: Mrs Walter E Farnes

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 26 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1641
Local Reg. No. 82
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 North Meridian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EPHRAIM
b. (Middle): AUGUSTUS
c. (Last): LAWSON

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/16/1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lawson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ruth M. Greenway — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Frank J Hansen — ADDRESS: Blackfoot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs +
DUE TO (c) Arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1951, *to* March 12, 1952, *that I last saw the deceased alive on* March 12, 1952, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Annis Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: May 19 1952
REGISTRAR'S SIGNATURE: Mrs Walter C. Palmer
25. FUNERAL DIRECTOR: Bruce A. Eckersley — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1242
Local Reg. No. 83
Reg. Dist. No. 60

STATE OF IDAHO

BIRTH NO.

MAY 23 1952

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,

c. LENGTH OF STAY (in this place): 33 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 280 South Birch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,

d. STREET ADDRESS (If rural, give location): 549 North Ash

3. NAME OF DECEASED (Type or Print)

a. (First): AUGUST

b. (Middle): O.

c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 13, 1878

9. AGE (In years last birthday): 73

IF UNDER 1 YEAR — Months / Days

IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 94

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Sweden (Kirstianstad)

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oke Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Magadalena — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Magdalena Gardner — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1952, *to* May 16, 1952, *that I last saw the deceased alive on* May 16, 1952, *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Van Baker — (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-19-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: May 19 1952

REGISTRAR'S SIGNATURE: Mrs Dalen C. Palmer

25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1643
Local Reg. No. 96
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 3d ys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham county Memoral Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Tony
b. (Middle) C
c. (Last) Rook

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-23-1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charton Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Rook BIRTHPLACE Penn.,
14. MOTHER'S MAIDEN NAME Martha Ietteo BIRTHPLACE Washington

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-16-4815
17. INFORMANT'S OWN SIGNATURE Mrs Mary E. Rook ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 022X Aneurysm, Aortic, Subdiaphragmatic — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Oct, 1951, *to* 16 May, 1952, *that I last saw the deceased alive on* 15 May, 1952 *and that death occurred at* 1:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 179 Walter G Hoge (Degree or title) MD
23b. ADDRESS Blackfoot Idaho
23c. DATE SIGNED 20 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-19-52
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Shelley Bingham Idaho

DATE REC'D BY LOCAL REG. June 9-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Loyd McNelder ADDRESS Shelley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1544
Local Reg. No. 86
Reg. Dist. No. 605

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 838 North Shilling Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 838 No. Shilling

3. NAME OF DECEASED (Type or Print)
a. (First): Cathleen
b. (Middle): Parsons
c. (Last): Christensen

4. DATE OF DEATH: May 19, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months: 9 Days: 8
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Thomas, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert M. Parsons
BIRTHPLACE: Leon, Iowa

14. MOTHER'S MAIDEN NAME: Henrietta Rogers
BIRTHPLACE: Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Hans C. Christensen
ADDRESS: Blackfoot Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1952, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 6:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Jacker 323
(Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 23 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

State File No. 1645
Local Reg. No. 84
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Asylum Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): P.O. Box 81

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel
b. (Middle): Bartlett
c. (Last): Thomson

4. DATE OF DEATH (Month) (Day) (Year): May 21 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 14, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Grafton or Alton, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ira Bartlett — BIRTHPLACE: U. W. A.
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-09-2438
17. INFORMANT'S OWN SIGNATURE: Thomas B. Thomson — ADDRESS: Box 81 Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of
DUE TO (c) Hypertension years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 3. a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Hampton 145 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 5-22-52
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: May 21-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1646
Local Reg. No. 76
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B LACKFOOT
c. LENGTH OF STAY (in this place): 6mo 4 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAH O
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): BETTY
b. (Middle):
c. (Last): FLEMING

4. DATE OF DEATH (Month) (Day) (Year): MAY 1 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 7-3-1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 9, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): NOBLEY, KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JIM HENRY — BIRTHPLACE: KENTUCKY
14. MOTHER'S MAIDEN NAME: MAY SHELLY — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Fleming — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Metastatic Cancer to Bowel — 3 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 17, 1951, *to* MAY 1, 1952, *that I last saw the deceased alive on* MAY 1, 1952, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M. D. — 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 5.6.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6-1952
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. S. O. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 6 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Cockham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1547
Local Reg. No. 77
Reg. Dist. No. 601

RECEIVED
MAY 9 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home S. E. Blf't.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 284 South Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Alfred c. (Last) Martin

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 14, 1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months 4 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer & manager

10b. KIND OF BUSINESS OR INDUSTRY: Implement Dealer

11. BIRTHPLACE (State or foreign country): Williamsport, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James G. Martin — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Sarah (Unknown) — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harry A. Martin — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 1½ Yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

153X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952 *to* May 2, 1952, *that I last saw the deceased alive on* May 1, 1952 *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A E Mullen — (Degree or title): M. D. — **23b. ADDRESS**: Blackfoot, Idaho — **23c. DATE SIGNED**: 5-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 5, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Grove City Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: May 9 1952 — REGISTRAR'S SIGNATURE: Mrs Gracie E. Purvis

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1648
Local Reg. No. 79
Reg. Dist. No. 601

BIRTH NO.

MAY 1 7 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALBION
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): W.
c. (Last): NEWMAN

4. DATE OF DEATH (Month) (Day) (Year): MAY 6, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 1871
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 6 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN A. NEWMAN
BIRTHPLACE: FAYETTE, MO.
14. MOTHER'S MAIDEN NAME: GILVIN
BIRTHPLACE: FAYETTE, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Venous Thrombosis (Femoral) — 4 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 21, 1952, *to* MAY 6, 1952, *that I last saw the deceased alive on* MAY 6, 1952, *and that death occurred at* 7:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 5.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 6, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 7-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1649
Local Reg. No. 50
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 1 M. 25D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW PLYMOUTH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle):
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 7 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 19, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ANDREW ERICKSON — BIRTHPLACE: SWEEDWEN
14. MOTHER'S MAIDEN NAME: ANNE FRANSEN — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 12, *19*52, *to* MAY 7, *19*52, *that I last saw the deceased alive on* may 7, *19*52 *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 5.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-8-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: May 8-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg, Blackfoot, Ida.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1850
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 3mo 9da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BUTTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARCO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): M.
c. (Last): PAULSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 13 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: JULY 26 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 9, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: ANDERS PAULSON — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: DENMARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Hammond — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Arteriosclerotic — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 4, 1952, *to* MAY 13, 1952, *that I last saw the deceased alive on* MAY 13, 1952, *and that death occurred at* 8:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot.
23c. DATE SIGNED: 5.13.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/13/52
24c. NAME OF CEMETERY OR CREMATORY: Arco Ida
24d. LOCATION (City, town, or county) (State): Arco Ida.

DATE REC'D BY LOCAL REG.: May 13 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: W. A. Mavel — ADDRESS: Arco

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1651
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 26 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 22yrs, 9mo, 16da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: MINIDOKA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): LIND
c. (Last): TRENT

4. DATE OF DEATH (Month) (Day) (Year): MAY 15 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 6, 1876
9. AGE (In years last birthday): 76 — If under 1 year: Months 4, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN .5
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PENN
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Manition Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 35 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Arteriosclerotic — 25 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 21, 1929, *to* MAY 15, 1952, *that I last saw the deceased alive on* MAY 15, 1952, *and that death occurred at* 11:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague 414 M.D.
23b. ADDRESS: State Hosp. So. Blackfoot, Ida
23c. DATE SIGNED: 5.16.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-21-52
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: May-21-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1552
Local Reg. No. 5
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Flora May b. (Middle) c. (Last) Chapman

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Married	June 6, 1891	59	11	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Spurgeon, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marion Kato — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Margaret M. Fleener — BIRTHPLACE: Spurgeon, Ind.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James W. Chapman — ADDRESS: Aberdeen, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 12 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 1 week
DUE TO (c) Coronary insufficiency — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 years

19a. DATE OF OPERATION: 1937 &1948
19b. MAJOR FINDINGS OF OPERATION: 1937-Pelvic operation(ovary removed) 1948 Rt. cataract
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1940, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 5:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Harris M. D.
23b. ADDRESS: Aberdeen, Idaho.
23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-52
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or coun..., (State): Aberdeen, Idaho.

DATE REC'D BY LOCAL REG.: 5-20-52
REGISTRAR'S SIGNATURE: R. L. Harris
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No.
Reg. Dist. No. 6-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 60Y. 8M. 24D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LICK CREEK,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE b. (Middle) c. (Last) DAVID

4. DATE OF DEATH: (Month) MAY (Day) 20 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOT GIVEN
9. AGE (In years last birthday): ABOUT 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not given 65
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Naman — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAH

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Schizophrenia — 60 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* MAY 20, 19 52, *that I last saw the deceased alive on* May 20, 19 52, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Sprague (Degree or title) M. D. — 23b. ADDRESS: State Hosp. So. Blackfoot — 23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 5-28-52 — 24c. NAME OF CEMETERY OR CREMATORY: State Hospital Cemetery — 24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: May 28 1952 — REGISTRAR'S SIGNATURE: Mrs Walter E. Farris — 25. FUNERAL DIRECTOR: John C. Handley — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1654
Local Reg. No. 602
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUL 7 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Samuel	Derias	Kendall	May 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Widowed	Dec, 27, 1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Springville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Levi Newell Kendall	Lockport, New York	Elizabeth Clements	Liberty Co. Mo.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	none	Waldo Kendall	Aberdeen, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion (thrombosis)	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Insufficiency	2 yrs.
DUE TO (c)	Arteriolarsclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO #

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 10, 1951, *to* May 1, 1952, *that I last saw the deceased alive on* May 5, 1952, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harms, M.D.	Aberdeen, Idaho.	5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 27, 1952	Aberdeen Cemetery	Aberdeen, Idaho. Bingham C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-23-52	H. L. Harms	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1255
Local Reg. No. 87
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
c. LENGTH OF STAY (in this place): 58 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) PARKS c. (Last) LINDSAY

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 22, 1862

9. AGE (In years last birthday): 89 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Ret, Merchantile

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Lindsay-- BIRTHPLACE: Leeds, Canada

14. MOTHER'S MAIDEN NAME: Julia Parks, BIRTHPLACE: New York, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W J. Lindsay ADDRESS: Moreland, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 mos
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.7

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1952 *to* May 24, 1952, *that I last saw the deceased alive on* 5-22, 1952, *and that death occurred at* 11:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Humphreys (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Idaho.

DATE REC'D BY LOCAL REG.: May-27-1952
REGISTRAR'S SIGNATURE: Mrs Velma E. Patrie
25. FUNERAL DIRECTOR: John C. Sandberg. ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1656
Local Reg. No. 88
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 2 3 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 26yrs2m5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILL CITY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): B.
c. (Last): STOKES

4. DATE OF DEATH (Month) (Day) (Year): MAY 25 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 28, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): COYVILLE, KANSAS
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

782.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anasarca (from Circulatory Failure) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Paranoia — 30 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19- *, 19*26*, to* 5-25- *, 19*52*, that I last saw the deceased alive on* MAY 25 *, 19*52*, and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title) M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 5.26.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-25-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: May 25-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: White Funeral Home By: Howard Packham Blackfoot-Idaho
ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1657
Local Reg. No. 92
Reg. Dist. No. 6a1

Certificate of Death

STATE OF IDAHO

REC'D JUN 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #1, Sand Creek Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Airport Road

3. NAME OF DECEASED (Type or Print): a. (First) Jennie; b. (Middle) Shannon; c. (Last) Swigert

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 10, 1870

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Mount Holley, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John E. Shannon — BIRTHPLACE: Penna.

14. MOTHER'S MAIDEN NAME: Rebecca Karbaugh — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William A. Swigert — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause Incident to age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1951, *to* May 26, 1952 *that I last saw the deceased alive on* May 23, 1952 *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Bladkfoot, Idaho
23c. DATE SIGNED: 5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-28-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 28, 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1658
Local Reg. No. 91
Reg. Dist. No. 601

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Lincoln Creek
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Lincoln Creek
d. STREET ADDRESS (If rural, give location): Lincoln Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Thorpe

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman & Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Stock Ranch
11. BIRTHPLACE (State or foreign country): Virginia City, Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Thorpe — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Teton — BIRTHPLACE: Bannock C'ty., Ida.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Joseph Thorpe Jr. — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 1 WK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca of Prostate — 2 Yrs.
DUE TO (c): Generalized metastases to bones etc

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* May 28, 1952, *that I last saw the deceased alive on* May 22, 1952, *and that death occurred at* 3:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 30 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1559
Local Reg. No. 929
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Hiway 91 South
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway 91, So. of Blackfoot 4 mi.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) McAdoo Street

3. NAME OF DECEASED (Type or Print): a. (First) Clayton b. (Middle) D. c. (Last) Wright

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1923

9. AGE (In years last birthday): 28 IF UNDER 1 YEAR Months: 7 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Attendant //

10b. KIND OF BUSINESS OR INDUSTRY: Auto Garage

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elmer Wright BIRTHPLACE: Franklin, Idaho

14. MOTHER'S MAIDEN NAME: Florence Brown BIRTHPLACE: Harrisville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War 11

16. SOCIAL SECURITY NO.: 516,4

17. INFORMANT'S OWN SIGNATURE: Orvilla Wright ADDRESS: Blackfoot, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto collision

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) 5-29-52 (Day) (Year) (Hour) 3:50 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? caught between wrecker and car when 3rd car struck wrecker.

22. *I hereby certify that I attended the deceased from* Did not attend. Did not see him alive *that I saw the deceased alive on* _____, 19____, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6- 2- 52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June-1-1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie

25. FUNERAL DIRECTOR: Howard Packham ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1660
Local Reg. No. 7
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 91 4 miles south.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 135 Toponce Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CAROLYN	CARTER	SPROULE	May 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 27, 1912	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Resturant	Greenville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adam Earl Carter,	Minersville, Utah	Sarah Williams,	Greenville, U tah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-0013	Donald Carter	Pingree, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, Face lacerations

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Multiple head injuries, Dislocated Right shoulder, fractured Right femur

DUE TO (c) Auto- wrecker truck collision

INTERVAL BETWEEN ONSET AND DEATH: Instant.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	U.S. Highway 91	Blackfoot, Bingham, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 29, 1952 about A. 3:50 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto collided with wrecker truck.

22. *I hereby certify that I attended the deceased ~~from~~* May 29, about, 19 52, to _____, 19____, *that I last saw the deceased* Dead ~~alive~~ on May 29, 1952, *and that death occurred at* 3:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Corner	Blackfoot, Idaho.	May 31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 2, 1952	Riverside-Thomas Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June-1-1952.	Mrs Walter E. Farris	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death NON-RESIDENT

STATE OF IDAHO

RECEIVED
MAY 28 1952
DIVISION OF VITAL STATISTICS

State File No. 1061
Local Reg. No. 21
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BLAINE
b. CITY OR TOWN KETCHUM (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF ~~HOSPITAL OR~~ INSTITUTION ON BALD MOUNTAIN.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California
b. COUNTY San Diego
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego
d. STREET ADDRESS (If rural, give location) 4450 Hermosa Way

3. NAME OF DECEASED (Type or Print) a. (First) Stuart b. (Middle) MacMillan c. (Last) Fraser

4. DATE OF DEATH (Month) (Day) (Year) JAN 19 - 52

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH July 1 1878

9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 6 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aero. Engineer

10b. KIND OF BUSINESS OR INDUSTRY Airplane Prod.

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Fraser BIRTHPLACE California

14. MOTHER'S MAIDEN NAME Grace L. Herman BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X W F Fraser ADDRESS 4450 Hermosa Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9258 Killed in snow slide on Mt. Baldy - Sun Valley skiing

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) area. one mile west of Sun Valley, Idaho.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bodies were not recovered until

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION May 24 - 1952.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mt. Baldy -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Blaine (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 19 - 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? While skiing

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert H. Wright M.D.

23b. ADDRESS Hailey Idaho

23c. DATE SIGNED 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-26-52

24c. NAME OF CEMETERY OR CREMATORY Benbough Crematory

24d. LOCATION (City, town, or county) San Diego, Calif. (State)

DATE REC'D BY LOCAL REG. May 26 - 1952

REGISTRAR'S SIGNATURE Robert H. Wright per C.B.R.

25. FUNERAL DIRECTOR Ray McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

NON-RESIDENT

STATE OF IDAHO

State File No. 1[illegible]2
Local Reg. No. 20
Reg. Dist. No. 410

BIRTH NO.

MAY 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BLAINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KETCHUM
c. LENGTH OF STAY (in this place):
d. FULL NAME OF ~~HOSPITAL~~ OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): Bald Mt. near Sun Valley

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: N.Y.
b. COUNTY: N.Y.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N.Y. CITY
d. STREET ADDRESS (If rural, give location): 60 E. 96 St.

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): AARON
c. (Last): GARDNER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Elaine
8. DATE OF BIRTH: 8-17-1912
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY: Snow Suits
11. BIRTHPLACE (State or foreign country): New York City N. Y.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Morris F. Goldberger — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Irene AARON — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 056-03-2148
17. INFORMANT'S OWN SIGNATURE: Elaine Gardner — ADDRESS: 60 East 96th St. N.Y.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

925.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Filled in snow slide on Mt. Baldy - Sun Valley skiing area - one mile west of Sun Valley, Idaho.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bodies were not recovered until May 24-1952.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mt. Baldy
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blaine Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 19 - 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: While skiing

22. *I hereby certify that I attended the deceased from* ✓, *19*__, *to* ✓, *19*__, *that I last saw the deceased alive on* ✓, *19*__, *and that death occurred at* ✓ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine Co. Coroner — [illegible] M.D.
23b. ADDRESS: Hailey, Idaho.
23c. DATE SIGNED: May 26-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-26-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.
24d. LOCATION (City, town, or county) (State): Westchester County N. Y.

DATE REC'D BY LOCAL REG.: May 26-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death
NON-RESIDENT
STATE OF IDAHO

State File No. 1633
Local Reg. No. 22
Reg. Dist. No. 410

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: BLAINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KETCHUM
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): ON BALD MTN.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASH.
b. COUNTY: PACIFIC
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SOUTH BEND
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle): EMIL
c. (Last): MANDL

4. DATE OF DEATH (Month) (Day) (Year): 1 - 19 - 52

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): SINGLE
8. DATE OF BIRTH: OCT. 3, 1910
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months 3 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SKII INSTRUCTOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIENNA AUSTRIA
12. CITIZEN OF WHAT COUNTRY?: AUSTRIA

13. FATHER'S NAME: RUDOLPH MANDL
BIRTHPLACE: VIENNA AUSTRIA
14. MOTHER'S MAIDEN NAME: DIANE THOMPSON
BIRTHPLACE: CHICAGO ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S OWN SIGNATURE: Florence A. Mackenzie
ADDRESS: Seattle

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Killed in snow slide on Mt. Baldy, - Sun Valley skiing area, one mile west of Sun Valley, Idaho -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Suffocation and broken neck -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Body was not recovered until June 5 - 1952
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mt. Baldy
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blaine Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. - 19 - 1952 ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: While skiing

22. *I hereby certify that I attended the deceased from* ✓ *, 19___, to* ✓ *, 19___, that I last saw the deceased alive on* ✓ *, 19___, and that death occurred at* ✓ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Wright - M.D. - Blaine
23b. ADDRESS: County Coroner - Hailey, Idaho
23c. DATE SIGNED: June - 6 - 1952

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: June 6 - 1952
24c. NAME OF CEMETERY OR CREMATORY: ✓
24d. LOCATION (City, town, or county) (State): SO. BEND WASH.

DATE REC'D BY LOCAL REG.: June 6 - 1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1654
Local Reg. No. 23
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location) in Trail Creek

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MELANIE b. (Middle) SUE c. (Last) McCLELLAN

4. DATE OF DEATH (Month) (Day) (Year) 5-23-52

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) CHILD

8. DATE OF BIRTH Aug 2 1950

9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 9 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) SUN VALLEY IDA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME VERN H. McCLELLAN — BIRTHPLACE NAMPA IDA

14. MOTHER'S MAIDEN NAME Eunice E. ZIMMERMAN — BIRTHPLACE PAYETTE IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Vern H. McClellan — ADDRESS Ketchum

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Trail Creek - At

21c. (CITY, TOWN, OR TOWNSHIP) Ketchum (COUNTY) Blaine (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 23-1952 4:30 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell in nearby Creek

22. *I hereby certify that I attended the deceased from* 23 May, 1952 *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Royal S. Cutler (Degree or title) M.D

23b. ADDRESS Sun Valley Ida

23c. DATE SIGNED 31 May 52

24a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) BURIAL

24b. DATE 5-26-52

24c. NAME OF CEMETERY OR CREMATORY Ketchum

24d. LOCATION (City, town, or county) Ketchum (State) Idaho

DATE REC'D BY LOCAL REG. 6-2-1952

REGISTRAR'S SIGNATURE Robert H. Wright-per Ed B.W.

25. FUNERAL DIRECTOR Kay McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1665
Local Reg. No. 352
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ mile E. of Arrowrock Dam
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) THOMAS c. (Last) HOGARD

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 4, 1920

9. AGE (In years last birthday): 32-1-22 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver-Eddy's Bakery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jordan Valley, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 19 **BIRTHPLACE**: Dewey Calbert Hogard-Gainesville, Mo.

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Eva Blacksher-Gainesville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #2

16. SOCIAL SECURITY NO.: 523,4

17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs. Lorna Hogard R.8 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACCIDENTAL. Car that he was driving

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ran off of Road in Boise River and He was drown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): above Arrowrock

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dividing line Boise & Elmore. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 26, 1952. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Raw off road on sharp curve.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Kellar. 470 Coroner

23b. ADDRESS: Idaho City. Idaho

23c. DATE SIGNED: May. 31. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: June 4-1952

REGISTRAR'S SIGNATURE: Mrs. E. S. Robison

25. FUNERAL DIRECTOR ADDRESS: Clegg E. Summers SUMMERS FUNERAL HOME Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
1 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1556
Local Reg. No. 53
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Asa	C.	Randall	April 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 8, 1885	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker oe	Lumbering	Bloomer, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-9362	Ida Dept of Pub. Assistance	Records

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	2 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	4 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 25, 1952, *to* Apr 26, 1952, *that I last saw the deceased alive on* Apr 25, 1952, *and that death occurred at* 3:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. J. Tyler +3	MD	Sandpoint Idaho	June 10 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/15/52	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 11 1952	Merlene K. Miley	L. L. Moon Jr	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1667
Local Reg. No. 46
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 401 Church

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Jane
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 28, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Osteopath 14
10b. KIND OF BUSINESS OR INDUSTRY: Osteopathy
11. BIRTHPLACE (State or foreign country): Weldon, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Evan Long — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Symantha Carr — BIRTHPLACE: Weldon, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Oliver Long — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypertension — yens
DUE TO (c): Cannic Glomerulo nephritis — yens

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* May 1, 1952, *that I last saw the deceased alive on* April 30, 1952, *and that death occurred at* 9:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 595 (Degree or title): F H Siemsen, M.D.
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: May 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 02: 5/5/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 14-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR — ADDRESS: L G Moon Jr
Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1863
Local Reg. No. 48
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 22 1952 DIVISION OF VITAL

NON-RESIDENT

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): Ivy
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 20, 1926
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Shepton Mallott, England
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arthur Henry Paul — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emily Paul — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 538-28-8322
17. INFORMANT'S OWN SIGNATURE: Robert H Jones — ADDRESS: Troy Mont.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Shock
DUE TO (c) Ruptured liver

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 3 mo preg, Fract humerus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-way 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5 mi North Sandpoint, Bonner, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 13 1952 7p m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* May 14, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Wendle — (Degree or title): MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: May 14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/17/52 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 16-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1999
Local Reg. No. 19
Reg. Dist. No. 110

BIRTH NO. 52-6877 JUN 4 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 16 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dennis Michael; b. (Middle); c. (Last) Blevins

4. DATE OF DEATH: (Month) (Day) (Year) May 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5/16/1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 16 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Olan Blevins — BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Anna Louise Bolain — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Raymond O. Blevins — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation of the heart. — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Patent ductus arteriosus — 16 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Premature birth

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 16, 1952, *to* May 16, 1952, *that I last saw the deceased alive on* May 16, 1952, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C. Hayden M.D.

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 5/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/28/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 29-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR — ADDRESS: L. D. Moon Jr. Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1670
Local Reg. No. 50
Reg. Dist. No. 110

BIRTH NO. JUN 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint, Idaho
d. STREET ADDRESS (If rural, give location): 426 South Lavina

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	Edison	Norton	May 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 7, 1869	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Timber Scaler & Cruiser	Lumbering	Racine, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Norton	New York	Laura Norton	Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	X Mrs F E Norton	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-15-52	Carcinoma of hepatic flexure of the colon involving the duodenum	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-26, 1952 *to* 5-28, 1952, *that I last saw the deceased alive on* 5-28, 1952, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith	MD	1094 N. First Ave. Sandpoint Id	5-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/31/52	Lakeview Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 3-1952	Merlene H. Miley	E G Moon Jr	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1671
Local Reg. No. 47
Reg. Dist. No. 110
BIRTH NO.

RECEIVED MAY 22 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Priest River Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River, Ida.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Patrick b. (Middle) W. c. (Last) Joy

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 9/26/1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Newfoundland

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: John Joy — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-6400

17. INFORMANT'S OWN SIGNATURE: 493X — ADDRESS: Idaho Dept. of Public assistance records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia both lung — 1 week
DUE TO (c): alcoholic debauch — 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 1, 1952, *to* May 10, 1952, *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* 9:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie J. Stauffer M.D.
23b. ADDRESS: Priest River Ida.
23c. DATE SIGNED: 5-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/14/52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: may 15-1952
REGISTRAR'S SIGNATURE: Marlene H. Miley
25. FUNERAL DIRECTOR: L. E. Mason Jr. — ADDRESS: Moon Funeral Home Priest River, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 14 1952 DIVISION OF VITAL STA...

State File No. 1672
Local Reg. No.
Reg. Dist. No. [redacted]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 555 11th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 555 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROLAND
b. (Middle): MARCUS
c. (Last): SWENSON

4. DATE OF DEATH (Month) (Day) (Year): May 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocery
11. BIRTHPLACE (State or foreign country): Harrisville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rephi Chas. Swenson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Josephine Godfrey — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-20-9442
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

974X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hanging

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 3-1952 about 1:00 pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams (Degree or title): Coroner
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: May 6-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Harvey

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1273
Local Reg. No. 87
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1275 Sage Ave

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Franklin c. (Last) White
4. DATE OF DEATH (Month) (Day) (Year) May - 3 - 1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb - 6 - 1876
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 1 DAY Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harrisville, Utah
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas T. White BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lorene Murdock BIRTHPLACE Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE LeRoy C. White ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3-4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1951, *to* _____, 19____, *that I last saw the deceased alive on* May 3, 1951, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED May 6 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May-7-1952
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. May 15-1952
REGISTRAR'S SIGNATURE Lena Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1574
Local Reg. No. 87
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 588 - E - 12th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 588 - 12th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
D.	Brown	Pickens	May 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 5, 1894	57	8	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Dairy Equipment	Lynnville, Tenn.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hamilton Pickens	Tenn.	[redacted] Zella Mae Yates	Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes War I	518-07-6949	Mrs D B Pickens	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 10, 1952, *to* _____, 19____, *that I last saw the deceased alive on* 5-10-52, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hatch	M.D.	Idaho Falls Idaho	5-13-52

24a. BURIAL, CREMATION, REMOVAL: (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May-14-52	Gelding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 20-1952	Anna Bridges	Leo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1675
Local Reg. No. 98
Reg. Dist. No. 6-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Hannah; b. (Middle) Elizabeth; c. (Last) Price

4. DATE OF DEATH: (Month) (Day) (Year): May 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hyde Park, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Hancey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rachel Seamon — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gilbert Price — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease
DUE TO (c): & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Death, 19___, *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M.D.
23b. ADDRESS: Idaho Falls, Ida.
23c. DATE SIGNED: May 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery
24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: May 29-'52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Joseph E. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Certificate of Death

STATE OF IDAHO

State File No. 1676
Local Reg. No. 89
Reg. Dist. No. 6-10

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Etna
b. (Middle): May
c. (Last): Palmer

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 15, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isaac J. Wardle — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Martha Ann Egbert — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J W Palmer — ADDRESS: St Anthony Rt 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral + Saddle Embolism — INTERVAL BETWEEN ONSET AND DEATH: Few Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease & auricular fibrillation — Several Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Previous Cerebral Embolism about a year ago.

428.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Death, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A Hatch M D

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: May 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/14/52

24c. NAME OF CEMETERY OR CREMATORY: Parker

24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: May 15-'52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Kenneth Thain — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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MAY 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 102
Reg. Dist. No. 610

BIRTH NO. 52-610

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH May 16, 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Keith Wm Clark
BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Norma Barnes
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. Edwin R. Barnes
ADDRESS Lewisville, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature rupture

DUE TO (c) J Membranes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 1 hr.
(b) 1 mo.
(c)

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 19 52 *to* May 16, 19 52 *that I last saw the deceased alive on* May 16, 19 52 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD

23b. ADDRESS [illegible]

23c. DATE SIGNED 5-17-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 17, 1952

24c. NAME OF CEMETERY OR CREMATORY Cedar Butte

24d. LOCATION (City, town, or county) Annis Jefferson (State) Ida ho

DATE REC'D BY LOCAL REG. May 17-52

REGISTRAR'S SIGNATURE Irma Rudges

25. FUNERAL DIRECTOR Jack A. Wood Jr.
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hatch

RECEIVED Certificate of Death

JUN 12 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1678
Local Reg. No. 94
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1045 - 10th Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1045 - 10th Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Randall	Taylor	May - 19, '52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		March 6 - 1952		2	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cr		Idaho Falls Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Dee Taylor	St. Anthony Idaho	Loretta Bradford	Omaha Nebr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		[illegible]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformations -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) meningo. myelocele &

DUE TO (c) open spina bifida -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Internal Hydrocephalus.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* May 18, 1952; *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch M.D.	Idaho Falls, Ida	May 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 21 - 1952	Rosehill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 28-1952	Lena Rudges	Leo A. Williams	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Certificate of Death

STATE OF IDAHO

State File No. 1579
Local Reg. No. 91
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
JUN 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Gen Del.

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Roosevelt c. (Last) Edwards

4. DATE OF DEATH (Month) May (Day) 20, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 26 1906

9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carey Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John B. Edwards BIRTHPLACE Syracuse New York

14. MOTHER'S MAIDEN NAME Sarah Evans BIRTHPLACE Point Wine California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Opal Staley ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Cervix

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 May, 1952, *to* 20 May, 1952, *that I last saw the deceased alive on* 19 May, 1952, *and that death occurred at* 6:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Leland F. Brantingham

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED 5/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/22/52

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. May 24-1952

REGISTRAR'S SIGNATURE Anna Rudgren

25. FUNERAL DIRECTOR Geo A Sullivan ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-430.1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1680
Local Reg. No. 99
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): Maud
c. (Last): Garner

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 12, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Woodscross, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin H. Watson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Maria Lincoln — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchopneumonia — 2 weeks

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* May 28, 1952, *that I last saw the deceased alive on* May 27, 1952, *and that death occurred at* 1:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. O. Truxal, M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 5-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 01 1952
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: May 30-52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1631
Local Reg. No. 84
Reg. Dist. No. 611

BIRTH NO.

MAY 1 4 1952 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 4, 8 mi. S.W. of I.F.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): Route # 4, 8 mi. S.W. of Ida. Falls

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUST	DANIEL	STONEBERG	May	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	December 15, 1886	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, retired 64	Self employed	Tidaholm, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	Sweden	No record	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ewert Stoneberg	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9768 Gun Shot wound in Head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Farm	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 2 1952 7 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo A. Williams (Coroner)	Idaho Falls, Ida	5/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1952	Fielding Mem. Park	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 9-1952	Anna Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1692
Local Reg. No. 90
Reg. Dist. No. 611

BIRTH NO.

RECEIVED
MAY 12 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
c. LENGTH OF STAY (in this place): 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles S.W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location): 10 Miles S. W.

3. NAME OF DECEASED (Type or Print): a. (First) LIZZIE; b. (Middle); c. (Last) SEALANDER

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Erick Eklund
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmer Sealander
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension and

DUE TO (c) Chronic nephritis arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 19 52, *to* May 13, 19 52, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:35A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John O. Mellor M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: May 20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: New Sweden

24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: May 24-52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland Co. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1683
Local Reg. No. 93
Reg. Dist. No. 64

BIRTH NO.

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Milo
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): East 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): CORA CHANDLER BURTON

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/27/1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Chandler
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Harriet Cordon
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert C Burton
ADDRESS: 156 E 5th N Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis -
INTERVAL BETWEEN ONSET AND DEATH: Aug. 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
INTERVAL BETWEEN ONSET AND DEATH: 6 years.
DUE TO (c): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1951, *to* May 22, 1952, *that I last saw the deceased alive on* May 22, 1952 *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nelson Fell M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 5/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: May 26-1952
REGISTRAR'S SIGNATURE: Irma Bridges
25. FUNERAL DIRECTOR: Bruce A. Eskelsen
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1604
Local Reg. No. 92
Reg. Dist. No. 611

Certificate of Death

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Ringgold
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maloy -
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Julius
c. (Last): Lepley

4. DATE OF DEATH (Month) (Day) (Year): May 27-1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 11-1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 10, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burlington Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Lepley - BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Schritley - BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mary Lepley Grey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes, ~~gastritis~~ and senility — 5 yrs
DUE TO (c): Gastritis acute — 12 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1952, *to* May 27, 1952, *that I last saw the deceased alive on* May 26, 1952, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Guyett MD
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 5/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/28/52
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Creston - Iowa -

DATE REC'D BY LOCAL REG.: May 28-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1595
Local Reg. No. 13
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway - No 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Alex
b. (Middle)
c. (Last) Chiakos

4. DATE OF DEATH (Month) (Day) (Year) May - 27 - 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married -

8. DATE OF BIRTH March 20 - 1880

9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Licouria - Kalabreta - Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE No Relatives - Own Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranial Fracture, Crushed Chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway - 191

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ucon - Bonneville Co - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 27 - 1952 9.55 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Car - Pedestrian Collision

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* —— *m., from the causes and on the date stated above.*

23a. SIGNATURE Geo A. Williams (Degree or title) Coroner

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED May 31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/31/52

24c. NAME OF CEMETERY OR CREMATORY Rose hill

24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. May 31-1952

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Williams — ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1686
Local Reg. No. 11-52
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1952 DIVISION OF VITAL STA...

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kelson Sawmill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Helmer
c. (Last): Quist

4. DATE OF DEATH (Month) (Day) (Year): May 8 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 10/5/1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Vestergotland Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Gustaf Quist — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christene Quist — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-34-1987
17. INFORMANT'S OWN SIGNATURE: Joe Gustafson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowned in mill Pond.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Crushing Injury of chest

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lumber Mill
21c. (CITY, TOWN, OR TOWNSHIP): Bonners Ferry — (COUNTY): Boundary — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8 - 1952 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by logs & thrown into pond

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. S. Allured Coroner (Degree or title) 473
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: May 10-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/12/52 02
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county): Bonners Ferry — (State): Idaho

DATE REC'D BY LOCAL REG.: May 10-1952
REGISTRAR'S SIGNATURE: R. M. Bowell
25. FUNERAL DIRECTOR: Edward Strickwell — ADDRESS: Sandpoint

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1587
Local Reg. No. 12-52
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 16 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): North side of town

3. NAME OF DECEASED (Type or Print): a. (First) Archie b. (Middle) James c. (Last) Heathers

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4/30/1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY: building

11. BIRTHPLACE (State or foreign country): Alma Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willaim F.Heathers — BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Elizabeth Skiles — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 535-I2-3793

17. INFORMANT'S OWN SIGNATURE: Mae Heathers — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. Allured (Degree or title): Coroner
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/12/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview cemetery
24d. LOCATION (City, town, or county) (State): Bonner's Ferry Idaho

DATE REC'D BY LOCAL REG.: 5-10-52
REGISTRAR'S SIGNATURE: K. M. Bonner
25. FUNERAL DIRECTOR: E. T. Stidwell — ADDRESS: Sandpoint Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1688
Local Reg. No. 13-52
Reg. Dist. No. 180

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 27 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Bonners Ferry
c. LENGTH OF STAY (in this place): 47yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): bottom of LaBrosse hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Bonners Ferry
d. STREET ADDRESS (If rural, give location): Bottom of LaBrosse hill

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): Arthur
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): May 13, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 2/23/1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Walla Walla Washington
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ira D. Cooper — BIRTHPLACE: Chicago Ill.
14. MOTHER'S MAIDEN NAME: Sara Berry — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Dave Trutt — ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial degeneration — Sudden death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ruth Bowell 037 (Degree or title) M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/17/52 01
24c. NAME OF CEMETERY OR CREMATORY: Grandview cemetery
24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 5-15-52
REGISTRAR'S SIGNATURE: Ruth Bowell
25. FUNERAL DIRECTOR: E. F. Stickwell — ADDRESS: Lundgren

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1[illegible]9
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-- Bonners Ferry
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-rural Bonners Ferry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural-Bonners Ferry
d. STREET ADDRESS (If rural, give location): 4 miles north of city limits

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): unknown
c. (Last): Rice

4. DATE OF DEATH (Month) (Day) (Year): May 27 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: November 1873
9. AGE (In years last birthday): 79 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Albany N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jake B Pfeifer — ADDRESS: Star-RT. Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. J. Allured Coroner
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/29/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): rural-Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 5-29-52
REGISTRAR'S SIGNATURE: R. M. Bowell
25. FUNERAL DIRECTOR: E. F. Stidwell — ADDRESS: Sandpoint

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 1690
Local Reg. No. 15-52
Reg. Dist. No. 120

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadow Creek
c. LENGTH OF STAY (in this place): I hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meadow Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 2806 East 18th. street

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Washington
c. (Last): Barber

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1/29/1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civilian cappenter
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Base
11. BIRTHPLACE (State or foreign country): Spokane Washington
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: H.Hill — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Barbara Hill — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) world War II
16. SOCIAL SECURITY NO.: 533-01-4913
17. INFORMANT'S OWN SIGNATURE: Jennie S. Barber — ADDRESS: Spokane Wn. 2806 E 18th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aeroplane Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Basilar Skull Fracture

Internal Chest Injuries

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Potts fracture left ankle

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Woods
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Meadow Creek Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 30 1952 8 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Low flying plane crashed in trees

22. *I hereby certify that I attended the deceased from* May 30, 1952, *to* _____, 19__, *that I last saw the deceased alive on* May 30, 1952, *and that death occurred at* 1 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Bowell (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 5/31/52
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Yaeger
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 5-31-52
REGISTRAR'S SIGNATURE: Ken Bowell
25. FUNERAL DIRECTOR: E. F. Stidwell — ADDRESS: Hardpoint

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1691
Local Reg. No.
Reg. Dist. No.

RECEIVED MAY 22 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Moore
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) own home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Moore
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) Selina
b. (Middle) Smith
c. (Last) Noble

4. DATE OF DEATH (Month) May (Day) 4, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH August 2, 1875
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE James S. Smith---Oakley, Bedfordshire, Eng.
14. MOTHER'S MAIDEN NAME BIRTHPLACE Emma Sutton---Nidware, Staffordshire, Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE L. Wilkie Noble ADDRESS Moore Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 7 years
DUE TO (c) Hypertension - Nephritis — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1952, to May 4, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 8.50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Egbert (Degree or title) M.D.
23b. ADDRESS Arco Idaho
23c. DATE SIGNED May 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 9, 1952
24c. NAME OF CEMETERY OR CREMATORY Lost River Cemetary
24d. LOCATION (City, town, or county) Rural Moore (State) Idaho.

DATE REC'D BY LOCAL REG. May 15-1952
REGISTRAR'S SIGNATURE Betty J. Marvel #670
25. FUNERAL DIRECTOR Betty J. Marvel F.D. #19
ADDRESS Arco

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1092
Local Reg. No.
Reg. Dist. No.

JUN 10 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ar
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lucia
b. (Middle): Zerby
c. (Last): Hoebel

4. DATE OF DEATH (Month) (Day) (Year): May 23-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Nov. 17-1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Lawrence Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John V. Zerby — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Marcia Eddy Jones — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Arco, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 40 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17 1952, *to* May 23, 1952, *that I last saw the deceased alive on* May 23 1952, *and that death occurred at* 1:01 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. R. Egbert 10d M.D. (Degree or title)
23b. ADDRESS: Arco Idaho
23c. DATE SIGNED: June 3-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: May 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Memorial
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah.

DATE REC'D BY LOCAL REG.: June 7-52
REGISTRAR'S SIGNATURE: Betty J. Marvel #670
25. FUNERAL DIRECTOR: Betty J. Marvel F.D. #19 — ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1693
Local Reg. No.
Reg. Dist. No.

BIRTH NO. JUN 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Harry c. (Last) Petersen

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 16-1875

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 4 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Hyrum, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Neil's Christensen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Carren Marie Sornson BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Amy K. Frogner ADDRESS: Moore, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized debility — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Reuss (Degree or title): M.D.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52
24c. NAME OF CEMETERY OR CREMATORY: Thomas Riverside
24d. LOCATION (City, town, or county) (State): Bingham, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Floyd M Halsten ADDRESS: Shelley

Federal Security Agency
United States Public Health Service
Form UPH-480 ✓ #670

Certificate of Death

STATE OF IDAHO

State File No. 1134
Local Reg. No.
Reg. Dist. No.

RECEIVED
JUN 4 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Camas - At home
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield Rural
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield Rural
d. STREET ADDRESS (If rural, give location): Fairfield

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) McCan c. (Last) Reedy

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRied
8. DATE OF BIRTH: May 5, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Soldier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph HARRison Reedy — BIRTHPLACE: Arkansas Co virginia
14. MOTHER'S MAIDEN NAME: Dena McCann — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Dena M. Reedy — ADDRESS: Fairfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chr. Nephritis with edema	3 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Myocarditis	2½ yrs

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* 27 May, 1952, *that I last saw the deceased alive on* 27 May, 1952, *and that death occurred at* 1:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion J Kerr 207 — (Degree or title): M D — 23b. ADDRESS: Fairfield Idaho — 23c. DATE SIGNED: 30 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 5-31-52 — 24c. NAME OF CEMETERY OR CREMATORY: Fairfield Cemetery — 24d. LOCATION (City, town, or county) (State): Fairfield, Idaho

DATE REC'D BY LOCAL REG.: 5/31/52 — REGISTRAR'S SIGNATURE: John F Edwards — 25. FUNERAL DIRECTOR: Geo. Jerrad Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1695
Local Reg. No. 88
Reg. Dist. No. 860

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RE... MAY 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 402 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First): Girtie
b. (Middle):
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): May 7-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 20-1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Piney, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Newton Morris — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: R.E. Hofstettler — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert N. Williams — ADDRESS: Eckham-Dakan Chapel, Caldwell

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Mar 26-52

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): With a history of Flu. Carbuncle March; Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 26, 1952, *to* May 7, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl Warner D.O. 438
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: May 10 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May-12-52 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Eckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1696
Local Reg. No. 8
Reg. Dist. No. 36

Certificate of Death

STATE OF IDAHO

BIRTH NO.

27 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1916 Oak St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Madison
c. (Last): Cordell

4. DATE OF DEATH (Month) (Day) (Year): May 8-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14-1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Cordell — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Lea Deeter — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 445-05-9626
17. INFORMANT'S OWN SIGNATURE: Mrs Wm. Cordell — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1951, *to* May 8, 1952, *that I last saw the deceased alive on* Jan 3, 1951, *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl Warner D.O. 438 2
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: May 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 10-1952
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Watonga, Oklahoma

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: C. V. Peckham, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1597
Local Reg. No. 6
Reg. Dist. No. 1

RECEIVED MAY 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Labor Camp (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Caldwell Labor Camp

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rafael		Ruiz	May 11 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Infant	May 19-1947	4	11	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Eagle Pass, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ramon Ruiz	Mexico	Francisca Hermandez	Mexico

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Ramon Ruiz	Caldwell Labor Camp

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Irrigation Canal	Near Caldwell Labor Camp R.F.D. Canyon, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
May 11, 1952 3:30 P.M.		Slipped into Sebree Canal

22. *I hereby certify that I attended the deceased from* ____, *19*____, *to* ____, *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Alsip, Jr. Coroner	Nampa, Idaho	5/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 13-1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
5/24/52	Agnes M Denman	O. V. Peckham — Peckham-Daken Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1538
Local Reg. No. 89
Reg. Dist. No. 34

BIRTH NO.

RECEIVED MAY 27 1952 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2520 College Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Harvey b. (Middle) Elmer c (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year): May 12-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 11-1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months: 4 Days: 1
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stockton, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fremont Allen BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Josephine Thorp, BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jas Jr Allen ADDRESS: Caldwell Rt.6

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardeal injection — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular dis. several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12 1952, *to* May 12, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Hubler M.D.

23b. ADDRESS: 221 East Logan St. Caldwell, Ida.

23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 16-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/24/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham ADDRESS: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1699
Local Reg. No. 50
Reg. Dist. No. 36-1

BIRTH NO.

MAY 27 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Duane; b. (Middle) William; c. (Last) Baldwin

4. DATE OF DEATH (Month) (Day) (Year): May 14-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 6-1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 7; Days 8
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 64

11. BIRTHPLACE (State or foreign country): Oloney, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Baldwin, Lawrenceville, Indiana

14. MOTHER'S MAIDEN NAME: Fanny Oral Snively, Oloney, Illinois
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-5807

17. INFORMANT'S OWN SIGNATURE: Isabella Baldwin, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4 22 1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1950, *to* May 14, 1952, *that I last saw the deceased alive on* May 9, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Peter Schupe (Degree or title) 370
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 5/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Oakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 5
Reg. Dist. No. 12

BIRTH NO.

RECEIVED MAY 27 1952 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huston
d. STREET ADDRESS (If rural, give location): In Village

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	G.	Layher	May 14-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 3-1876	76	2	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer and Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mt. Pulaski, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christ Layher,
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Wilhelmina Brohl,
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs O. M. McDonald
ADDRESS: Caldwell Rt. 4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Essential hypertension — 3+ years

DUE TO (c): [redacted] Diabetes Mellitus — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive heart failure — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1952 *to* May 14, 1952 *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Hubler M.D. (Degree or title)
23b. ADDRESS: 221 E. Logan St. Caldwell Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1701
Local Reg. No. 62
Reg. Dist. No. 360

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Murland; b. (Middle) Ken; c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year): May 16-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: November 8-1948

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months 6; Days 8
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth B. Robinson, BIRTHPLACE: Elden Missouri

14. MOTHER'S MAIDEN NAME: Dixie Beryl Burch, BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Kenneth B Robinson
ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall with blow to head — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Terminal broncho-p neumonia
? Aspiration — ? Hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Grossly edematous brain soft and spongy

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On farm yard gate

21c. (CITY, TOWN, OR TOWNSHIP) Parma (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) May (Day) 12 (Year) 52 (Hour) 2 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Fell against the gate

22. *I hereby certify that I attended the deceased from* 12 May, 19 52 *to* 15 May, 1952, *that I last saw the deceased alive on* 15 May, 19 52, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E. Sol M.D

23b. ADDRESS: Parma, Idaho

23c. DATE SIGNED: 3 JUne 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 20-1952

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 6/7/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1702
Local Reg. No. 51
Reg. Dist. No. 360

RECEIVED
MAY 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. 2 on Franklin Lane

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Fearman
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): May 17-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 11-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Aetna, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Spencer Walker — BIRTHPLACE: Mt. Aetna, Iowa
14. MOTHER'S MAIDEN NAME: Orlena Clementine Gorsuch — BIRTHPLACE: Monroe Co., Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Myrtle Slocum — ADDRESS: Burbank, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic Art. Sclerosis? 40 yrs
DUE TO (c): Pulmonary disease hypostasis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Ca. J.M. Bladder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949 *19*__, *to* death *19*__, *that I last saw the deceased alive on* __, *19*__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Kistler M.D. 101
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 5-20

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 May 22-1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR (Address): Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1703
Local Reg. No.
Reg. Dist. No. 860

BIRTH NO. JUN 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 408 Dearborn St.

3. NAME OF DECEASED (Type or Print): a. (First) Oren b. (Middle) Lesley c. (Last) McGhghy

4. DATE OF DEATH (Month) (Day) (Year): May 28-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 8-1902

9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR Months: 2 Days: 20 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beloit, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas McGhghy — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Phlista E. Lewellen, — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 505-03-2306

17. INFORMANT'S OWN SIGNATURE: Mrs. Oren L. McGhghy — ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 162 X Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Hemorrhage

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* at death only 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Dietler, M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-5-52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 39774
Local Reg. No. 39
Reg. Dist. No. 860

BIRTH NO.

JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenleaf
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha	Alice	Manchester	May 29-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 25-1885	66	10	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Smith County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Eugster	Nebraska	Lucy Hunt	Kansas

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Rex A Manchester	Greenleaf

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976 X Gunshot wound

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) thru Cerebrum.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Stomach.

INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Greenleaf, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 29,1952 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. A. Pettit 101 M.D.	Caldwell	5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 30-1952	Custer	Smith Center, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-31-52	Agnes Denman	O. V. Peckham	Peckham-Duncan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1705
Local Reg. No. 110
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH MAY 21 1952
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 423 16th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) N ampa
d. STREET ADDRESS (If rural, give location) 423 16th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Greenlee c. (Last) Rogers

4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 14, 1876
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY G. B. C. Railroad
11. BIRTHPLACE (State or foreign country) Elwood, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Greenlee Rogers BIRTHPLACE not known
14. MOTHER'S MAIDEN NAME Caroline Shultz BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-12-6522A
17. INFORMANT'S OWN SIGNATURE Nancy Rogers ADDRESS Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — yr

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-28, 1951, *to* 5-1-, 1952, *that I last saw the deceased alive on* 4-30, 1952, *and that death occurred at* 11:45 pm, *from the causes and on the date stated above.*

23a. SIGNATURE 442 Gerald E. Wetche MD (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/3/52 03
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. May 17, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr. ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1706
Local Reg. No. 115
Reg. Dist. No. 362

BIRTH NO.

RECEIVED MAY 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. C. A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Franklin Road Rt. 5

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Nelson
c. (Last): Milton

4. DATE OF DEATH (Month) (Day) (Year): May 1 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 1, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Sta. Operator
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Oil
11. BIRTHPLACE (State or foreign country): Waterloo, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME / BIRTHPLACE: Henry Harrison Milton Waterloo, Neb.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Sara Sophia Brown, Waterloo, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 503-05-3343
17. INFORMANT'S OWN SIGNATURE: Elenor N. Milton — ADDRESS: Rt. 5

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 430.1 Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: lt. attack.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1951, *to* May 1, 1952, *that I last saw the deceased alive on* April 15, 1952, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday 144 (Degree or title) M. D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/5/52 08
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 23, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021 Halliday
Alsip Funeral chapel

Certificate of Death

STATE OF IDAHO

State File No. 1707
Local Reg. No. 113
Reg. Dist. No. 363

BIRTH NO. 111-52-12986

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 175

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Ann; c. (Last) Carey

4. DATE OF DEATH (Month) (Day) (Year): May 2 -1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 1-1952

9. AGE (In years last birthday): -- IF UNDER 1 YEAR Months: -- Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Edward Carey, Palasade, Nebraska

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Opal Seiver, Topaz, Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edward K. Carey ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2½ months Premature
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5-1-, 1952, *to* 5-2-, 1952, *that I last saw the deceased alive on* 5-2, 19 52 *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Peckham M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-[illegible]-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5-1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: May 17 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25 FUNERAL DIRECTOR: Peckham-Dakan ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1798
Local Reg. No. 103
Reg. Dist. No. 362

BIRTH NO.

MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1124 14th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): C.
c. (Last): FISCHER

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 24, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kampsville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Fischer — BIRTHPLACE: Hanvoer, Germany
14. MOTHER'S MAIDEN NAME: Margaret Seymour — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Nampa Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiorespiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia Hypostatic — 3-4 days
DUE TO (c) fracture femoral neck left. — 7 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post-encephalitic parkinsonism — 6 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6:15pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidently fell down while moving about house

22. *I hereby certify that I attended the deceased from* February, 1946, *to* May 4, 1952, *that I last saw the deceased alive on* May 4, 1952 *and that death occurred at* 6:00am, *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Ross 344 (Degree or title) [signature]
23b. ADDRESS: Nampa Idaho.
23c. DATE SIGNED: 5/10/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/7/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 15, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1709
Local Reg. No. 787
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Canyon — Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 607 19th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Ralph — b. (Middle) G. — c. (Last) Zeiger

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 15 1905

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Finish carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Norcator, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Zeiger — BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Cora — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 506-03-4419

17. INFORMANT'S OWN SIGNATURE: Violet Zeiger — ADDRESS: Nampa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage - internal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bullet Wound of Abd.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-6-52 4 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted bullet wound

22. *I hereby certify that I attended the deceased from* 5-6-, 1952, *to* 5-6-, 1952, *that I last saw the deceased alive on* 5-6-, 1952, *and that death occurred at* 5:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel Wayne MD. — **23b. ADDRESS**: Nampa, Idaho — **23c. DATE SIGNED**: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal — **24b. DATE**: 5/10/52 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): North Platte Neb.

DATE REC'D BY LOCAL REG.: May 17, 1952 — **REGISTRAR'S SIGNATURE**: Mrs Jane Stuck — **25. FUNERAL DIRECTOR**: John F Alsip Jr — **ADDRESS**: Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1710
Local Reg. No. 108
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1912 5th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): J.
c. (Last): Bright

4. DATE OF DEATH (Month) (Day) (Year): May 6 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 7, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Ashville, No Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Tobias Bright — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Homer H Bright — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5-6 dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Hypertensive Cardio-Vascular disease
Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/13, 1950 *to* 5/6, 1952 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jos Saltzer (Degree or title): MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 5/13/52

361

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Canyon Co, Idaho

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1721
Local Reg. No. 112
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 Holly St.

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Louese
c. (Last): Hostetter

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Apr. 22, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Lavering — BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Sarah Snyder — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Beryl Hostetter — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-22-52

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c): Cardiac Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm E Musgrave MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/9/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: May 17, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Stack

25. FUNERAL DIRECTOR — **ADDRESS**: John F Alsip Jr — Nampa, Idaho

T.E. Mangum — Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1712
Local Reg. No. 108
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH — MAY 21 1952

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 624 15th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Harley c. (Last) Hanson

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Sept. 6, 1916

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe worker 4/

10b. KIND OF BUSINESS OR INDUSTRY: Cigar store

11. BIRTHPLACE (State or foreign country): Enterprise, Ore.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Erastus Hanson — BIRTHPLACE: Elk Co. Kansas

14. MOTHER'S MAIDEN NAME: Viola Grace Lale — BIRTHPLACE: Flora, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-26-9179

17. INFORMANT'S OWN SIGNATURE: Donald L. Hanson — ADDRESS: San Diego

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 237X Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 3-4 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-23, 1952, *to* 5-8, 1952, *that I last saw the deceased alive on* 5-7, 1952, *and that death occurred at* 6:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 179 T C Horton Jr MD

23b. ADDRESS: 106-12 Ave So, Nampa

23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5/10/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Canyon Co., Idaho

DATE REC'D BY LOCAL REG.: May 17 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip Jr — **ADDRESS**: Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1713
Local Reg. No. 109
Reg. Dist. No. 362

BIRTH NO.

MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 103 Ivy

3. NAME OF DECEASED (Type or Print)
a. (First): Rev. Frank
b. (Middle): Louis
c. (Last): Logston

4. DATE OF DEATH (Month) (Day) (Year): May 9 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/27/68
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. minister 61
10b. KIND OF BUSINESS OR INDUSTRY: clergy
11. BIRTHPLACE (State or foreign country): Goshen, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Perry Logston — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Lydia Newsome — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lucy E. Logston — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-22.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteria - Sclerotic C-V Disease — INTERVAL BETWEEN ONSET AND DEATH: yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility — yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arterial thrombosis left leg — 1 wk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-25, 1949, *to* 5-9, 1952, *that I last saw the deceased alive on* 5-9, 1952 *and that death occurred at* 1:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wascher 442 MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/14/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-05669

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1714
Local Reg. No. 104
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #6

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Daughter
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): May 10 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 9, 1952
9. AGE (In years last birthday): 1 day — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas K. Cooper — BIRTHPLACE: Overton, Neb.
14. MOTHER'S MAIDEN NAME: Udine Winn — BIRTHPLACE: Wedso, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Thomas K Cooper — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Immaturity 28 week gestation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1952, *to* May 10, 1952, *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* 11:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Koehne 209 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: May 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/13/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Canyon Idaho

DATE REC'D BY LOCAL REG.: May 15, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 26 1952
DIVISION OF VIT

State File No. 1715
Local Reg. No. 117
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1710 1st St. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas		Pringle	May	10	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	March 28, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Postal Carrier	U S Mail	England	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	No record	No record	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	[illegible]	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: about 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 1, 1952, *to* 5/9, 1952, *that I last saw the deceased alive on* 5/9, 1952, *and that death occurred at* 3:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A B Halliday, M.D.	Nampa, Idaho	5/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 13, 1952	Cloverdale	Ada County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 22 1952	Mrs. Jane Fleck	John F Alsip Jr	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 1716
Local Reg. No. 1320
Reg. Dist. No. 3622

111-52-05666 BIRTH NO. JUN 7 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1803 4th St. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	FRANCES	IRISH	5	12	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Infant	5/8/52			4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Irish — BIRTHPLACE: Weiser, Idaho
14. MOTHER'S MAIDEN NAME: Nora Lee Mewhinney — BIRTHPLACE: Klaskinine, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Frank L. Irish — ADDRESS: Nampa, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atresia jejunum & ileum — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Congenital atresia of jejunum (terminal) to Cecum including the entire ileum.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/8, 1952, *to* 5/12/, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 344 — (Degree or title): M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steele
25. FUNERAL DIRECTOR: John F Nash Jr — ADDRESS: Nampa, Ida

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1717
Local Reg. No. 116
Reg. Dist. No. 363

RECEIVED MAY 26 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Nampa~~ Caldwell rt #3
d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print)
a. (First): JACOB
b. (Middle): L.
c. (Last): DIEHL

4. DATE OF DEATH (Month) (Day) (Year): May 12 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Erie, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Levi H. Deal — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Harriet Whitestone — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. J. Ullrich — ADDRESS: R. 3. Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary heart disease
DUE TO (c): Auricular Fibrillation
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1949, *to* May 12, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 14
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Fawnee City, Nebraska

DATE REC'D BY LOCAL REG.: May 22, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1718
Local Reg. No. 119
Reg. Dist. No. 365

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 223 12th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): R.
c. (Last): GREGORY

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 30, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dalton Gregory — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Bertha C. Gregory — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis &
~~DUE TO (c)~~ Cardiac Decompensation & Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:10am *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Baltzer MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 5/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/17/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1749
Local Reg. No. 114
Reg. Dist. No. 3622

BIRTH NO.

RECEIVED
MAY 26 1952
DIVISION OF VITAL STATISTICS
BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 412 10th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLOYD	E.	MARTIN	May 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 5, 1895	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Driver	R.&V. Oil Co.	Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin F. Martin	No Record	Kebert	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-07-2052	x Lavel E Martin	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	4 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fractured Skull	4 hrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Road	Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 17 52 10:30 a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Auto accident

22. *I hereby certify that I attended the deceased from* 5-17, 1952, *to* 5-17, 1952, *that I last saw the deceased alive on* 5-17, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L L Rodewell MD	Nampa Ida	5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/21/52	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 22 1952	Mrs. Jane Stuck	Lewis Edmunds Lewis Edmunds Mortuary	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1720
Local Reg. No. 124
Reg. Dist. No. 363

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
d. STREET ADDRESS (If rural, give location) Rt 2 Kuna

3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) Martin c. (Last) McKie

4. DATE OF DEATH (Month) (Day) (Year) May 18 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 2 1864

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Hopkins, Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME No record — BIRTHPLACE No record

14. MOTHER'S MAIDEN NAME Sarah Jane No record — BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Berta M McKie — ADDRESS Rt 2 Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Paralysis respiration due — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Cerebral hemorrhage
DUE TO (c) Nov 4 1951 date 1st brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
hemorrhage.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4 1951 *to* May 18 1952, *that I last saw the deceased alive on* May 18 1952, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. — **23b. ADDRESS** Nampa Ida — **23c. DATE SIGNED** 5/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 5/21/52 — **24c. NAME OF CEMETERY OR CREMATORY** Meridian Cemetery — **24d. LOCATION** (City, town, or county) Meridian (State) Idaho

DATE REC'D BY LOCAL REG. June 10, 1952 — **REGISTRAR'S SIGNATURE** Mrs. Jane Steck

25. FUNERAL DIRECTOR John F Alsip — **ADDRESS** Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1721
Local Reg. No. 125
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 Canyon St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 515 Canyon St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EUGENE	WILLIAM	HUNT	May 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 27, 1870	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (State or foreign country): Lewis, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James M. Hunt	Vermont	Adelaide Farrell	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nada B. Hunt
ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 10 years
DUE TO (c) Pancreas anemia — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostate resection 2 weeks ago. — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-6-52	Enlarged prostat	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1949, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Rodwell M.D. 340	Nampa Idaho	5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 20 52	Greeley Cemetery	Greeley, Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 18, 1952	Mrs. Jane Beck	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1722
Local Reg. No. 130
Reg. Dist. No. 362

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rt #3
d. STREET ADDRESS (If rural, give location): Rt#3

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): SEAL

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 27, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Springfield, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Henry Linde
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shock — 976X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemorrhage
DUE TO (c): Gunshot wound shoulder.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Shot himself with a rifle

22. *I hereby certify that I attended the deceased from* Jan 29, 1946, *to* May 24, 1952, *that I last saw the deceased alive on* May 24, 1952, *and that death occurred at* 5:09 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Weshe M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No. 121
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 316 15th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) F. c. (Last) DUNN

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: July 30, 1870
9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lamars, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dunn BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Fred Rittmiller ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 19, 1946, *to* May 25, 1952, *that I last saw the deceased alive on* May 22, 1952, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-27-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1734
Local Reg. No. 129
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 820 10th Ave So

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 820 10th Ave So

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): M.
c. (Last): STAUFFER

4. DATE OF DEATH (Month) (Day) (Year): May 27 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 31, 1849
9. AGE (In years last birthday): 102 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monticello, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Daniel Varvel — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Margret Beardsly — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Nellie Buck — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralysis respiration
DUE TO (c): & Paralysis heart followed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1952, *to* May 27, 1952, *that I last saw the deceased alive on* 5/27, 1952, *and that death occurred at* 9 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Belknap
022
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 5/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 1, 52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Maus.
24d. LOCATION (City, town, or county) (State): Pasadena California

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs June Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1725
Local Reg. No. 128
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print): a. (First) JOHN MORGAN b. (Middle) c. (Last) PRICE, JR.

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 15, 1900

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45

10b. KIND OF BUSINESS OR INDUSTRY: Electric Contract

11. BIRTHPLACE (State or foreign country): Canon City, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Morgan Price — BIRTHPLACE: Canon City, C

14. MOTHER'S MAIDEN NAME: Jeam Sutherland — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518-14-0725

17. INFORMANT'S OWN SIGNATURE: Naoma [illegible] Price — ADDRESS: R#5

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c): Chronic Nephritis + Anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* May 28, 1952, *that I last saw the deceased alive on* May 28, 1952, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane [illegible]
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 526
Local Reg. No. 118
Reg. Dist. No. 362

BIRTH NO. 111-52-05719

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 608 15th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) DARWIN b. (Middle) G. c. (Last) FAIRCHILD

4. DATE OF DEATH: (Month) (Day) (Year): May 28, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 28, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 1 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wayne O. Fairchild
BIRTHPLACE: Lewellen, Nebr.

14. MOTHER'S MAIDEN NAME: Lorraine Geisler
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Wayne O. Fairchild
ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 7 13 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Maldevelopment
~~DUE TO (c)~~ of Diaphragm and
Left Lung.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(c) Malrotation of intestines

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 13 Am 5-28, 1952, *to* 8 25 Am 5-28, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Mangum MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/31/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 4 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steckel

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1727
Local Reg. No. 127
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 604 ALMOND STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 604 ALMOND STREET

3. NAME OF DECEASED (Type or Print) a. (First) HATTIE b. (Middle) JEFTILEE c. (Last) ROSS

4. DATE OF DEATH (Month) (Day) (Year) MAY 30, 1952.

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MARCH 30, 1872

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Julius Barrett — BIRTHPLACE Alabama

14. MOTHER'S MAIDEN NAME Yothie Weaver — BIRTHPLACE Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE Palmer Ross — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* May 30, 19 52, *that I last saw the deceased alive on* May 30, 19 52, *and that death occurred at* 7 00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. — **23b. ADDRESS** Nampa Idaho — **23c. DATE SIGNED** 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — **24b. DATE** JUNE 3, 1952 — **24c. NAME OF CEMETERY OR CREMATORY** PARMA CEMETERY — **24d. LOCATION** (City, town, or county) (State) PARMA, IDAHO

DATE REC'D BY LOCAL REG. June 10, 1952 — **REGISTRAR'S SIGNATURE** Mrs. Sandra Beck

25. FUNERAL DIRECTOR John F. Aisip — **ADDRESS** NAMPA, IDA.

AISIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1728
Local Reg. No. 99
Reg. Dist. No. 3621

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. W. B. Ross

1. PLACE OF DEATH
a. COUNTY: Canyon — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Inter. Cherry Lane & Midland Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rte. 5 Nampa

3. NAME OF DECEASED (Type or Print): a. (First) Donna b. (Middle) Jordan c. (Last) Stephens

4. DATE OF DEATH: (Month) Apr. (Day) 30 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 10, 1932

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: saleslady

11. BIRTHPLACE (State or foreign country): Sunset, Utah

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Russell Jordan — BIRTHPLACE: Wingate, Indiana

14. MOTHER'S MAIDEN NAME: Ruby C. Bybee — BIRTHPLACE: Roy, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-32-3490

17. INFORMANT'S OWN SIGNATURE: Russell C. Jordan — ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing - Left thoracic cage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Rural (COUNTY): Canyon (STATE): Idaho
21d. TIME OF INJURY (Month): 4 (Day): 30 (Year): 52 (Hour): 6:30 PM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Collision

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): 344 W B Ross MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/10/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Ida.

DATE REC'D BY LOCAL REG.: May 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1729
Local Reg. No. 46
Reg. Dist. No. 361

BIRTH NO.

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) August; c. (Last) Wohlcke

4. DATE OF DEATH: (Month) May (Day) 1- (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24-1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 0 Days 7 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoyt, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Emil Wohlcke , BIRTHPLACE: Hamburg, Germany

14. MOTHER'S MAIDEN NAME: Katherine Wohlgehagen, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 541-24-7388

17. INFORMANT'S OWN SIGNATURE: Aug. Wohlcke, ADDRESS: Parma, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3348

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1945, *to* May1-52, 19___, *that I last saw the deceased alive on* May 1 -52, 19___, *and that death occurred at* 9 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.M. Mitchell M.D. — **23b. ADDRESS**: Parma Idaho — **23c. DATE SIGNED**: 5-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 5-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Roswell — **24d. LOCATION** (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 5/10/52 — **REGISTRAR'S SIGNATURE**: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham — **ADDRESS**: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1730
Local Reg. No. 47
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 14 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vernon Roberts Ranch 3/4th mile north of Purple Sage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Alpheus
c. (Last): Hjellming

4. DATE OF DEATH (Month) (Day) (Year): May 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 21-1913
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ortley, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Hjellming, BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Jennie Williams, BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes- Navy World War 2
16. SOCIAL SECURITY NO.: 307-03-9219
17. INFORMANT'S OWN SIGNATURE: Valera A. Hjellming, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable ~~Internal injuries as result of~~ tractor falling on his body.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rt. 5 Caldwell, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 2, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: John Deere Tractor fell over backwards onto his body.

22. *I hereby certify that I attended the deceased from* -------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Alsip, Jr. 470 Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/13/52
REGISTRAR'S SIGNATURE: Agnes M. Denman
25. FUNERAL DIRECTOR: G. V. Peckham, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1731
Local Reg. No. 111
Reg. Dist. No. 363

BIRTH NO. MAY 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Middleton, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Middleton

3. NAME OF DECEASED (Type or Print)
a. (First): Daney
b. (Middle): Story
c. (Last): Scovill

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 27, 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Putman County, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jesse Gilstrap — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nancy Cullum — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Sarah Hyde — ADDRESS: Emmett, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* May 5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30 am, *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Mangum 241 (Degree or title) MD
23b. ADDRESS:
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/8/52 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021 J. R. Mangum

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 48
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Lorenzo	Austin	May 6 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	February 20-1870	82	2	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkport, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lafeyette C. Austin — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Josephine Hatheway — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cora E Austin — ADDRESS: Parma, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Valvullar heart Mitral — INTERVAL BETWEEN ONSET AND DEATH: 42.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertention
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 5-52 *to* May 6-52, 19__, *that I last saw the deceased alive on* May 6-52, 19__, *and that death occurred at* 8A M *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. M. Mitchell M.D.	Parma Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10-1952	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG.: May 14-52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dahan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 53-723
Local Reg. No. 53
Reg. Dist. No. 961

BIRTH NO.

MAY 27 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Caldwell

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shelter #27, Labor Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): Shelter #27, Labor Camp

3. NAME OF DECEASED (Type or Print)

a. (First): Josefina

b. (Middle):

c. (Last): Ramirez

4. DATE OF DEATH (Month) (Day) (Year): May 9-1952

5. SEX: Female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: October 31-1951

9. AGE (In years last birthday): —

IF UNDER 1 YEAR — Months: 6 Days: 9

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brownsville, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adolfo Ramirez BIRTHPLACE: Brownsville, Texas

14. MOTHER'S MAIDEN NAME: Adela Martinez, BIRTHPLACE: Brownsville, Texas

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: adela Ramirez ADDRESS: Caldwell

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Pertussis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 2 10 Da.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/8/52, 19__, *to* 5/8, 1952, *that I last saw the deceased alive on* 5/8, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R F Coss MD

23b. ADDRESS: Caldwell Ida.

23c. DATE SIGNED: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 12-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/24/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25 FUNERAL DIRECTOR: Peckham-DaRan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1734
Local Reg. No. 84
Reg. Dist. No. 861

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): In Town Box 26

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): R.
c. (Last): Graham

4. DATE OF DEATH (Month) (Day) (Year): May 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22-1882
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 9 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Master & Peace Officer at Wilder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Davis County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Graham, BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Carolyn V. Witten, BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-2492
17. INFORMANT'S OWN SIGNATURE: Hattie H. Graham ADDRESS: Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate, Bladder & lower bowel

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Primary site Prostate gland

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 14 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 April, 1951, *to* 11 May, 1952, *that I last saw the deceased alive on* 11 May, 1952, *and that death occurred at* 7:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E Talbot MD
23b. ADDRESS: Wilder Idaho
23c. DATE SIGNED: 15 Apr 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 5/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: G. V. Peckham Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1725
Local Reg. No. 123
Reg. Dist. No. 363

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 5 Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Black Canyon Dist. Rt 5

3. NAME OF DECEASED (Type or Print): a. (First) Herschel b. (Middle) G c. (Last) Shank

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 28, 1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister Church of

10b. KIND OF BUSINESS OR INDUSTRY: the Brethern

11. BIRTHPLACE (State or foreign country): Greene, Iowa

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John B. Shank
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Sadie I. Zook
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs H G. Shank
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 11, 1952, *to* May 14, 1952, *that I last saw the deceased alive on* May 14, 1952, *and that death occurred at* 9:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 Lester Shank
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/19/52
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952
REGISTRAR'S SIGNATURE: Marjorie Beck
25. FUNERAL DIRECTOR: John F Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1736
Local Reg. No. 11
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (In this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 341 Hooper Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	G.	Skinner	May	11	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 11 1881	70	11	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Building	Liberty Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Brigham Skinner	England	Lucy Ann Smith	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-7869	Luella R Skinner	Soda Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Degenerated Arteries — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1947, *to* June 11, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 3:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen N. Tigert M.D.	Soda Springs, Idaho	5/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 14-52	Fairview	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/14/52	Donna L. Ellis	C. D. Whitman	Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1737
Local Reg. No. 12
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Memo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Christian
b. (Middle): Edward
c. (Last): Qualman

4. DATE OF DEATH (Month) (Day) (Year): May 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 12, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Millville, Utah
12. CITIZEN OF WHAT COUNTRY?: C.S.

13. FATHER'S NAME: Christian Qualman — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Johanna Monson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1951, *to* May 23, 1952, *that I last saw the deceased alive on* May 23, 1952, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C. Johnson M.D. 192
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: May 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Central
24d. LOCATION (City, town, or county) (State): Central Idaho

DATE REC'D BY LOCAL REG.: 5/27/52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1738
Local Reg. No. 12
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Christina
b. (Middle): Hatch
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chesterfield, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ransom Hatch — BIRTHPLACE: Bountiful, Utah
14. MOTHER'S MAIDEN NAME: Margaret Higginson — BIRTHPLACE: Hyde Park, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louis R. Moore — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 330X Spontaneous Subarachnoid hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 26 May, 1952, *to* 28 May, 1952, *that I last saw the deceased alive on* 28 May, 1952, *and that death occurred at* 2:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emmett E. Herron 183 MD
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 28 May 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Chesterfield
24d. LOCATION (City, town, or county) (State): Chesterfield, Idaho

DATE REC'D BY LOCAL REG.: 6/5/52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 25 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 843 Burton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) April 15, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov. 20, 1913
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months 4 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sweeper
10b. KIND OF BUSINESS OR INDUSTRY Flour Mill
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME A. John Schiedt, BIRTHPLACE Odessa, Russia
14. MOTHER'S MAIDEN NAME Julia Ervius, BIRTHPLACE ---- Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 519-14-7237
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Transection Spinal Cord. Fractures of 9th & 12th Thoracic Vertebrae. Fracture 4th Lumbar Vertebrae. Fracture Right Scapula and Clavicle. Compound fractures 1st through 12th Right Ribs. — 30 hours
DUE TO (c) Fall of approx. 50-60 feet.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Burley Flour Mill
21c. (CITY, TOWN, OR TOWNSHIP) Burley (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 14 1952 11:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Patient fell through open trap-door in floor.

22. *I hereby certify that I attended the deceased from* April 14, 1952, *to* April 15, 1952, *that I last saw the deceased alive on* April 15, 1952, *and that death occurred at* 2:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE James R. Kuiler M.D. (Degree or title) 215
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED April 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-19-52
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) Paul (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 19 1952
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Vern B. McCulloch ADDRESS Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1740
Local Reg. No. 4F
Reg. Dist. No. 470

BIRTH NO. 1952

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley - rural
d. STREET ADDRESS (If rural, give location) S.E. of Burley - R#2

3. NAME OF DECEASED (Type or Print)
a. (First) Rhonda
b. (Middle) Jean
c. (Last) Schenk

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 1, 1951
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 1 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child at Home
10b. KIND OF BUSINESS OR INDUSTRY — —
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert W. Schenk — BIRTHPLACE Paul, Idaho
14. MOTHER'S MAIDEN NAME Fredona Woolstenhulme — BIRTHPLACE Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Fredona Schenk — ADDRESS R#2 Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embryonal sarcoma — 3 Month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1952
19b. MAJOR FINDINGS OF OPERATION Tumor Removal Sacral area
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Nov, 1951, *to* 2 May, 1952, *that I last saw the deceased alive on* 2 May, 1952, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MA
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 7 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 6, 1952
24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery
24d. LOCATION (City, town, or county) Burley, (State) Idaho

DATE REC'D BY LOCAL REG. May 10 1952
REGISTRAR'S SIGNATURE B. A. Wilson
25. FUNERAL DIRECTOR Vern B. McCulloch — ADDRESS Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1741
Local Reg. No. 38.
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Inv Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Lawrence
c. (Last): Freeman

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 19.1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 91
10b. KIND OF BUSINESS OR INDUSTRY: Invalid
11. BIRTHPLACE (State or foreign country): St Clair Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Lawrence — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Elizabeth Pike — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Cecil Freeman — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1952, *to* May 2, 1952, *that I last saw the deceased alive on* April 26, 1952, *and that death occurred at* 4:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 215 — (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: May 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/5/1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county): Jerome — (State): Idaho

DATE REC'D BY LOCAL REG.: May 8 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1552
Local Reg. No. 42
Reg. Dist. No. 470

111-52-05748
BIRTH NO.

RECEIVED
MAY 20 1952
DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Bernard; c. (Last) Zillner

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 1, 1952

9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —, Days 2
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Paul Joseph Zillner — BIRTHPLACE: Eudora, Kansas

14. MOTHER'S MAIDEN NAME: Catherine Rose — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1827 Hansen

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1952 *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 12:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Graves — (Degree or title): M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 10 1952

REGISTRAR'S SIGNATURE: B A Nelson

25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1708
Local Reg. No. 37
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Magic Valley Invalid Home

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W. c. (Last) Eagan

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 2, 1887

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Greely, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Eagan
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Clarissa Williams
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Idaho Department of Public Assist-
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May 4, 1952, *that I last saw the deceased alive on* April 17, 1952, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Bucker (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: May 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/8/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: May 6 1952
REGISTRAR'S SIGNATURE: L. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1714
Local Reg. No. 43
Reg. Dist. No. 470

111-52-05751
BIRTH NO.

MAY 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Idaho

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Sarah

b. (Middle):

c. (Last): Zollinger

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 6, 1952

9. AGE (In years last birthday): —

IF UNDER 1 YEAR: Months —, Days —

IF UNDER 24 HRS.: Hours 9, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles W. Zollinger — BIRTHPLACE: Hansen, Idaho

14. MOTHER'S MAIDEN NAME: Mary Jessie Lampert — BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Charles W. Zollinger — ADDRESS: Paul Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — 6½ mos — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature birth - Hemorrhage due

DUE TO (c) premature separation of placenta — Caesarean Section

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-6, 1952, *to* 5-6, 1952, *that I last saw the deceased alive on* 5-7, 1952, *and that death occurred at* 11:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Conner MD

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: May 10 1952

REGISTRAR'S SIGNATURE: R. T. Nelson

25. FUNERAL DIRECTOR: Frank B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1745
Local Reg. No. 44
Reg. Dist. No. 470

BIRTH NO.

RECEIVED 2 1952 DIV. OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): -----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Amalgamated Sugar Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) Grant; c. (Last) Bryson

4. DATE OF DEATH (Month) (Day) (Year): May 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1927
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Paul, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: George Walter Bryson--Colorado
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Nettie Ford-Marshalltown, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhages Internal, complete — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractures lumbo-sacral region with rupture great vessels in Abdomen. Fracture Rt. Femur — Instantaneous
DUE TO (c) Injury from crane bucket falling on patient — Instantaneous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory Yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Crane bucket fell stricking patient in back.

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 4 35 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Kircher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: May 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/16/52
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: May 21 1952
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 49
Local Reg. No. 470
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 35 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1842 Oakley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Aquilla b. (Middle) c. (Last) Farr

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 12, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: Aaron Farr, Jr. — Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Nebeker — Willard, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 518-14-9513

17. INFORMANT'S OWN SIGNATURE: Rhoda C. Farr — ADDRESS: 1842 Oakley Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

241X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1940, *to* May 14, 1952, *that I last saw the deceased alive on* May 14, 1952, *and that death occurred at* 9:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E Dean M.D — **23b. ADDRESS**: Burley Id — **23c. DATE SIGNED**: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 17, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Pleasant View Cemetery, — **24d. LOCATION** (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 3, 1952 — **REGISTRAR'S SIGNATURE**: B R Nelson

25. FUNERAL DIRECTOR — **ADDRESS**: Vern B McCulloch - Burley Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1747
Local Reg. No. 58
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 335 Overland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 335 Overland Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Andrew		Anderson	May 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 22, 1881	70	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Fountain Green, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hans E. Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Inger Oversen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-05-0295
17. INFORMANT'S OWN SIGNATURE: Earl Anderson — ADDRESS: 335 O. Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	15 Min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	-
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* May 15, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 2:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyl E Dean	M.D	Burley Id.	6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 19, 1952	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 3 1952	B.A. Wilson	Wm D. McCulloch	Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1748
Local Reg. No. 48
Reg. Dist. No. 470

BIRTH NO. [illegible] 2 1952

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 6 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malta
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Alfred
c. (Last) Elison

4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1880
9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Grantsville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Elison
BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Sophia Anerson
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 548-40-9211
17. INFORMANT'S OWN SIGNATURE Anne Chapman
ADDRESS

816.4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema of lungs, bad abdominal surgical operation & complicated — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —

DUE TO (c) Multiple fractures of ribs — 6 Hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Malta (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) May (Day) 14 (Year) 1952 (Hour) 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car collision

22. I hereby certify that I attended the deceased from May 14, 1952 to May 14, 1952 that I last saw the deceased alive on May 14, 1952 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE John Wilson (Degree or title) M.D.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 5/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/20/52
24c. NAME OF CEMETERY OR CREMATORY Malta Cemetery
24d. LOCATION (City, town, or county) Malta, Idaho (State)

DATE REC'D BY LOCAL REG. May 20 1952
REGISTRAR'S SIGNATURE D P Nielson
25. FUNERAL DIRECTOR J. Garth Sayer
ADDRESS Burley, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1719
Local Reg. No. 45
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Eden

3. NAME OF DECEASED (Type or Print)
a. (First): VAN
b. (Middle): EMMETT
c. (Last): MYERS

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 30, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Van Buren Co., Tenn.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Landon Ewing Myers — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Jane Hill — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Blanche Roylance — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis — 20 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Parkinsonism — 20 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1952, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 6:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 215 James R Kicker M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: May 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/21/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: May 21 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1550
Local Reg. No. 47
Reg. Dist. No. 470

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elba
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Abbie
b. (Middle): Celcta
c. (Last): Lewis Ottley

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dewyville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John A. Lewis — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Weighty Lewis — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13, 1952 *to* 5-22, 1952 *that I last saw the deceased alive on* 5-22, 1952, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. McKelly MD.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/52
24c. NAME OF CEMETERY OR CREMATORY: Elba Cemetery
24d. LOCATION (City, town, or county) (State): Elba, Idaho

DATE REC'D BY LOCAL REG.: May 28 1952
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1751
Local Reg. No. 57
Reg. Dist. No. 471

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) c. (Last) Fries

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1881

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pratt, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Demarteau BIRTHPLACE: --- Belgium

14. MOTHER'S MAIDEN NAME: Sophia Dupee BIRTHPLACE: Kankakee, Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. John Brent ADDRESS: Declo Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Glomerulonephritis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Jaundice 1 week.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1952, *to* May 25, 1952, *that I last saw the deceased alive on* May 24, 1952, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: May 28 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-29-52

24c. NAME OF CEMETERY OR CREMATORY: Albion Cemetery

24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: June 3 1952

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Frank McCulloch ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1752
Local Reg. No. 30
Reg. Dist. No. 2-0

RECEIVED MAY 2 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Melvin b. (Middle) Gene c. (Last) Germann

4. DATE OF DEATH (Month) (Day) (Year): 4-30-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 2-28-1942

9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Horald Germann — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Adams — BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Harold H Germann — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10-52 *to* 4-30 *, 19*52*, that I last saw the deceased alive on* 4-30 *, 19*52*, and that death occurred at* 11:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A.B. Poppenhagen 304 (Degree or title): M.D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-3-1952

24c. NAME OF CEMETERY OR CREMATORY: Vesenan Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 5/2/52

REGISTRAR'S SIGNATURE: Joel E Bailey

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1753
Local Reg. No. 31
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): L.
c. (Last): Dennison

4. DATE OF DEATH (Month) (Day) (Year): 5-6-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Snyder, Ind.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Lamb. 12 — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William A. Dennison — ADDRESS: Pierce, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure (decompensation) — INTERVAL BETWEEN ONSET AND DEATH: Several Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio-Renal syndrome — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19___, *to* 5-6-52, 19___, *that I last saw the deceased alive on* 3-26-52, 19___, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Pappenhagen 304 — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-8-1952 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kankakee, Ill.

DATE REC'D BY LOCAL REG.: 5/8/51
REGISTRAR'S SIGNATURE: Joel E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1554
Local Reg. No. 32
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAY 24 1952 DIVISION OF

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): W.
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): 5-7-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-12-1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-038887
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* May 7, 1952, *that I last saw the deceased alive on* April 15, 1952, *and that death occurred at* 7:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. T. Hopkins (Degree or title):
23b. ADDRESS: Orofino
23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-1952
24c. NAME OF CEMETERY OR CREMATORY: Hill cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: Elsie E. Fairley Dep.
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAY 24 1952 DIVISION OF VIT

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Wm.
c. (Last): Jenkins

4. DATE OF DEATH (Month) (Day) (Year): 5-19-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-26-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Martin Co. Minn.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Frank Jenkins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Elmer W. Jenkins — ADDRESS: Orofino

18. CAUSE OF DEATH 434.3
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypostatic pneumonia — 3 days
DUE TO (c): Cardiac Decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 5-19-, 1952, *that I last saw the deceased alive on* 5-19-, 1952, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Rappenhagen — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-1952
24c. NAME OF CEMETERY OR CREMATORY: Nez Perce
24d. LOCATION (City, town, or county) (State): Nez Perce Idaho

DATE REC'D BY LOCAL REG.: 5/21/52
REGISTRAR'S SIGNATURE: Elsie E. Fairley Dep.
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1 - 6
Local Reg. No. 34
Reg. Dist. No. 210

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 yr 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) c. (Last) Cyr

4. DATE OF DEATH (Month) (Day) (Year) May 24, 52

5. SEX F
6. COLOR OR RACE Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 10 1872
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iona Mich
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Rubedew BIRTHPLACE Mich
14. MOTHER'S MAIDEN NAME Mary Henry BIRTHPLACE Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE E. L. Berry MD ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chron. Myocarditis — 3 yrs
DUE TO (c) Cerebral arteriosclerosis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-9, 1949, *to* 5-24, 1952, *that I last saw the deceased alive on* 5-24, 1952, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 5-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-27-52
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. 5/27/52
REGISTRAR'S SIGNATURE Joel E. Fairley
25. FUNERAL DIRECTOR M. E. Gilbert ADDRESS Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1757
Local Reg. No. 35
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Jordon
c. (Last): Grow

4. DATE OF DEATH (Month) (Day) (Year): 5-28-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-14-1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ninevah Penn.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John R. Grow — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Delila Robinson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Walter Sewell — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 5-16-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 5-28, 1952, *that I last saw the deceased alive on* 5-27-52, 19__, *and that death occurred at* 5:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Pappenhagen 304 — (Degree or title): M.D
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3 Removal
24b. DATE: 5-30-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Hann Mortuary
24d. LOCATION (City, town, or county) (State): Merced Calif.

DATE REC'D BY LOCAL REG.: 5/29/52
REGISTRAR'S SIGNATURE: Elsie E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dep.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1758
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

111-52-05789 BIRTH NO.

RECEIVED JUN 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Challis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay
d. STREET ADDRESS (If rural, give location) Challis

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Ray	Ivie	May 9 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	no	May 8, 1952				36	35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
02	none	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Ray Ivie	Idaho Lava Hot Springs	Dorothy Alice Bruhn	Elko, Nev.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mrs. E. Ray Ivie	Mackay, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7620 Atalectasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 8, *19*52, *to* May 9, *19*52, *that I last saw the deceased alive on* May 9, *19*52, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert D. Boden MD	Mackay, Ida.	5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
		Mackay Cem.	Mackay Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-31-52	A. Meffert	Parents	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

NON-RESIDENT

STATE OF IDAHO

State File No. 1759
Local Reg. No. 554
Reg. Dist. No. 680

BIRTH NO.

JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheep creek
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J. Bues Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: Guadalupe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Rosa
d. STREET ADDRESS (If rural, give location): Box 157

3. NAME OF DECEASED (Type or Print)
a. (First): Bernard
b. (Middle):
c. (Last): Ardans

4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: about 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Stockman 51
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY?: France

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-34-0092
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Imm.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Deceased complained of pain in
DUE TO (c) Chest evening of May 18, 1952 - Died in

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. sleep.

Inquest held Challis, Idaho May 19, 1952 at 9 A.M.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester B. Davidson 47 Carnarvon
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 19 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/22/52 02
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Santa Rosa, New Mexico

DATE REC'D BY LOCAL REG.: May 20 1952
REGISTRAR'S SIGNATURE: Edna McKenny
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1760
Local Reg. No. 13
Reg. Dist. No. 350

111-52-05797 RECEIVED JUN 23 1952 DIVISION OF VITAL STATISTICS
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Air Base Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1905 State St.

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) ANN c. (Last) BOGGS

4. DATE OF DEATH: (Month) (Day) (Year) May 3, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 2, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days
IF UNDER 24 HRS.: Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mountain Home Air Base Ida.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hurshel Boggs BIRTHPLACE: Wayne Co. W. Virginia

14. MOTHER'S MAIDEN NAME: Hurshel W. Boggs BIRTHPLACE: Boise Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Monalee Robinson ADDRESS: Holcomb W. Virginia

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis with Respir- — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) - atory Failure Prematurity (7mos)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): John M. Bullock M.D. **23b. ADDRESS**: Mt. Home AFB Idaho **23c. DATE SIGNED**: 5 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: May 5, 1952

REGISTRAR'S SIGNATURE: A.F. Anderson

25. FUNERAL DIRECTOR ADDRESS: Telford J. Bay Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 14
Reg. Dist. No. 380

BIRTH NO.

RECEIVED
MAY 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 28yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE b. (Middle) BELLE c. (Last) TAYLOR

4. DATE OF DEATH: (Month) (Day) (Year) May 4, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 19, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 4 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Fayetteville Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Milton Thomason — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Harriet Bingham — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs. Emma Clay — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1952 *to* May 4, 1952 *that I last saw the deceased alive on* May 1, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord W. Boom (Degree or title) M.D.

23b. ADDRESS: Mountain Home

23c. DATE SIGNED: 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: May 15, 1952

REGISTRAR'S SIGNATURE: A T Anderson

25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 6 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1763
Local Reg. No. 12
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30- 2 miles West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): ANN
b. (Middle): MARIE
c. (Last): McCool

4. DATE OF DEATH (Month) (Day) (Year): May 4,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jult 16,1932
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 9 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Holcomb Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Gerald Parsons — BIRTHPLACE: Holcomb Nebraska
14. MOTHER'S MAIDEN NAME: Mary ,M, Brown — BIRTHPLACE: Holcomb Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: John A McCool — ADDRESS: Lebanon Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Skull. 822.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident — INTERVAL BETWEEN ONSET AND DEATH: Instant
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 4 52 5 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car Turned Over

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip F Green 470 Coroner
23b. ADDRESS: Mtn Home, Ida
23c. DATE SIGNED: 5/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 5,1952 01
24c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon Oregon

DATE REC'D BY LOCAL REG.: May 5,1952
REGISTRAR'S SIGNATURE: H.F. Anderson
25. FUNERAL DIRECTOR: Filip J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1754
Local Reg. No. 380
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 40yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) c. (Last) AMUNATEGUI

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1879

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Artia Spain

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary Amunategui — ADDRESS: Mtn. Home Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: three days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 19 52, *to* May 29, 19 52, *that I last saw the deceased alive on* May 26, 19 52, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond W. Woom MD — **23b. ADDRESS**: Mountain Home Idaho — **23c. DATE SIGNED**: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 2nd 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View Cemetery — **24d. LOCATION** (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: June 3, 1952 — REGISTRAR'S SIGNATURE: A.E. Anderson

25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 7 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1735
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
c. LENGTH OF STAY (in this place): 40yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JULIANNA
b. (Middle):
c. (Last): HILER

4. DATE OF DEATH (Month) (Day) (Year): May 30.1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov.2,1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pittsburg Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Kruse — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Julianna Stein — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Addie White — ADDRESS: Glenns Ferry

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: diabetes mellitus — 4 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1948, *to* May 30, 1952, *that I last saw the deceased alive on* May 30, 1952, *and that death occurred at* 9:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ward A. Ruben M.D.
23b. ADDRESS: Glenns Ferry Idaho
23c. DATE SIGNED: May 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2,1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: June 2-52
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Felix J. Bey Mountain — ADDRESS: Home Idaho

Federal Security Agency
United States Public Health Service

Form UPH-48021

RECEIVED
MAY 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1766
Local Reg. No. 19
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Koford; c. (Last) Olsen

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 10, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): LaVan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hans C. Koford — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Ellen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Reed Olsen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease 10 yrs

DUE TO (c) "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* May 11, 1952, *that I last saw the deceased alive on* May 11, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R L Smith 396 — (Degree or title): M.D. — **23b. ADDRESS**: Preston Idaho — **23c. DATE SIGNED**: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Clifton
24d. LOCATION (City, town, or county) (State): Clifton, Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Atkerson Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

State File No. .....
Local Reg. No. 20
Reg. Dist. No. 5-40

BIRTH NO.

STATE OF IDAHO

NON-RESIDENT

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston R.F.D. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Utah

b. COUNTY: Utah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Provo

d. STREET ADDRESS (If rural, give location): 170 South 5 th West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELLA	HOMER	DAVIS WHITTAKER	May 14, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	9-9-1890	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Provo, Utah.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ephriam Homer	Penna.	Mary E. Loveless	Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		R M Gardner	Preston Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-14, 1952, *to* 5-14, 1952, *that I last saw the deceased alive on* 5-14, 1952, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Ida	5-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-15-52	Provo	Provo, Utah.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-15-1952	Effie W. Brower	Richards & Son	Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 18
Local Reg. No. 21
Reg. Dist. No. 540

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glencoe
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glencoe
d. STREET ADDRESS (If rural, give location): Preston R.F.D. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NEVADA	ATLANTIC	LARSEN	May 17, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 30, 1878	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	New York City, N.Y.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Larsen	Denmark	Elsie K. Madsen	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Dale Larsen	Preston Rte 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5-17-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-17, 1952, to 5-17, 1952, that I last saw the deceased alive on 5-17, 1952, and that death occurred at 4:A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Ida	5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-20-52	Logan	Logan, Utah.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-19-1952	Effie W. Brower	Richards & Son	Preston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1709
Local Reg. No. 22
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

c. LENGTH OF STAY (in this place): 65 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston R.F.D. #2

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

d. STREET ADDRESS (If rural, give location): R.F.D. #2

3. NAME OF DECEASED (Type or Print): a. (First) OSBURN b. (Middle) c. (Last) GOLIGHTLY

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 29, 1886	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Preston, Idaho.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Golightly	Salt Lake City, Utah	Millicent S. Williams	S.L.C. Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-03-3539	Merl D. Golightly	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 Hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic Heart Disease

DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1941, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo R. Hawkes	M.D.	Preston Idaho	5/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-22-52	Preston	Preston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-22-1952	Effie W. Brauner	Richards & Son	Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1770
Local Reg. No. 27
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont — MAY 21 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523 East Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 523 East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): LESTER
c. (Last): DAYTON

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept., 1, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 7, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manger- Northrup King Seed Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilford, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Henry Dayton — BIRTHPLACE: Cedar Fork, Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Richards — BIRTHPLACE: North Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-07-0037
17. INFORMANT'S OWN SIGNATURE: Lowell Dayton — ADDRESS: Provo, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* May 15, 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 3:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. W. Rennings 592 — (Degree or title): M.D.
23b. ADDRESS: St. Anthony Idaho
23c. DATE SIGNED: May 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 19 May 52
24c. NAME OF CEMETERY OR CREMATORY: Wilford, Idaho
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 20 May 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 28
Reg. Dist. No. 650

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 22days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): Guinn Apartments

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Elmer c. (Last) Atkinson

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 27, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Bountiful, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas A. Atkinson
BIRTHPLACE: New Brunswick Canada

14. MOTHER'S MAIDEN NAME: Elizabeth Simmons
BIRTHPLACE: Nauvoo, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: H. E. Atkinson
ADDRESS: St. Anthony, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro - vascular accidents — INTERVAL BETWEEN ONSET AND DEATH: 6 hours (about)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 50, *to* May, 19 52, *that I last saw the deceased alive on* 17 May, 19 52, *and that death occurred at* 2:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Brinton Md

23b. ADDRESS: St anthony

23c. DATE SIGNED: 21 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Archer-Lyman

24d. LOCATION (City, town, or county) (State): Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 21 May 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Folland & Reese
ADDRESS: Rexurg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 650

BIRTH NO.

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newdale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALTA b. (Middle) GERALDINE c. (Last) BUTLER

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 10, 1937

9. AGE (In years last birthday): 15 IF UNDER 1 YEAR Months: 0 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Teton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ona Archibald BIRTHPLACE: Teton, Idaho

14. MOTHER'S MAIDEN NAME: Velda Green BIRTHPLACE: Driggs, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmer V. Butler ADDRESS: Newdale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) severed left jugular vein & artery — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) severed trachea

DUE TO (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Abrasions

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Teton RFD Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18 1952 9:45 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Car colliding head on causing victim to go thru windshield

22. I hereby certify that I attended the deceased from Never attended, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE: M. L. Hansen (Degree or title) Coroner

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 21 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 22 May 52

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 22 May 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3
Local Reg. No. 30
Reg. Dist. No. 6-51

Certificate of Death
STATE OF IDAHO NON-RESIDENT

RECEIVED JUN 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) No Time.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Hospital. Died in Car Upon Arrival

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana. b. COUNTY Gallatin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Yellowstone . Rural.
d. STREET ADDRESS (If rural, give location) 6- Miles North on Highway 191

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George.	Jellison.	Plummer	May 30th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 25th 1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Resort Owner.
10b. KIND OF BUSINESS OR INDUSTRY Tourist Resort.
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hector. Plummer.	Penna.	Martha. Scott.	Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 570-14-8716.
17. INFORMANT'S OWN SIGNATURE Merel Plummer ADDRESS West Yellowstone Montana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency — 3 yrs.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Ashton - Ida	2 June 52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 3rd 1952.	Bozeman	Bozeman Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
19 June 52	[signature]	[signature]	Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1774
Local Reg. No. 38
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 East Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 603 E. Main

3. NAME OF DECEASED (Type or Print): a. (First) Lucy; b. (Middle) C.; c. (Last) Kefauver

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 4, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 2 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Brownsville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joel Henry Estes
BIRTHPLACE: Haywood Co. Tenn.

14. MOTHER'S MAIDEN NAME: Martha Ann Mann
BIRTHPLACE: Haywood Co. Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Viola K. Gribben
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary disease
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* At Time *1937, to* May 5 *, 1952, that I last saw the deceased alive on* May 5th *, 1952, and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 J L Reynolds, M.D.

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 9 1952

REGISTRAR'S SIGNATURE: Jan A. Beatty

25. FUNERAL DIRECTOR: Henry W Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1775
Local Reg. No. 34
Reg. Dist. No. 340-301

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-05884

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 436 Monroe St.

3. NAME OF DECEASED (Type or Print): a. (First) Jerald b. (Middle) Lavern c. (Last) Patterson

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 6, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lawrence Patterson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty Jean Crogen
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Lawrence Patterson
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity — 26 hours

DUE TO (c) Placental infarcts, bipartite uterus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, *19* 52, *to* May 6, *19* 52, *that I last saw the deceased alive on* May 6, *19* 52, *and that death occurred at* 7:39 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard, M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: May 10, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/9/52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 9 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1776
Local Reg. No. 40
Reg. Dist. No. 340-341

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 216 East 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 216 East 2nd St.

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Barbara c. (Last) Burkhard

4. DATE OF DEATH (Month) May (Day) 10, (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec. 26, 1875
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 4 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Rublingen, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Wieland BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Katherine Hambrecht BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Katherine Burkhard ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1951, *to* May 10, 1952, *that I last saw the deceased alive on* May 8, 1952, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 325 [illegible]
23b. ADDRESS [illegible]
23c. DATE SIGNED 5/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE May 12, 1952
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. May 18, 1952
REGISTRAR'S SIGNATURE Jean A. Beatty
25. FUNERAL DIRECTOR Glenn W. Beatty ADDRESS Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 17557
Local Reg. No. 41
Reg. Dist. No. 310-341

BIRTH NO.

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 620 No. Wash.

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Lee c. (Last) Dunbar

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 9, 1947

9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months: 0, Days: 2 — IF UNDER 24 HRS.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lloyd George Dunbar — BIRTHPLACE: Fran Fort, Indiana

14. MOTHER'S MAIDEN NAME: Evelyn Addie Aston — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lloyd G. Dunbar — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage Compound fracture L. Skull — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral fracture L. Skull

DUE TO (c): accidental

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett Gem Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 10 1952 5:10 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* May 9, 1952, *to* May 11, 1952, *that I last saw the deceased alive on* May 11, 1952, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Simpson M.D.

23b. ADDRESS: Emmett

23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 15, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 43
Reg. Dist. No. 340-341

BIRTH NO. Recorded JUN 21 1952

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 702 West 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 702 West 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) Oliver b. (Middle) Andrew c. (Last) Crofford

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 14, 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 2 Days 17
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 61

10b. KIND OF BUSINESS OR INDUSTRY: church

11. BIRTHPLACE (State or foreign country): Buffalo Gap, So. Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Horace Crofford
BIRTHPLACE: Indiania

14. MOTHER'S MAIDEN NAME: Ada Hall
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. O. A. Crofford
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

572.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Terminal broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anemia — 6 years
DUE TO (c): Ulcerative colitis — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 31, 1952, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 582 C. Quentin C. Howard M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: June 7, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 7 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 1841
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 50-15665

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N. Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Velasquez

4. DATE OF DEATH (Month) (Day) (Year): May 8 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: May 8 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 3 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 02
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (State or foreign country): Gooding Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph E Velasquez — BIRTHPLACE: N. Mexico
14. MOTHER'S MAIDEN NAME: Pearl Cox — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Geneva Velasquez — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 6 mo.
DUE TO (c): unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1952 *to* May 8, 1952, *that I last saw the deceased alive on* May 8, 1952 *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. E. Barrett 021 (Degree or title): MD
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 8 1952
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG: 5-26-52
REGISTRAR'S SIGNATURE: J N Cromwell
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1730
Local Reg. No. 1839
Reg. Dist. No. 420

BIRTH NO.

RECEIVED MAY 1 6 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bliss
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) PEARL
b. (Middle)
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 5, 1888
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Jennings, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cramer — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Ruth Lusenbell — ADDRESS Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Sigmoid colon — 10 mo. at least
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-13-51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bo colon - inoperable
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1951, *to* 5-10, 1952 *that I last saw the deceased alive on* 5-10, 1953, *and that death occurred at* 11:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter E. Anderson M.D. (Degree or title) 011
23b. ADDRESS Gooding, Ida
23c. DATE SIGNED 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/13/52 01
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 5-15-52
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr. — ADDRESS [illegible] GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 1542
Reg. Dist. No. 420

BIRTH NO.

CEIVED 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 534 Wyoming

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): CLINTON
c. (Last): SCANLAN

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water master- retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brainard, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Scanlan — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jessie Sherman — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-6363
17. INFORMANT'S OWN SIGNATURE: Edward C Scanlan — ADDRESS: 1437 N Park Chicago

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1948

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1952 *to* May 19, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. E. Barrett M.D. (Degree or title)
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 5/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerrell Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 17-6
Local Reg. No. 15 42
Reg. Dist. No. 42

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho T.B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Leland c. (Last) Conner

4. DATE OF DEATH (Month) (Day) (Year) May 21 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D

8. DATE OF BIRTH Sept 14, 1908

9. AGE (In years last birthday) 43
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Sullivan Mining Co.

11. BIRTHPLACE (State or foreign country) Okla. (U.S.)

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Solomon Conner
BIRTHPLACE U.S.

14. MOTHER'S MAIDEN NAME
BIRTHPLACE U.S.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-03-3804

17. INFORMANT'S OWN SIGNATURE E. H. Brady MD
ADDRESS Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 0027 Pulmonary Tuberculosis
INTERVAL BETWEEN ONSET AND DEATH 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 9:35A m.; *from the causes and on the date stated above.*

23a. SIGNATURE E. H. Brady (Degree or title) MD
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED May 21 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/22/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 5/22/52
REGISTRAR'S SIGNATURE J. H. Cromwell

25. FUNERAL DIRECTOR Geo. Mead Jr.
ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1540
Reg. Dist. No. 42

BIRTH NO.

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) M. c. (Last) DWYER

4. DATE OF DEATH: (Month) (Day) (Year) May 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 14, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Beatrice, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jones
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E W Dwyer
ADDRESS: Rt. 1 Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

723.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Arthritis deformans

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile asthenia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 19 52 *to* May 21, 19 52, *that I last saw the deceased alive on* May 21, 19 52, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J H Cromwell M D (Degree or title)

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/24/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 5-24-52

REGISTRAR'S SIGNATURE: J H Cromwell

25. FUNERAL DIRECTOR: Geo. Snead Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 365
Local Reg. No. 365
Reg. Dist. No. 421

BIRTH NO.

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charlotte; b. (Middle) Rawlings; c. (Last) Royce

4. DATE OF DEATH: (Month) (Day) (Year): May, 21, 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 3, 1888.

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holt, Nebraska.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Rawlings
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Elizabeth Scott
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-10-1762

17. INFORMANT'S OWN SIGNATURE: Frank Royce
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): art. sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30, 1950, *to* 5-19, 1952, *that I last saw the deceased alive on* 5-20, 1952, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Sched M.D.

23b. ADDRESS: Wendell Idaho

23c. DATE SIGNED: 5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Wendell

24d. LOCATION (City, town, or county) (State): city Idaho.

DATE REC'D BY LOCAL REG.: May 29, 1952

REGISTRAR'S SIGNATURE: Veronica Mans

25. FUNERAL DIRECTOR: J. Forrest Kramer

ADDRESS: Wendell Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 1546
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1026 Monatana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1026 Montana

3. NAME OF DECEASED (Type or Print)
a. (First): BLANCHE
b. (Middle): V.
c. (Last): SLOAT

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 21, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Von Stein — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Edith Evans — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. L. Sloat — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4-5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, *19*__, *to* May 28, *19*52, *that I last saw the deceased alive on* May 28, *19*52, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Hughes M.D. .597
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: May 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/31/52 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-29-52
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: Leo Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1726
Local Reg. No. 1545
Reg. Dist. No. 420.

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

NON-RESIDENT

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 4½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cove
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HAROLD
c. (Last): MEYER

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6, 1918
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman-Cook 41
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Merchant Marine
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Meyer — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary E. Martindale — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 531-12-5133
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Information recieved from personal papers

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Compression & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4½ hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Skull fracture (accident)
DUE TO (c) Multiple Bruises & contusions

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1 mile so. Owsley Bridge Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Motorcycle accident

22. *I hereby certify that I attended the deceased from* May 28, 1952, *to* May 28, 1952, *that I last saw the deceased alive on* May 28, 1952, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler M.D. 597
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: May 29 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/30/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Shelton, Wash.

DATE REC'D BY LOCAL REG.: 6 5 52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR — ADDRESS: Geo J Mead Jr.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

State File No. 17-7
Local Reg. No. 364
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CITY
d. STREET ADDRESS (If rural, give location): WENDELL

3. NAME OF DECEASED (Type or Print)
a. (First): STERLING
b. (Middle): EDWARD
c. (Last): WELCH

4. DATE OF DEATH (Month) (Day) (Year): MAY 9, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN. 5. 1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER 57
10b. KIND OF BUSINESS OR INDUSTRY: MECHANIC
11. BIRTHPLACE (State or foreign country): LONGRUN ~~MO~~ MO.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W.D. WELCH — BIRTHPLACE: HAMMOND MO.
14. MOTHER'S MAIDEN NAME: ARIZONA PELLHAM — BIRTHPLACE: HAMMOND MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World II
16. SOCIAL SECURITY NO.: 558-03-9172
17. INFORMANT'S OWN SIGNATURE: Arizona Welch — ADDRESS: 6554 Seaman Bell Gardens

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wound - Suicide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Dupondult.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 9, -52 8:15AM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell (Degree or title): Coroner
23b. ADDRESS: Z Fordney Co Ida
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-18-52
24c. NAME OF CEMETERY OR CREMATORY: PARK LAWN
24d. LOCATION (City, town, or county) (State): BELL GARDENS CALIF.

DATE REC'D BY LOCAL REG.: 5-12-52
REGISTRAR'S SIGNATURE: Mrs. Veronica Mains
25. FUNERAL DIRECTOR: LOS ANGELES — ADDRESS: COUNTY

J. Forrest Weaver Wendell

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1538
Local Reg. No. 81
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HOMER
b. (Middle): F.
c. (Last): McCULLEY

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 2, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: live stock
11. BIRTHPLACE (State or foreign country): Wapallo, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James McCulley — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Mary Jane Hutcheson — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Emmett W. McCulley — ADDRESS: Grangeville.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Damage — 2 years
DUE TO (c) Coronary Thrombosis — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1952, *to* May 2, 1952, *that I last saw the deceased alive on* May 1, 1952, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Guttermore 029 (Degree or title) MD.
23b. ADDRESS: Grangeville, Idaho.
23c. DATE SIGNED: May 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: May 5, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 83
Reg. Dist. No. 240

111-52-05914 RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 1 [illegible].
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Lamb

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 3, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 1 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | BIRTHPLACE: John D. Lamb ; Grangeville, Idaho

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Anna Marie Thompson, Spokane, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (5½ mos) — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 May, 1952, *to* 3 May, 1952, *that I last saw the deceased alive on* 3 May, 1952 *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Saltmarsh M.D

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 3 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cemetery

24b. DATE: 5 May 52

24c. NAME OF CEMETERY OR CREMATORY: General Hospital

24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: May 4, 1952

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR | ADDRESS: Donald Saltmarsh Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1700
Local Reg. No. 82
Reg. Dist. No. 240

BIRTH NO. 111-52-05913

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CONNIE
b. (Middle): LOU
c. (Last): KLAUS

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby
8. DATE OF BIRTH: May 2, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BABY 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter F. Klaus
BIRTHPLACE: Lewiston, Idaho.
14. MOTHER'S MAIDEN NAME: Elizabeth Hall,
BIRTHPLACE: Grangeville, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Peter F. Klaus
ADDRESS: Grangeville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 40 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Birth — 40 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1952, *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Buttermore M.D. 029
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: May 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: May 5, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1791
Local Reg. No. 84
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location): North ~~sixth~~ C. St.,

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): O.
c. (Last): SCHMITZ

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1911
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: auto repair
11. BIRTHPLACE (State or foreign country): Harrington, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Francis Schmitz — BIRTHPLACE: Wash
14. MOTHER'S MAIDEN NAME: Lucy Berg — BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 891 — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-03-6354
17. INFORMANT'S OWN SIGNATURE: June W. Schmitz — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

973X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon monoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP): Grangeville — (COUNTY): Idaho — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19__, *to* 5-5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Saltman M.D. 360
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 7 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: May 8, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Hennessy Funeral Home
24d. LOCATION (City, town, or county): Spokane — (State): Wn.

DATE REC'D BY LOCAL REG.: May 8, 1952
REGISTRAR'S SIGNATURE: Irma Cone
FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville Id

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1792
Local Reg. No. 85
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 60
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): R.F.D. 2

3. NAME OF DECEASED (Type or Print)
a. (First): TIMOTHY
b. (Middle): ALLEN
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): May 7 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 21, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: diversified
11. BIRTHPLACE (State or foreign country): Cork Co., Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ned Long — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Dora Allen — BIRTHPLACE: Ireland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Ellen Long — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* 7 May, 1952, *that I last saw the deceased alive on* 7 May 1952, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Feltman M.D. 360 (Degree or title)
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 8 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 10, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho/

DATE REC'D BY LOCAL REG.: May 9 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Roberts on Grangeville — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1723
Local Reg. No. 86
Reg. Dist. No. 240

BIRTH NO.

MAY 26 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): V.
c. (Last): Puryear

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 10, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harvey Finch — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Louise Banning — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harvey Puryear — ADDRESS: Grangeville, Ida

18. CAUSE OF DEATH 430.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction - repeated episodes — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Feb, 1952 *to* 18 May, 1952 *that I last saw the deceased alive on* 18 May, 1952, *and that death occurred at* 11:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Altman (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 19 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22, 52
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Ida. Ida

DATE REC'D BY LOCAL REG.: May 20, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1704
Local Reg. No. 184
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
MAY 26 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S.F.S. Nez Perce

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ROSCOE b. (Middle) LEROY c. (Last) SPACE

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 6, 1895

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forester 20

10b. KIND OF BUSINESS OR INDUSTRY U.S.F.S.

11. BIRTHPLACE (State or foreign country) Lyndon, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Cristian W. Space, BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Ida Wildin, BIRTHPLACE Decatur, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War ONE

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE Violet W Space ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Forest

21c. (CITY, TOWN, OR TOWNSHIP) Grangeville (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 20 1952 4 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Hit by falling tree

22. *I hereby certify that I attended the deceased* from on 20 May 1952 to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald Altman 360 (Degree or title) M.D.

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 22 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3

24b. DATE May 24, 1952

24c. NAME OF CEMETERY OR CREMATORY Coeur D'Alene

24d. LOCATION (City, town, or county) Coeur D' Alene (State) Idaho

DATE REC'D BY LOCAL REG. May 22 1952

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Robertson ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1795
Local Reg. No. 89
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 69
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DORA
b. (Middle): ALICE
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 19, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Oakland, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thos. H. Jeffries — BIRTHPLACE: Clay Co., Mo.
14. MOTHER'S MAIDEN NAME: Adelia Bogard — BIRTHPLACE: Marysville, Calif

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Nellie E. Gilbach — ADDRESS: Kooskia, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 May, 1952 *to* 22 May, 1952, *that I last saw the deceased alive on* 22 May, 1952, *and that death occurred at* 3:00 pm, *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Dietterman (Degree or title): M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 23 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: May 23, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1706
Local Reg. No. 90
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): TIMOTHY
b. (Middle):
c. (Last): DE LONG

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: Jan. 11, 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Potlstch, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S/

13. FATHER'S NAME: Theo. L. DeLong, BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Mable Sorweide, BIRTHPLACE: Grangeville, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: H. Kimball — ADDRESS: Palouse, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing Injury — 30 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Garage
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Grangeville, Idaho, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 23 1952 4 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? He was struck by a truck

22. *I hereby certify that I attended the deceased from* 23 May, 1952, *to* 23 May, 1952, *that I last saw the deceased alive on* 23 May, 1952, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Guttermann M.D. (Degree or title) 024
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 23 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Freeze,
24d. LOCATION (City, town, or county) (State): Latah. Co; Idaho

DATE REC'D BY LOCAL REG.: May 23 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: H. Kimball — ADDRESS: Palouse. Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1727
Local Reg. No. 91
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Big Cedar

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Albin c. (Last) Johnson

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 13, 1870

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Elfsborg Sweden

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Johanna (Unk.) — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Frank Johnson — ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerulonephritis — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May 1952 *to* 29 May 1952 *that I last saw the deceased alive on* 29 May 1952 *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ernest Kaltman (Degree or title): M. D. — **23b. ADDRESS**: Grangeville, Idaho — **23c. DATE SIGNED**: 31 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 2, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodland Cemetery — **24d. LOCATION** (City, town, or county) (State): Woodland Idaho

DATE REC'D BY LOCAL REG.: June 1, 1952 — REGISTRAR'S SIGNATURE: Ima Cone

25. FUNERAL DIRECTOR: Claude Treary — ADDRESS: Kooskia, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

State File No. 1798
Local Reg. No. 90
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia, 30miles up the
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Middle fork of Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Cornelius
b. (Middle):
c. (Last): Nunan

4. DATE OF DEATH (Month) (Day) (Year): April 13 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: C.T.P.A.
11. BIRTHPLACE (State or foreign country): NewMarket County Court, Ireland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mathew Nunan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Margaret Sullivan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Patrick J. Nunan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lochsa River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Lowell Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 13 1952 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell from a cross Log into creek

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard A. Ewell M.T. Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 4, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 9
Reg. Dist. No. 242

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH

a. COUNTY: Idaho

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

c. LENGTH OF STAY (in this place): 2 week

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Lewis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Hiram

b. (Middle): Dent

c. (Last): Pardue

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22, 1856

9. AGE (In years last birthday): 95

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Louden, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Pardue

BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Mary Ann Vincent

BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ernie Stephenson ADDRESS: Craigmont, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension — 15 yrs

DUE TO (c): Chronic Nephritis — 16 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1946 *to* May 10, 1952, *that I last saw the deceased alive on* May 9, 1952, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.

23b. ADDRESS: Cottonwood Idaho

23c. DATE SIGNED: May 11,1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-10-52

24c. NAME OF CEMETERY OR CREMATORY: Nezperce

24d. LOCATION (City, town, or county) (State): Nezperce, Idaho

DATE REC'D BY LOCAL REG.: 5-11-52

REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by HB

25 FUNERAL DIRECTOR: C. E. Clowes ADDRESS: Craigmont, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1800
Local Reg. No. 87
Reg. Dist. No. 240

BIRTH NO.

MAY 26 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pollock
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walker home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAWRENCE	VICTOR	HILL	May 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	June 9, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 32	lumber	Texas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Hill	Mo.	Harriet Dozier	US

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	526-09-5834	James F Hill	Riggins

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Arteriosclerotic heart disease	1 yr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 15, 1950 *to* 17 May, 1952, *that I last saw the deceased alive on* 12 May, 1952, *and that death occurred at* 7:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernard P. Strawhun M.D.	Council, Idaho	19 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 21, 1952	Riggins	Riggins Idah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 20, 1952	Irma Cone	Jos Peterson	Grangeville,

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1C 31
Local Reg. No. 10
Reg. Dist. No. 242

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENCREEK Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENCREEK Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SYLVESTER
b. (Middle): C.
c. (Last): WALDMANN

4. DATE OF DEATH (Month) MAY (Day) 31 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 8 9 1904
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Clemens G. Waldmann — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Margaret Schaefer — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Julius Waldman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Glomerulo nephritis — INTERVAL BETWEEN ONSET AND DEATH: 21 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Poliomyelitis c̄ marked Chest deformity — in childhood

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1952, *to* 5-9, 1952, *that I last saw the deceased alive on* 5-9, 1952, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Collins — (Degree or title): M.D.
23b. ADDRESS: Craigmont Ida.
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4-52
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1952
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by TB
25. FUNERAL DIRECTOR: Uhlorn-Robertson — ADDRESS: Cottonwood, Ida
Clelia Uhlorn

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 5512
Local Reg. No. 20
Reg. Dist. No. 640

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS STATE

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
c. LENGTH OF STAY (in this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NATHAN b. (Middle) RAY c. (Last) HUNTING

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer of

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Menan, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Hunting — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Susan Rebecca Cherry — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 517-07-4714

17. INFORMANT'S OWN SIGNATURE: x Fern Hunting — ADDRESS: Menan, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 20, 1952, *to* May 5, 1952, *that I last saw the deceased alive on* 4-30, 1952, *and that death occurred at* 8:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B. Rigby MD
23b. ADDRESS: Rigby Ida.
23c. DATE SIGNED: 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/9/1952
24c. NAME OF CEMETERY OR CREMATORY: Little Butte Cemetery
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 5/13/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR / ADDRESS: Bruce A. Eckersell Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1603
Local Reg. No. 12
Reg. Dist. No. 640

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Third Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): Third Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	DWIGHT	GATES	May	8	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 25, 1869	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant, retired	Lumber	Peacham, Vermont	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gates	Vermont	Harriett Robinson	Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mina Gates	Roberts, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 5 years

DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August, 1950, *to* May 1, 1952, *that I last saw the deceased alive on* May 1, 1952, *and that death occurred at* 4:20A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon Hall M. D.	Rigby, Idaho	5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 8, 1952	Fielding Memorial Park	Bonneville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/12/52	Mrs A B Cockrell	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

State File No. 1804
Local Reg. No. 11
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): N Locust

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): T
c. (Last): Fulkerson

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Marshall Missouri
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James Fulkerson — BIRTHPLACE: Tennesee
14. MOTHER'S MAIDEN NAME: Eliza Ellen Worthington — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jess Fulkerson — ADDRESS: Salmon Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal cardiac failure. — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1946, to 5-17-, 1952, that I last saw the deceased alive on 5-16-, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Thekeker M.D. (Degree or title) 282
23b. ADDRESS: Jerome.
23c. DATE SIGNED: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 20, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1225
Local Reg. No. 12
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): W. 5th St

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Zeke c. (Last) Tipton

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 28 1874

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months: 2 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Marshall Tenn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Tipton BIRTHPLACE: Tenn

14. MOTHER'S MAIDEN NAME: Malisa Blankinship BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Russell Halstead ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — INTERVAL: unknown
DUE TO (c): arteriosclerosis — INTERVAL: unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 14, 1952, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D. 349
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 24, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1806
Local Reg. No. 1
Reg. Dist. No. 440

RECEIVED
DIVISION OF VITAL STATISTICS
JUN 12 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 520 Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 520 Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Nellie	G	Fritzler	May	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	April 12 1898	54	1	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Nezperce Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
B.L. Mother	Iowa	Winfred Resler	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	No	E B Fritzler	Jerome Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Glioblastoma Multiforme — INTERVAL BETWEEN ONSET AND DEATH: 1 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rt Temporal lobe brain —
DUE TO (c) 193X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-13-52	Huge Brain Tumor Rt Temporal Lobe (brain)	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-2, 1951, *to* 5-30, 1952, *that I last saw the deceased alive on* 5-28, 1952, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson	M.D.	Jerome Idaho	5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 2 1952	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 2, 1952	Sister M. Rose, O.S.B.	Glen Buehler	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1807
Local Reg. No. 10
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Jerome
c. LENGTH OF STAY (in this place): 23 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Belle
c. (Last): Denny

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 8 1859
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenville Ohio
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Christopher Wise — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Martha Lindamon — BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Myrtle Lopez — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension — Yrs
DUE TO (c) and aur. fibrillation — Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* May 8, 1952, *that I last saw the deceased alive on* Nov, 1951, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE 375 (Degree or title): W. Carlyle Sunil MD.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 9, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 6 1952 DIVISION OF VITAL

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 12th & Steiner

3. NAME OF DECEASED (Type or Print)
a. (First): Conrad
b. (Middle): John
c. (Last): Vosen

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 3 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Own shop
11. BIRTHPLACE (State or foreign country): Wis.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christ Vosen — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy Vosen — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertensive Cardiovascular disease renal — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 2-4-52, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible], M.D.
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-52
24c. NAME OF CEMETERY OR CREMATORY: St Thomas
24d. LOCATION (City, town, or county): Coeur d'Alene (State): Idah

DATE REC'D BY LOCAL REG.: 5-28-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1999
Local Reg. No. 79
Reg. Dist. No. 120

BIRTH NO.

MAY 15 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 910 Center

3. NAME OF DECEASED (Type or Print): a. (First) Ida; b. (Middle) Abbie; c. (Last) Mulkey

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 25, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Proprietor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Springfield Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Defreese
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Matilda K. McNabb
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-03-1820

17. INFORMANT'S OWN SIGNATURE: Dell Mulkey
ADDRESS: Box 371 St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 2 wks
DUE TO (c) Arteriosclerotic Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 5-2-, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-2-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 5-2-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: R. E. Weeks
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Husted
Office copy

Certificate of Death

STATE OF IDAHO

State File No. 1814
Local Reg. No. 8014
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 15 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 518 Foster

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) D c. (Last) SEYMOUR

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 5, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chas Durr	Germany	Elizabeth Witt	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-36-3263	Chas J. Seymour	Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3332

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — many years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1/25, 19 44, *to* 5/5, 19 52, *that I last saw the deceased alive on* 5/1, 19 52, *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.M. Husted M.D.	Coeur d'Alene	5/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 7, 1952	Forest Cemetery	Coeur D'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-6-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 - [illegible]
Local Reg. No. 823
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 26 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701 N 4th st

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 701 N 4Th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Addie	Mae	Perkins	5	8	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	June 11 1870	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm McMullin — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Pettit — BIRTHPLACE: Wis.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Ulcer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24, 19 4[illegible], *to* 5/8, 19 52, *that I last saw the deceased alive on* 5/7, 19 52, *and that death occurred at* 1:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	5/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-10-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. [illegible] ADDRESS
5-10-52	Lorraine F. Brush	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1822
Local Reg. No. 88
Reg. Dist. No. 720

BIRTH NO. 19 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 218 N. 9th

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Katherine
c. (Last): Wittkopf

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 5 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Quincey Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hellhake — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Josephine Nalte — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Henry Wittkopf — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis — 5 yrs.
DUE TO (c) Diabetes Mellitus — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/8, 1949, *to* 5/9, 1952, *that I last saw the deceased alive on* 5/7, 1952, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J W Hawkins — (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-52
24c. NAME OF CEMETERY OR CREMATORY: St Thomas
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hughes

Certificate of Death

STATE OF IDAHO

State File No. 1818
Local Reg. No. 84
Reg. Dist. No. 120

RECEIVED
MAY 19 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 501-So. 12th, st.

3. NAME OF DECEASED (Type or Print): a. (First) Susan; b. (Middle); c. (Last) Peterson

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 4, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Daley
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Lucian Chambers
ADDRESS: Hayden Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: abrupt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chronic myocarditis auricular fibrillation with cardiac decompensation — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 *to* ____, 19__, *that I last saw the deceased alive on* 5-9, 1952, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard S Hughes MD
23b. ADDRESS: Coeur D'Alene Idaho
23c. DATE SIGNED: 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hawkins

RECEIVED MAY 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1814
Local Reg. No. 83
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 12-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1701-Sherman Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) c. (Last) Nyman

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 1, 1884
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Loader
10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Nyman — BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jenny Nyman — ADDRESS Coeur d' Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH 2 M

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Stomach — 1 Yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-3-51
19b. MAJOR FINDINGS OF OPERATION Resection Stomach & regional nodes
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1951, *to* 5-10, 1952, *that I last saw the deceased alive on* 5-9, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James W. Hawkins MD
23b. ADDRESS Coeur d' Alene Idaho
23c. DATE SIGNED 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 13, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1215
Local Reg. No. 87
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 28 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cd'a Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 717-2nd, street

3. NAME OF DECEASED (Type or Print): a. (First) Lottie; b. (Middle); c. (Last) Wright

4. DATE OF DEATH: (Month) (Day) (Year): May 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 3, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl W. Avery
BIRTHPLACE: Conn.

14. MOTHER'S MAIDEN NAME: Melissa Meachan
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Cd'a Homes Record DE.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 154X Carcinoma of Rectu-Sigmoid
INTERVAL BETWEEN ONSET AND DEATH: about 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1945, *to* 5-18, 1952, *that I last saw the deceased alive on* 4-15, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Hunter MD
23b. ADDRESS:
23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 5-20-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. E. R. Fox

Certificate of Death

STATE OF IDAHO

State File No. 1216
Local Reg. No. 86
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 28 1952
DIVISION OF VITAL STATISTICS
STATE

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
LENGTH OF STAY (in this place) 14-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) N.W.Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) N. W. Blvd.

3. NAME OF DECEASED (Type or Print) — a. (First) Sigrid — b. (Middle) Gunhilda — c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year) May 22 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 25, 1876

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cjermund Hoyme — BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Ida Olson — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Chr. S. Thompson — ADDRESS N.W.Blvd. Coeur d' Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5/16, 1952, *to* 5/22, 1952, *that I last saw the deceased alive on* 5/22, 1952, *and that death occurred at* 12:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. R. Fox M.D.
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 5/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 25, 1952
24c. NAME OF CEMETERY OR CREMATORY Mount Horeb
24d. LOCATION (City, town, or county) (State) Mount Horeb, Wisconsin

DATE REC'D BY LOCAL REG. 5-23-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

State File No. 1 0 1 [illegible]
Local Reg. No. 99
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1224 Lakeside

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1224 Lakeside

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle):
c. (Last): Cleven

4. DATE OF DEATH (Month) (Day) (Year): May 24 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-12-1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hans Cleven — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Susan Jacobs — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. N.C. Spellman — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

430.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 27, 1949, *to* May 24, 1952, *that I last saw the deceased alive on* May 24, 1952, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R H Banker (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: May 27 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-28-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1818
Local Reg. No. 96
Reg. Dist. No. 120

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2 USUAL RESIDENCE (Where deceased lived If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane, Bridge
d. STREET ADDRESS (If rural, give location):

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4 DATE OF DEATH	(Month)	(Day)	(Year)
	JACOB	T.	JACOBSON		May	25	1952

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M	W	Nver Married	Oct. 6, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Ossin Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jacobson — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mr. J.O. Holland — ADDRESS: Spokane Bridge Wash

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) Hypertension

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 23, 19 52, *to* May 25, 19 52, *that I last saw the deceased alive on* May 25, 19 52, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-52	Pleasant View	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-28-52	Lorraine K Brush	Gilbert Yates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Fox

Certificate of Death

State File No. 1 5 5 6
Local Reg. No. 109
Reg. Dist. No. 120

BIRTH NO.

JUN 6 1952

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 202-S-7th, st.

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) L.
c. (Last) Lashbrook

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 19, 1886

9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman //

10b. KIND OF BUSINESS OR INDUSTRY Potlatch Forest Inc.

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edgar Lashbrook
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Sarah Lashbrook
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-03-6305

17. INFORMANT'S OWN SIGNATURE R. R. Lashbrook
ADDRESS 1806 N 16th Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Coronary
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Occlusion & Thrombosis 20 hrs
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

4 30.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/25, 1952, *to* 5/26, 1952, *that I last saw the deceased alive on* 5/26, 1952, *and that death occurred at* 11:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Mrs. Mrs. Mrs.

Dr. W. Wood

Certificate of Death

STATE OF IDAHO

State File No. 1820
Local Reg. No. 94
Reg. Dist. No. 120

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 10-months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1401-4th, street

3. NAME OF DECEASED (Type or Print) a. (First) Venore b. (Middle) A. c. (Last) Field

4. DATE OF DEATH (Month) (Day) (Year) May 28 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 13, 1905
9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME J. R. Scott BIRTHPLACE
14. MOTHER'S MAIDEN NAME Ella Wovlever BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Y A. Wfield ADDRESS Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast. — INTERVAL BETWEEN ONSET AND DEATH 5 Years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* 5-28, 1952, *that I last saw the deceased alive on* 5-27, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title)
23b. ADDRESS Coeur d' alene Idaho
23c. DATE SIGNED 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 5-31-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Wm. Wood

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1821
Local Reg. No. 101
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 720-8th street

3. NAME OF DECEASED (Type or Print)
a. (First) Norman
b. (Middle) W.
c. (Last) McCuaig

4. DATE OF DEATH (Month) (Day) (Year) May 29 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 25, 1901
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Angus McCuaig — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Mary McLeod — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-5486
17. INFORMANT'S OWN SIGNATURE Helen McCuaig — ADDRESS Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 10.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car rolled over on Hiway and into Lake.

22. *I hereby certify that I attended the deceased from* Sept not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title) Coroner
23b. ADDRESS Coeur d' alene Idaho
23c. DATE SIGNED 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. 6-2-52
REGISTRAR'S SIGNATURE Lorraine K Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr/Hawkins

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 92
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JUN 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 419-Wallace ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Tecklenberg

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 22, 1880
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Bullivant
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Jane Watson
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. T. Kufedson, Coeur d'Alene, Ida.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 2 1 1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26-, 1952, *to* 5-30, 1952, *that I last saw the deceased alive on* 5-30, 1952, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W Hawkins MD
23b. ADDRESS: Coeur d'Alene Idah
23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 6-2-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Barclay

Certificate of Death

STATE OF IDAHO

JUN 6 1952

State File No. 1[illegible]
Local Reg. No. 91
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615 W. Lakeshore Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 615 W. Lakeshore Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Matilda
b. (Middle): Dorothy
c. (Last): Tendall

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 24, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Yorkville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Hage — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Dorothy (Unknown) — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Forrest Schim — ADDRESS: Cd'A, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): generalized metastatic Ca.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): original site in rectum

DUE TO (c): discovered Spokane about 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19-52, 19__, *to* 5-31, 1952, *that I last saw the deceased alive on* 5-30, 1952, *and that death occurred at* 4:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alexander Barclay Jr. MD
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1824
Local Reg. No. 88
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAY 28 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): Main St

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): A.
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): May 4 1952

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 9 22 97
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkonw — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 519-05-4708
17. INFORMANT'S OWN SIGNATURE: Discharge Papers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Spirit Lake — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood — Coroner (Degree or title): 4 M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-52
24c. NAME OF CEMETERY OR CREMATORY: Spirit Lake
24d. LOCATION (City, town, or county): Spirit Lake — (State): Idaho

DATE REC'D BY LOCAL REG.: 5-16-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 C 5
Local Reg. No. 81
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley, R.F.D.

c. LENGTH OF STAY (in this place): 41 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho. b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley

d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) --- c. (Last) PEONE

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married No

8. DATE OF BIRTH: definate date

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Danville, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: ? Joseph BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Katherine ? BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dena Louse ADDRESS: Worley, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix with Generalized metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 year +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1952, *to* May 6, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Hart (Degree or title): M.D.

23b. ADDRESS: Fairfield, Wash.

23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart

24d. LOCATION (City, town, or county) (State): Mission, Benewah, Idaho

DATE REC'D BY LOCAL REG.: 5-7-52

REGISTRAR'S SIGNATURE: Lawrence K. Brush

25. FUNERAL DIRECTOR ADDRESS: Fairfield, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 0 3 6
Local Reg. No. 78
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
c. LENGTH OF STAY (in this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt#2

3. NAME OF DECEASED (Type or Print): a. (First) Alonzo b. (Middle) A c. (Last) Forness

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 21 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filer

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Minn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Forness
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-0187

17. INFORMANT'S OWN SIGNATURE: Mrs Pearl Forness
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of heart muscle — INTERVAL BETWEEN ONSET AND DEATH: Instant death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — April 28, 1952
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1952, *to* May 6, 1952, *that I last saw the deceased alive on* April 5?, 1952, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-10-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idah
Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. R. E. Staley

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1827
Local Reg. No. 89
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. STREET ADDRESS (If rural, give location): Rt# 1

3. NAME OF DECEASED (Type or Print): a. (First) ANTHONY; b. (Middle); c. (Last) ARNHOLD

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 26, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Arnhold
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Schagel
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank Arnhold
ADDRESS: Cataldo, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

157 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cancer.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1951, *to* 5-4, 1952, *that I last saw the deceased alive on* 5-4, 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 381 John E. Lewis
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1928
Local Reg. No. 95
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls, Rural Rte.
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahn's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum, Rural Rte.
d. STREET ADDRESS (If rural, give location): 2 Miles West of Rathdrum

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) A. c. (Last) Wickertsheimer

4. DATE OF DEATH (Month) (Day) (Year): 5---19---52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	September 16, 1869	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Morning Sun, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Willson	Penn.	Myrilla Reid	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Martha J. Lofstrom	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteri-Sclerosis — 20 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___ *to* _____, 19___, *that I last saw the deceased alive on* 5-19, 1952 *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene	5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 22, 1952	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-22-52	Lorraine K Brush	Gilbert Gabbert	Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. O. Husted

RECEIVED MAY 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 16829
Local Reg. No. 96829
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 36-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt# 2

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Rt# 2

3 NAME OF DECEASED (Type or Print) a. (First) Mallie b. (Middle) C. c. (Last) B owler

4. DATE OF DEATH (Month) May (Day) 20, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 22, 1891

9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist

10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Missouri

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Bowler BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Jane Rhodes BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-03-9961

17. INFORMANT'S OWN SIGNATURE Mrs Mc. Bowler ADDRESS Rt# 2 C.D.A. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

- MEDICAL CERTIFICATION -

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Infarction — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Complete A-V. Block.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 17, 1952, *to* May 20, 1952, *that I last saw the deceased alive on* 5-16, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE O. W. Husted M.D. (Degree or title)

23b. ADDRESS

23c. DATE SIGNED 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 23 1952

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. 5-23-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1520
Local Reg. No. 13
Reg. Dist. No. 18

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Pend O'reille

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Wash

b. COUNTY: Spokane

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane

d. STREET ADDRESS (If rural, give location): 2727 East Diamond

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ronald	Dee	Bass	May 24 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never Married	June 25 1943	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cannoyan City Colo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bass — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Winnifred Tarman — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Robert C. Portrey — ADDRESS: Spokane, Wash

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Accidental Drowning. 929.8

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Pend O'Reille

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell off Dock.

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	Coroner M. D.	Coeur d'Alene Idaho	5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 25 1952		Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
5-25-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1091
Local Reg. No. 93
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 13
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Tillie b. (Middle) S. c. (Last) Triggs

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis Rockney — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Beatrice Severson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 1952, 19__, *that I last saw the deceased alive on* May 14, 1952, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Swedinson MD · M.D.
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED: 6/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/52
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Rathdrum, Idaho

DATE REC'D BY LOCAL REG.: 6-2-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 12532
Local Reg. No. 53
Reg. Dist. No. 200

Certificate of Death
NON-RESIDENT

BIRTH NO. Above

RECEIVED MAY 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culbertson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mollie	M.	Johnson	April	28,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	April 22, 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holstein, Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Morrison — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Sarah Logan — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Jessie Mallan — ADDRESS: Newport, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis. — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-18, 1952, *to* death, 19____, *that I last saw the deceased alive on* 4-27, 1952, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Omer N Davis 104	M.D	Troy Idaho	4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-4-1952 01	Culbertson Cemetery	Culbertson Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/13/52	Lois E. Angel	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 1952

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1933
Local Reg. No. 50
Reg. Dist. No. 208

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): County Farm

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Effie	L.	Knox		May	3	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct 9, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mary Ethel Johnson	Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive cardiovascular renal syndrome — 15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November, 1948, *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Myers	M.D.	Moscow, Idaho	May 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/17/52	Lois E. Angel	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1834 1834
Local Reg. No. 48
Reg Dist. No. 200

BIRTH NO. 1952

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 920 Spruce

3. NAME OF DECEASED (Type or Print): a. (First) Grace b. (Middle) Pauline c. (Last) Miller

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1893

9. AGE (In years last birthday): 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mitchell South Dakota

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Delos Walker
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jack H. Miller ADDRESS: Potlatch Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 1½ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of rectosigmoid colon

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 1952, *to* May 4, 1952, *that I last saw the deceased alive on* May 3 1952, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Rogers (Degree or title) M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: May 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-8-52

24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

24d. LOCATION (City, town, or county) (State): Freeze, Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 5/12/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1935
Local Reg. No. 775
Reg. Dist. No. 200

BIRTH NO. 52-6073

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 259 Circle Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Timmy	Grant	Stephens	May	6	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	May 5, 1952	0		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02		Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LaRele Stephens	Wyoming	Thelma Patton	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	LaRele J. Stephens	Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 776X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/5, 1952, *to* 5/6, 1952, *that I last saw the deceased alive on* 5/6, 1952, *and that death occurred at* 9:11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alfred T. DeVito M.D.	Moscow	5/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 7, 1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/8/52	Leisl E. Angel	W R Smart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1536
Local Reg. No. 57
Reg Dist. No. 200

BIRTH NO.

RECEIVED JUN 6 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 12days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 715 E. 8th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 7 Miles N. W. Of Potlatch

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frankie	Jane	McCown	May 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 21, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	North Carolina	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Jones	N. C.	Mary Hoosier	N. C.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	[signature]	Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5-10-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis 1948
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no	— none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
no	none	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 4-12-46, *to* 1-12-49, *that I last saw the deceased alive on* 1-12-49 *and that death occurred at* 3:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph R. Wilson M.D.	Moscow Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-13-52	Freeze Cemetery	Latah Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/17/52	Lois E. Angel	H. E. Kendall	Palouse Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 59
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 27 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) County Boarding Home

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) David c. (Last) Hone

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 22, 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trader
10b. KIND OF BUSINESS OR INDUSTRY Dry Goods
11. BIRTHPLACE (State or foreign country) Point Douglas, Minn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Emit Hone BIRTHPLACE Point Douglas, Minn.
14. MOTHER'S MAIDEN NAME Eliza Schofild BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Grace Trader ADDRESS Osiska, N. Dak.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hours

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Cerebral arteriosclerosis — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic gastric ulcer (arteriosclerotic ?) bleeding — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1949, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John M. Ayers (Degree or title) M.D.
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED June 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 17, 1952
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow, (State) Idaho

DATE REC'D BY LOCAL REG. 6/9/52
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR H. R. Short ADDRESS Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1538
Local Reg. No. 53
Reg. Dist. No. 200

BIRTH NO. Given

RECEIVED MAY 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Latah Co. Boarding Home

3. NAME OF DECEASED (Type or Print): a. (First) Ira; b. (Middle) Benton; c. (Last) Moore

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 31, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 54

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Covington, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rueben Moore
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Cook
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Bessie Leveille
ADDRESS: Greer Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Squamous cell carcinoma of nose — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1952, *to* May 13, 1952, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 2:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Ayers (Degree or title) M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 5/17/52
REGISTRAR'S SIGNATURE: Lois L. Angel
25. FUNERAL DIRECTOR: J.R. Short
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 60
Reg. Dist. No. 200

BIRTH NO. 0

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 No. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 304 No. Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) c. (Last) Weaver

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 1856
9. AGE (In years [illegible]): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret) 4
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nickles Weaver — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lester Weaver — ADDRESS: St. Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

431X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute glomerular nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute myocarditis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* May 23, 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Chumbourg M.D.
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 6/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-27-52
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 6/9/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1940
Local Reg. No. 56
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (If not in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): South Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Milan
c. (Last): Tresnit

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 28, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): section foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Gospich, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mike Tresnit — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: X Milan Joseph Tresnit — ADDRESS: Moscow

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hormonhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1952, *to* May 24, 1952, *that I last saw the deceased alive on* May 23, 1952, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 8/7-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-27-1952
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 6/9/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

NON-RESIDENT

State File No. 1541
Local Reg. No. 62
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) L. c. (Last) Haynes

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton, Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Monroe Haynes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs L. Simmons — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injury to heart and lungs — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fractured ribs
DUE TO (c) car accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of leg + forearms

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Genesee, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 28, 1952 1:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* 5-28-, 1952 *to* 5-28-, 1952, *that I last saw the deceased alive on* 5-28-, 1952, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genstler MD
23b. ADDRESS: Genesee Idaho
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 6/12/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 5 7 0
Local Reg. No. 6-12
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 4 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Whitman

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Effie		Haynes	May	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb 12, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Goldendale, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rollo Jackson	Indiana	Laura Ferrill	Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs L. Simmons	Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Car accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	Genesee Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
May 28, 1952 1 30 p		Car accident

22. *I hereby certify that I attended the deceased from* 5-28-, 1952, *to* 5-28-, 1952, *that I last saw the deceased alive on* 5-28-52, *and that death occurred at* 6 00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sam B. Lenstrum MD	Genesee, Idaho	6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-31-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/10/52	Lois E. Angell	W.R. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1545
Local Reg. No. 545
Reg. Dist. No. 200

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 2½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Mi. N.E.of Palouse Wn.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 8 Miles N. E. of Palouse, Wn.

3. NAME OF DECEASED (Type or Print): a. (First) Siverina b. (Middle) Christiana c. (Last) Burch

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 5, 1885
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hiusewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Osseo, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Thomas C. Thompson
BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Siverina C. Polson
BIRTHPLACE: Osseo, Wis.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mayne Thompson
ADDRESS: Palouse Wash.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio sclerosis — 12 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1941, *to* May 20, 1952, *that I last saw the deceased alive on* May 9, 1952, *and that death occurred at* 8:47P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.W. DeVree (Degree or title) M.D.
23b. ADDRESS: Palouse, Wash
23c. DATE SIGNED: 5/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-52
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co., Idaho

DATE REC'D BY LOCAL REG.: 5/31/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 7 C A
Local Reg. No. 55
Reg Dist. No. 200

BIRTH NO.

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle); c. (Last) Emerson

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 31, 1877

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Petaluma, California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Anderson BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Anna Anderson BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Roy Emerson ADDRESS: Genesee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

416 X

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11-1949, *to* 5-19-1952, *that I last saw the deceased alive on* 5-19-1952 *and that death occurred at* 4:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Penstone MD

23b. ADDRESS: Genesee, Idaho

23c. DATE SIGNED: 5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 5/31/52

REGISTRAR'S SIGNATURE: Lois L. Angel

25. FUNERAL DIRECTOR: W R Short ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1845
Local Reg. No. 57
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bovill
c. LENGTH OF STAY (in this place) 44 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bovill
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marjorie b. (Middle) c. (Last) Jones

4. DATE OF DEATH (Month) May (Day) 29 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 20, 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dornock, Ont. Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Duncan F. Campbell BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Catherine McIntosh BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lillian Yangel ADDRESS Bovill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

590X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal Syphilis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950, *to* May 29, 1952, *that I last saw the deceased* January, 1952, *and that death occurred at* 8.30 Pm., *from the causes and on the date stated above.*

...URE ...ustrony (Degree or title) M.D.
23b. ADDRESS Moscow Idaho.
23c. DATE SIGNED 6/7/52

...CREMA- (Specify) ...
24b. DATE June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

...OCAL REG.
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR H R Short ADDRESS Moscow, Idaho

...alth Service Form DPH-48021

...ctor, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...ely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...g out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1-52

Certificate of Death

STATE OF IDAHO

State File No. 1946
Local Reg. No. 690
Reg. Dist. No.

RECEIVED MAY 21 1952 DIVISION OF V.S.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Alex c. (Last) Rehhi

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	About 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07		Varra, Estonia	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		516-12-4290	None, taken from records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 911.2 Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crush injuries Pelvis + Abdomen and Compound fracture dislocation of wrist. — less than 12 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-6-52	Compound fracture repaired	YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	at work	Salmon, Lemhi, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5-6-52 P m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	P turnover by dual wheel truck

22. *I hereby certify that I attended the deceased from* 5-6, 1952 *to* 5-7, 1952, *that I last saw the deceased alive on* 5-7-52, 19___, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Blanchard M.D.	Salmon, Ida	5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-9-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-22-52	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1947
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Verna
b. (Middle): May
c. (Last): Halton

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Weber County, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Brown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Jennie Summerville-Glasgow — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Bertha Halton — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 6 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15 *19*51*, to* May 11*, 19*52*, that I last saw the deceased alive on* May 11*, 19*52*, and that death occurred at* 5:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy H. Sinclair M.D. 578
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: May 13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-52 01
24c. NAME OF CEMETERY OR CREMATORY: Weiser
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-14-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1948
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

MAY 24 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Edward
c. (Last): Ferguson

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 5, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Harry V. Ferguson — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Ella Bangs — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 700-18-1319
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with Myocardial Infarction — 4 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Angina Pectoris — 5 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1949, *to* May 12, 1952 *that I last saw the deceased alive on* May 12, 1952 *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackadar, M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-52 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: May-22-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

1952 STATE OF IDAHO

NON RESIDENT

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakeview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eli
b. (Middle): Micheal
c. (Last): Swanson

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 22, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 22; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lakeview, Ogegon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Swanson — BIRTHPLACE: Leadore, Idaho
14. MOTHER'S MAIDEN NAME: Olga Deloris Gerbick — BIRTHPLACE: Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: George J Swanson — ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia due to Severe

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ? 10 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 1952 10AM *to* 5-14, 1952, *that I last saw the deceased alive on* 5-14, 1952 *and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. V. Blackadar, N.D.
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetey
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1850
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ivy
b. (Middle): Ross
c. (Last): Mann

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 6, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Shaw — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Malisa Battin — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Pearl Bowen — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Squamous Cell Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cervix
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20, 1949, *to* 5-19, 1952, *that I last saw the deceased alive on* 5-18, 1952 *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Blackadar, M.D. 031
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-52 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-29-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 4
Reg. Dist. No. 232

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mohler RFD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bertle Mulcum Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) WILLCOX c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): April 9 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Silas Heathcock, Tenn. BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Eliza Douglas, Tenn. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Fred Tweedy ADDRESS: Peck Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart failure
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. died suddenly.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:48 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert Huff Coroner (Degree or title)
23b. ADDRESS: Nezperce Idaho
23c. DATE SIGNED: 4-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-10-52
24c. NAME OF CEMETERY OR CREMATORY: Kilrose
24d. LOCATION (City, town, or county) (State): Nez Perce County, Ida

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: R. E. Clovis
25. FUNERAL DIRECTOR: W. E. Gilbert ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1952
Local Reg. No. 17
Reg. Dist. No. 6-30

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
d. STREET ADDRESS (If rural, give location): Rexburg RFD 2

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) Dean c. (Last) Fullmer

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 25 1901

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Mapleton, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Fullmer
BIRTHPLACE: Springville, Utah

14. MOTHER'S MAIDEN NAME: Roxie J. Kendall
BIRTHPLACE: Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-4024

17. INFORMANT'S OWN SIGNATURE: Lawrence D. Fullmer Jr.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1952 *to* May 2, 1952 *that I last saw the deceased alive on* May 2, 1952 *and that death occurred at* 6: P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D D Johnson
(Degree or title): M.D.
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: May 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/6/52
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 5-6-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russell Adams
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 12 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1853
Local Reg. No. 18
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mabel b. (Middle) Walters c. (Last) Zollinger

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Wm W. Walters
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Agnes K. Stoddard
BIRTHPLACE: Wellsville, Uta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Charles J Zollinger
ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hyperteirsian — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-11-, 1951, *to* 5-4-, 1952, *that I last saw the deceased alive on* 5-4, 1952, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 061 Leon H. Cline, M.D.

23b. ADDRESS: Rexburg, Idaho.

23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/7/52 01

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 5-9-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth B Flamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1654
Local Reg. No. 19
Reg. Dist. No. 630

BIRTH NO. 111-52-06142

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Bradley b. (Middle) S. c. (Last) Zollinger

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: May 8, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: 1 | IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Darwin Zollinger — BIRTHPLACE: Rexburg

14. MOTHER'S MAIDEN NAME: Blanche Siepert — BIRTHPLACE: Rexburg Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Darwin Zollinger — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature 5½ mos. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature separation of Placenta,
DUE TO (c) with bleeding

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 8, 1952, *to* May 8, 1952, *that I last saw the deceased alive on* May 8, 1952, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Bigby M.D.

23b. ADDRESS: Rexburg Ida.

23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/9/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg

DATE REC'D BY LOCAL REG.: 5-9-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Mann — ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]5
Local Reg. No. 20
Reg. Dist. No. 630

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charlotte	Pincock	Garner	May	14,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	W.	Widowed	Oct 7, 1861	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Pincock — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Isabella Douglas — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: L. C. Farmer — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 570.5 Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined Origin
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* _____, 19____, *that I last saw the deceased alive on* May 13, 1952, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon H. Cline, M.D.	Rexburg, Idaho.	5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/17/52	Teton	Teton City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/16/52	Leona Flamm	Kenneth G. Flamm	Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 C [illegible] C
Local Reg. No. 21
Reg. Dist. No. 630

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Verla b. (Middle) Jean c. (Last) Walker

4. DATE OF DEATH: (Month) (Day) (Year) May 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 31, 1929

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Ray Willis Walker Sr LaBell
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mabel Ovard
BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elder Ray Walker
ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia, Nephritis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 2, 1952, *to* May 29, 1952, *that I last saw the deceased alive on* May 27, 1952, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Rigby MD.

23b. ADDRESS: Rexburg Ida.

23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/2/52

24c. NAME OF CEMETERY OR CREMATORY: Cedar Butte

24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: 6-2-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth Flamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 450

BIRTH NO.

JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 901 F St.

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle):
c. (Last): Bush

4. DATE OF DEATH: (Month) Apr (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 31 1883

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 10, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Claverden Co Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: David W Bush — BIRTHPLACE: Clayton Ills

14. MOTHER'S MAIDEN NAME: Malissa Starrett — BIRTHPLACE: unknown.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-7516

17. INFORMANT'S OWN SIGNATURE: Ida E. Bush — ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension — 10 years.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 14, 1952, *to* Apr [illegible], 1952, *that I last saw the deceased alive on* Apr 14, 1952, *and that death occurred at* 3 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-17-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-7-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Rodney E Gordon — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 23
Reg. Dist. No. 450

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 33 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hess Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 813 D st.

3. NAME OF DECEASED (Type or Print)
a. (First) Susan
b. (Middle)
c. (Last) Pinson

4. DATE OF DEATH (Month) apr (Day) 16 (Year) 1952

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH aug 4 1860

9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months 7 Days 12 | IF UNDER 24 HRS. Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ____

10b. KIND OF BUSINESS OR INDUSTRY ____

11. BIRTHPLACE (State or foreign country) Huntington W. Virginia

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Parley — BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME Bartrum — BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ____ (If yes, give war or dates of service) ____

16. SOCIAL SECURITY NO. ____

17. INFORMANT'S OWN SIGNATURE Mrs Otto L Adamson — ADDRESS Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 191X Carcinoma of face. — INTERVAL BETWEEN ONSET AND DEATH 6 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) Senility - 91 years old.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ____

19b. MAJOR FINDINGS OF OPERATION ____

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ____

21d. TIME OF INJURY (Month) ____ (Day) ____ (Year) ____ (Hour) ____ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? April 16 52

22. *I hereby certify that I attended the deceased from* 2 May, 19 51, *to* ____, 19 ____, *that I last saw the deceased alive on* April 17 1952 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-18-52

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 5-7-52

REGISTRAR'S SIGNATURE E H Johnson

25. FUNERAL DIRECTOR Rodney Boardman

ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 450

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	Helen	Ines	Casias

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Mexican	Child	May 14 1941	10	11	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Burley Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Casias	Colorado	Marion Velasquez	New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Marion Velasquez	Burley Cassia

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fibrinal adhesions (over)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute appendicitis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Acute appendicitis.	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* April 25, 1952 *to* April 26 1952, *that I last saw the deceased alive on* April 25, 1952, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Rupert Idaho	4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr 30 1952	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-7-1952	[illegible]	Rodney Anderson	Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 C 2 A
Local Reg. No. 25
Reg. Dist. No. 450

BIRTH NO.

JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson.
d. STREET ADDRESS (If rural, give location): Rural.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wyeth
c. (Last): Orchard.

4. DATE OF DEATH (Month) (Day) (Year): May. 14 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 31 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 3, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lacota North Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: B. M. Orchard. BIRTHPLACE: Hiawatha Kansas
14. MOTHER'S MAIDEN NAME: Mamie Kern. BIRTHPLACE: Hamlin Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: B M Orchard. ADDRESS: Jackson Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9/2/1 Suffocation Accidental — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Tractor turned over throwing him
DUE TO (c) to ground on his chest and abdomen.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rear fender and wheel on his back, with much weight and pressure that he could not breathe.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 10 mi. N Rupert
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 14, 52 9:30 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor turned upside down onto the body

22. *I hereby certify that I attended the deceased from* Saw him after death before *that I last saw the deceased alive on* Removal from Site of Accident *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE: E H Elmore (Degree or title): MD.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 5-19-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-18-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho.

DATE REC'D BY LOCAL REG.: 5-19-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney L Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 24
Reg. Dist. No. 450

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle): W
c. (Last): Felix

4. DATE OF DEATH (Month) (Day) (Year): May 17 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 3 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6, Days 14 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fayette Mississippi
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Whitney — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Alma Darden — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: G. T. Newcomb — ADDRESS: Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 975X Drowned (Self Inflicted)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Melancholy + Desjoudent

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 17 1952 10:30 AM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? In Irrigating Canal.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:30 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Alan Goodman (Degree or title) Coroner 473
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 5-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-19-52 01
24c. NAME OF CEMETERY OR CREMATORY: Mesa Arizona
24d. LOCATION (City, town, or county) (State): Mesa Maricopa Calif.

DATE REC'D BY LOCAL REG.: 5-19-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney C Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 . 12
Local Reg. No. 30
Reg. Dist. No. 460

BIRTH NO. JUN 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 37 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 717 1/2 5th

3. NAME OF DECEASED (Type or Print): a. (First) Archie b. (Middle) James c. (Last) Ayers

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 195 2

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 16 1876

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: 8 Days: 9 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waterloo Iowa

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Horatio N Ayers — BIRTHPLACE: Syracuse N Y

14. MOTHER'S MAIDEN NAME: Lydia L. Hurd — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY: 518-22-8898

17. INFORMANT'S OWN SIGNATURE: James E. Ayers — ADDRESS: Pocatello Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolar sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/8, 1948, *to* 5/25, 1952 *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C F Dilly M D (Degree or title)

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-28-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-6-1952

REGISTRAR'S SIGNATURE: A H Elsmore

25. FUNERAL DIRECTOR: Rodney Gardner — ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUN 10 1952

Certificate of Death

STATE OF IDAHO

m.

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 924 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Prudencio
b. (Middle):
c. (Last): Aldana

4. DATE OF DEATH (Month) (Day) (Year): May 28 1952

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 2 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Cosme Aldana — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Nicolas Figueroche — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 530-05-1191
17. INFORMANT'S OWN SIGNATURE: Cecilia Aldana — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from esophageal varices due to cirrhosis of the liver secondary to cardiac decompensation due to silicosis of lungs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May 28, 1952, *that I last saw the deceased alive on* May 28, 1952, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dalley MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: June 3, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-6-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1864
Local Reg. No. 26
Reg. Dist. No. 450

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): ------
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1015 E Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 1015 E Street

3. NAME OF DECEASED (Type or Print)
a. (First): Myria
b. (Middle): Madsen
c. (Last): Schofield

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Chester, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Andrew Madsen-----Denmark
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Anna Marie Jensen -- Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: L.M. Schofield — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral valvular disease — 4 "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1949, *to* May 30, 1952, *that I last saw the deceased alive on* May 29, 1952, *and that death occurred at* 11:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E H Elmore MD.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 6-3-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/3/52
24c. NAME OF CEMETERY OR CREMATORY: Rupert, Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 6-3-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: J. Santh Rupert — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1865
Local Reg. No. 31
Reg. Dist. No. 450

BIRTH NO.

JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Rural
c. LENGTH OF STAY (in this place): 37
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	May	Schaen	May 15 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem	white	married	Oct 2 1882	69	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Geneva Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Turner	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ruth Eldredge — ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age
DUE TO (c) dementia — paraplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Rupert Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1, 1952, *to* 5-12, 1952, *that I last saw the deceased alive on* 5-12, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A Kenagy MD.	Rupert Ida	6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-19-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-6-1952	D Johnson	Rodney Goodman	Rupert Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

c.e.

State File No. 1 6
Local Reg. No. 27
Reg. Dist. No. 450

BIRTH NO. JUN 10 1952

STATE OF IDAHO

NON-RESIDENT

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: McKinley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crown Point.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gypsie
b. (Middle):
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): May 26 1952

5. SEX: Fem
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child.
8. DATE OF BIRTH: Mar 30 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crown Point New Mexico
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Allen J Morgan — BIRTHPLACE: Crown Point NM
14. MOTHER'S MAIDEN NAME: Grace Shorty — BIRTHPLACE: Crown Point NM

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Allen J Morgan — ADDRESS: Crown Point NM

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute upper respiratory infection 6 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

475X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/24, 1952, *to* 5/24, 1952, *that I last saw the deceased alive on* 5/24, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-27-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-5-1952
REGISTRAR'S SIGNATURE: C H Elmore
25. FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1867
Local Reg. No. 89
Reg. Dist. No. 220

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Blanchard Heights

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle) B.; c. (Last) McCann

4. DATE OF DEATH (Month) (Day) (Year): 5-1-52

5. SEX: female

6. COLOR OR RACE: ~~White~~ female

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 12-24-52

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Buffalo, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Beck
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: M/ Hersomger
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ed McCann
ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Passive Congestion — INTERVAL BETWEEN ONSET AND DEATH: 6+ mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Severe Hypertension — 25+ yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1951, *to* April, 1952, *that I last saw the deceased alive on* April 30 1952, *and that death occurred at* 6 PM., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Stein (Degree or title): MD

23b. ADDRESS: 307 St John Way, Lewiston

23c. DATE SIGNED: 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5-5-52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 3 1952

REGISTRAR'S SIGNATURE: Jean Wagelius

25. FUNERAL DIRECTOR: Vincent V. Varner
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

NJ # 8

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 1958
Local Reg. No. 94
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

DIVISION OF VITAL STATISTICS

1 7 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Paul
c. (Last): Mountjoy

4. DATE OF DEATH (Month) (Day) (Year): 5-2-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-24-1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe operator 35
10b. KIND OF BUSINESS OR INDUSTRY: Restruant
11. BIRTHPLACE (State or foreign country): Ishpeming Mich.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 379-10-7990
17. INFORMANT'S OWN SIGNATURE: x Lila Mountjoy — ADDRESS: Orofino, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Biopsy of liver, revealed portal cirrhosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10-, 1952, *to* 5-2-, 1952, *that I last saw the deceased alive on* 5-2-, 1952, *and that death occurred at* 1:40p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White M.D.
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 5-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-2-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: May 8 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 17 1952 DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1559
Local Reg. No. 92
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 520-- 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) CARL; b. (Middle) M.; c. (Last) SOLBERG

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer 19

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Mason, Wisc.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thomas Solberg — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Martha Hagen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ~~OWN~~ SIGNATURE: [signature] — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broncho-pneumonia — 2 days
DUE TO (b) Cerebral concussion — 3 days
Multiple injuries preceeded- severe shock -Fractures of ribs #2 right with pressure pneumothorax

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
right- Fracture of pelvis with Hematuria. Lacerated scalp.

823.4

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 29 52 11.30 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car left road, overturned, thrown from car.

22. *I hereby certify that I attended the deceased from* Apr 29, 19 52, *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 19 52, *and that death occurred at* 3.03 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Douglas MD 092 — (Degree or title): MD

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 5.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 8 1952

REGISTRAR'S SIGNATURE: Jean Wegleitner

25. FUNERAL DIRECTOR — ADDRESS: Brower-Wann By K.H. Mahon Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. Douglas

RECEIVED
JUN 1 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1970
Local Reg. No. 106
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): W.
c. (Last): MC REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 29, 1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 55
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lyle, Wash
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jake McReynolds — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: not known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518007-5606
17. INFORMANT'S OWN SIGNATURE: Mary K McReynolds — ADDRESS: Grangeville, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowned

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Boat overturned
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 4, 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Boat overturned

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vasser (Degree or title) (Coroner)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: June 2, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: June 2, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Certificate of Death

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. 1 5 7 1
Local Reg. No. 90
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): lewiston
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): lewiston
d. STREET ADDRESS (If rural, give location): 104½ - 11 St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	A.	Gormensen	5 - 4 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	widowed	1-8-1892	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contract carrier	U.S. Mail	Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unreend	Denmark	Unreend	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Geo Gormsen	Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral thrombosis	7 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-1, 1952, *to* 5-4, 1952, *that I last saw the deceased alive on* 5-4, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Lewiston	5-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	5-6-52	Normal Hill	lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 6 1952	Jean Wegelius	J. Dosser	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

NON-RESIDENT

State File No. 1 C M 2
Local Reg. No. 932
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: N NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5-3-52
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston,
d. STREET ADDRESS (If rural, give location): 1336-- Highland

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) C.; c. (Last) LAMBERT

4. DATE OF DEATH: (Month) (Day) (Year): May 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 21, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lew H. Hays
ADDRESS: Clarkston, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cholecystitis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1952, *to* 5-4-, 1952, *that I last saw the deceased alive on* 5-4-, 1952 *and that death occurred at* 4:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. White, M.D. (Degree or title)

23b. ADDRESS: Lewiston, Ida.

23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 8 1952

REGISTRAR'S SIGNATURE: Jean Weydins

25. FUNERAL DIRECTOR: Brower-Wann by K. H. Watson
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 96
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 daym
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): no record

3. NAME OF DECEASED (Type or Print)
a. (First): A. C. Bannard
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 5-13-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 05
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): no record
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hospital record — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocarditis — 4 yrs
DUE TO (c): Hypertension — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Arteriosclerosis — 6 yrs

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1952, *to* 5-13, 1952 *that I last saw the deceased alive on* 5-13, 1952 *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: J S Newton MD (291) (Degree or title)
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): O. Vassar Cwestin Idaho

DATE REC'D BY LOCAL REG.: May 15 1952
REGISTRAR'S SIGNATURE: Dean Wagelius
25. FUNERAL DIRECTOR: O. Vassar Cwestin — ADDRESS: Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1874
Local Reg. No. 97
Reg. Dist. No. 220

RECEIVED MAY 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dutro North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 429 - 18 St. N.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Dodson

4. DATE OF DEATH (Month) (Day) (Year): 5 - 13 - 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10 - 9 - 1890
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Furnace
11. BIRTHPLACE (State or foreign country): ~~Am~~ Amarillo, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. Dodson
BIRTHPLACE: Norecord
14. MOTHER'S MAIDEN NAME: Norecord
BIRTHPLACE: Norecord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-18-3654
17. INFORMANT'S OWN SIGNATURE: X Marjorie B Dodson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetic Coma — 1/2 hour
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1939, *to* May 13, 1952, *that I last saw the deceased alive on* May 1st, 1952, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. White M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5-16-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 16 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar
ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1975
Local Reg. No. 99
Reg. Dist. No. 220

111-52-06222
BIRTH NO.

MAY 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St. Joseph Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Georgia; b. (Middle) May; c. (Last) Dickson

4. DATE OF DEATH: (Month) (Day) (Year): 5-13-1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5-12-1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 1 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 22

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Loyal O. Dickson
BIRTHPLACE: Mont.

14. MOTHER'S MAIDEN NAME: Sophie Raczykowski
BIRTHPLACE: Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Loyal O Dickson
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 5 month — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pregnancy premature labor
DUE TO (c) Weight one pound 3 ounces

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-12, 1952, *to* 5-13, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mrs Rae Nye

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-14-1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: May 17 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]6
Local Reg. No. 100
Reg. Dist. No. 220

RECEIVED MAY 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St Joseph Hospital

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Sister Mary Alberta Prendergast

4. DATE OF DEATH: (Month) (Day) (Year): May 15 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 30, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nun

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Prendergast
BIRTHPLACE: no Record

14. MOTHER'S MAIDEN NAME: Mary Scott
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Sister Anne Therese
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial infarction — 2 wks

DUE TO (c): Arteriosclerosis — 20+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebrovascular accident — 10+ years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1952 *to* May 15 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 1[illegible] p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 385 (Degree or title): M.D.

23b. ADDRESS: 307 St Johns Way

23c. DATE SIGNED: 5-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 17, 52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: May 20 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew F. Vassar

ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1577
Local Reg. No. 98
Reg. Dist. No. 220

RECEIVED MAY 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - 715 Vista Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 715 Vista Ave. (Lewiston Orchards)

3. NAME OF DECEASED (Type or Print): a. (First) Reese; b. (Middle) P; c. (Last) White

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building (Retired)

11. BIRTHPLACE (State or foreign country): Pulaska Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ralph Stone — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac failure	One week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Post operative Condition	3 weeks
DUE TO (c)	Pneumonia Suspected	6 Month
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952 *to* May 16, 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 1:55 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Allan B. Cafferky (Degree or title): MD

23b. ADDRESS: 717 Sixth Clarkston

23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 16 1952

REGISTRAR'S SIGNATURE: Jean Weydins

25. FUNERAL DIRECTOR: Brower-Mann Co. By- K H. Mclaun

ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-1002 (Dr. Allan B. Cafferky)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 101
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1442-Idaho. St

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha		Hansen	May	17	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 22, 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	at home	Cove Ore.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
F.M. Mason		No Record	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Ray Hansen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 15, 1952, *to* May 17, 1952, *that I last saw the deceased alive on* May 17, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Braddock, M.D.	707-11th St. Lewiston	May 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20,52	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 21 1952	Jean Wagelin	R.F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 102
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 85 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Craigmont
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) ARTHUR OLOF OLSON

4. DATE OF DEATH (Month) (Day) (Year) May 20 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 19 1881
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain warehouse labor
10b. KIND OF BUSINESS OR INDUSTRY Grain storage
11. BIRTHPLACE (State or foreign country) Moscow, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Andrew S. Olson., BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Betty Olson, BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 519-12-0920
17. INFORMANT'S OWN SIGNATURE Maude Olson ADDRESS Craigmont, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, compression, vertebrae D-12 and L-1 with pressure on Spinal cord and paraplegia. — INTERVAL BETWEEN ONSET AND DEATH 9-1-51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis due to above — 2-24-52
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION As above.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Seed warehouse
21c. (CITY, TOWN, OR TOWNSHIP) Craigmont (COUNTY) Lewis (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 1 1951 11 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Piling sacks one fell, he caught it hurting back

22. *I hereby certify that I attended the deceased from* Dec 11, 1951, *to* May 20, 1952, *that I last saw the deceased alive on* May 20, 1952, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. Douglas (Degree or title) MD
23b. ADDRESS Lewiston, Idaho.
23c. DATE SIGNED May 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-20-52
24c. NAME OF CEMETERY OR CREMATORY Moscow
24d. LOCATION (City, town, or county) (State) Moscow, Idaho.

DATE REC'D BY LOCAL REG. May 22 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR C. E. Clovis, ADDRESS Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 103
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
JUN 1 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North & South Hy.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North & South Highway Lewiston
d. STREET ADDRESS (If rural, give location): North & South Hy.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Vinnie	Mc Leod	Sawyer		5	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	9-25-1874	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	---	Ashley County, Arkansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steve McLeod	Ashley County, Ark	Dora Morrell	Ashley County, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-------	none	Mrs. C. N. Sawyer	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	several days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cachexia	
DUE TO (c)	Chronic gall bladder disease	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease in failure	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-28, 1952 *to* 5-21, 1952 *that I last saw the deceased alive on* 5-20, 1952 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kay W. Eastwood M D	Lewiston Idaho	5/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	5-22-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 22 1952	Jean Wegelius	E. S. Rawls	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death NON-RESIDENT

STATE OF IDAHO

State File No. 1931
Local Reg. No. 104
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nort' Dakato
b. COUNTY Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lodgepole
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First) Inga b. (Middle) Andreas c. (Last) Larsen

4. DATE OF DEATH (Month) May (Day) 21, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 5, 1871

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months — Days — IF UNDER 1 HR. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) LaCrosse, Wisc.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Chris Johnson — BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S OWN SIGNATURE x Mrs L. L. Henley — ADDRESS Lewiston, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Intestinal Fistula, Rt. femur — 3 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 265 C. M. Mosby, M.D. (Degree or title)

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED May 22 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 5/23/52 01

24c. NAME OF CEMETERY OR CREMATORY Lodgepole Cemetery

24d. LOCATION (City, town, or county) Lodgepole, (State) South Dak.

DATE REC'D BY LOCAL REG. May 22 1952

REGISTRAR'S SIGNATURE Jean Wegelin

25. FUNERAL DIRECTOR Brower-Winn Co. By- Robert Brower — **ADDRESS** Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1882
Local Reg. No. 105
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1726 - 7th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Nicholas c. (Last) Lunders

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1914

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Saw-Mill

11. BIRTHPLACE (State or foreign country): Reubens, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John L. Lunders
BIRTHPLACE: So. Dak.

14. MOTHER'S MAIDEN NAME: Elsie Bateman
BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 700-18-0192

17. INFORMANT'S OWN SIGNATURE: Celesta Lunders
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

146X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Nasopharynx Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 25, 1952, *to* May 24, 19 52 *that I last saw the deceased alive on* May 24, 19 52, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dale D. Roberts (Degree or title): M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Ida'o

DATE REC'D BY LOCAL REG.: May 26 1952
REGISTRAR'S SIGNATURE: Jean Wigelius

25. FUNERAL DIRECTOR: Brower-Mann Co., ADDRESS: Lewiston, Idaho
by- J. N. Malcom

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1883
Local Reg. No. 109
Reg. Dist. No. 220

RECEIVED JUN 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-05923

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) ANN c. (Last) FISCHER

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby
8. DATE OF BIRTH May 18, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Herman Fischer BIRTHPLACE Yankton, S. D.
14. MOTHER'S MAIDEN NAME Helen Cummings, BIRTHPLACE Grangeville, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Eliza Fischer ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Esophageal Atresia with Tracheo esophageal Fistula — 10 days
DUE TO (c) Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

756.2

19a. DATE OF OPERATION 5/24/52 5/27/52
19b. MAJOR FINDINGS OF OPERATION As above
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/23/ *, 1952, to* 5/28 *, 1952, that I last saw the deceased alive on* 5/28 *, 1952 and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Schaeffer (Degree or title) M.D. 500
23b. ADDRESS 307 St. John's Way Lewiston Idaho
23c. DATE SIGNED 5/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3
24b. DATE May 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. June 4, 1952
REGISTRAR'S SIGNATURE Jean Wyelius
25. FUNERAL DIRECTOR Jess Robertson ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1934
Local Reg. No. 107
Reg. Dist. No. 220

RECEIVED JUN 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josiph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Le iston
d. STREET ADDRESS (If rural, give location): 703 - 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Albertina
c. (Last): Miiller

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1908
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Genessee, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Scharnhorst — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Rosina Meyer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Stanley O. Müller — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peripheral Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Caudal anaesthesia
DUE TO (c): Hemorrhoidectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 May 1952 *to* 29 May 1952 *that I last saw the deceased alive on* 29 May, 1952 *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Haury MD 157
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 31 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 2, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1952
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by- K.H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Haury

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1 5
Local Reg. No. 108
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 720 - 16th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ray; b. (Middle); c. (Last) Ward

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 18, 1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disabled for past 19 years.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Medoc, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ward — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Margaret Adams. — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. War #11
16. SOCIAL SECURITY NO.: 519-29-1526
17. INFORMANT'S OWN SIGNATURE: Nettie S. Ward — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1952, *to* May 30, 1952, *that I last saw the deceased alive on* May 30, 1952, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 3 1952
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Brower-Lamb Co., ADDRESS: Lewiston, Idaho
By K.H. Malcom

Federal Security Agency
United States Public Health Service

Form DPH-48021

White

Certificate of Death

STATE OF IDAHO

State File No. 15-6
Local Reg. No. 95
Reg. Dist. No. 220

BIRTH NO.

MAY 23 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP): In automobile on High Way 95, near Jaques Spur
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont R F D
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary Ann b. (Middle) Elizabeth c. (Last) Patton

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 19 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Leicester, N. C.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Jesse Morgan — BIRTHPLACE: North Caroline
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: O. L. Patton — ADDRESS: Craigmont, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4427

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration and Pulmonary Embolism —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Old hypertensive renal disease

DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:10A, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED: May 12

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-12-52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: May 12 1952
REGISTRAR'S SIGNATURE: Jean Wiggins
25. FUNERAL DIRECTOR: T. E. Clancy — ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1887
Local Reg. No. 12
Reg. Dist. No. 530

BIRTH NO. 952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) H.; c. (Last) Peterson

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 27 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Peterson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Gurine Poulson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Woodrow N. Peterson
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 28, 1952 *to* May 4 1952, *that I last saw the deceased alive on* May 4, 1952 *and that death occurred at* 1:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Mabey, M.D.

23b. ADDRESS: Malad Ida

23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 8 1952

24c. NAME OF CEMETERY OR CREMATORY: St John

24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: May 6-1952

REGISTRAR'S SIGNATURE: J. Guy Dawson

25. FUNERAL DIRECTOR: J. Guy Dawson
ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1888
Local Reg. No. 14
Reg. Dist. No. 530

BIRTH NO.

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location) Route 1 Box 112

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Marvin c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) May 22 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 5 1939
9. AGE (In years last birthday) 12 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Marvin Jones BIRTHPLACE Malad Idaho
14. MOTHER'S MAIDEN NAME Margaret Williams BIRTHPLACE Malad Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE A. Marvin Jones ADDRESS Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

401.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic heart

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19 45, to 5-22, 19 52, that I last saw the deceased alive on 5-22, 19 52, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE O. H. Mabey (Degree or title)
23b. ADDRESS Malad Ida
23c. DATE SIGNED 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 26 1952
24c. NAME OF CEMETERY OR CREMATORY Malad City
24d. LOCATION (City, town, or county) (State) Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG. May 26 1952
REGISTRAR'S SIGNATURE J. Leroy Jensen
25. FUNERAL DIRECTOR J. Leroy Jensen ADDRESS Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 15
Reg. Dist. No. 380

BIRTH NO.

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada Owyhee
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owyhee
d. STREET ADDRESS (If rural, give location): 10 miles North

3. NAME OF DECEASED (Type or Print): a. (First) MELVIN b. (Middle) ROBERT c. (Last) GEORGE

4. DATE OF DEATH: (Month) (Day) (Year) April 25, 1952

5. SEX: Male

6. COLOR OR RACE: Red

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 16, 1948

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lee George
BIRTHPLACE: Summit Lake Nevada

14. MOTHER'S MAIDEN NAME: Bertha Bell
BIRTHPLACE: Owyhee Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Lee George
ADDRESS: Owyhee Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): April 28, 1952

24b. DATE: Burial

24c. NAME OF CEMETERY OR CREMATORY: Miller Creek Cemetery

24d. LOCATION (City, town, or county) (State): Owyhee Nevada

DATE REC'D BY LOCAL REG.: May 31, 1952

REGISTRAR'S SIGNATURE: A P Anderson

25. FUNERAL DIRECTOR: Eddy J. Day

ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 380

BIRTH NO. [illegible] 1952

1. PLACE OF DEATH
a. COUNTY: OWYHEE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owyhee
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ninnie Yakima Home, North of Owyhee, Nevada, Miller Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: NEVADA
b. COUNTY: ELKO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OWYHEE, RURAL
d. STREET ADDRESS (If rural, give location): 1 Mile S.W. of Owyhee, Nevada

3. NAME OF DECEASED (Type or Print)
a. (First): VELMA
b. (Middle): JEAN
c. (Last): HARNEY

4. DATE OF DEATH (Month) MAY (Day) 4 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: INDIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: March 29, 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEVADA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WELDON JOHN HARNEY — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ELSIE VILLARD — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Weldon John Harney — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Miller Creek
24d. LOCATION (City, town, or county) (State): Idaho side of Reservation 10 Mi. North of Owyhee, Nevada

DATE REC'D BY LOCAL REG.: May 31, 1952
REGISTRAR'S SIGNATURE: A P Anderson
25. FUNERAL DIRECTOR: Felix Bey Mountain Home Idaho — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1891
Reg. Dist. No. .....

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
c. LENGTH OF STAY (in this place) 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Wesley c. (Last) Mansfield

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 10-1887

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months 9 Days 18
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer -logger & sawmill worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mason City, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harve K. Mansfield, 04 BIRTHPLACE Not Known

14. MOTHER'S MAIDEN NAME Mary Elizabeth Adams, BIRTHPLACE Teskawan Co., Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 541-16-2382

17. INFORMANT'S OWN SIGNATURE Hannah W. Mansfield ADDRESS Marsing, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure 4 20 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis

DUE TO (c) Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS Caldwell, Ida. 23c. DATE SIGNED 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 31-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. June 2-52

REGISTRAR'S SIGNATURE Mrs Nina Frosig.

25. FUNERAL DIRECTOR Peckham-Dukan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1892
Local Reg. No. 31
Reg. Dist. No. 330

RECEIVED MAY 9 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1 PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 419 North 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	EMMET	COX	May 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 6, 1873	78	6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Farm - retired	Galax, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin J. Cox	Virginia	Violet Perry	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. C. E. Cox	Idaho Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28, 1952, *to* May 4, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 11:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J. Parker M.D.	Payette, Idaho	May 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 7, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 7, 1952	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1522
Local Reg. No. 32
Reg. Dist. No. 330

BIRTH NO. 111-52-06267

MAY 29 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1503 - 3rd Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) KATHY b. (Middle) LEE c. (Last) ROTH

4. DATE OF DEATH: (Month) (Day) (Year) May 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 4, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Payette, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gary Roth — BIRTHPLACE: Twin Falls, Idaho

14. MOTHER'S MAIDEN NAME: Betty Allen — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Lee Grimes — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 759.3 Congenital malformation, 15 hrs. 5 m. (less than 2 days)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): (ectopia-omphalocele, with ventral eventration and intestinal obstruction — other congen. defects)

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 4, 1952, *to* May 5, 1952, *that I last saw the deceased alive on* May 5, 1952, *and that death occurred at* 8:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter S. Eddy M.D. — **23b. ADDRESS**: Payette, Idaho — **23c. DATE SIGNED**: May 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 7, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside Cemetery — **24d. LOCATION** (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: May 7, 1952 — REGISTRAR'S SIGNATURE: Isabel E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1894
Local Reg. No. 34
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 331 River Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 331 River Street

3. NAME OF DECEASED (Type or Print): a. (First) ELNA b. (Middle) JACOBS c. (Last) MALMROSE PEARSON

4. DATE OF DEATH: (Month) (Day) (Year) May 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 11, 1860	91	6	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ostra Sallrop, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Malmrose — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Helen M. Pearson — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholelithiasis — unknown
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1952, *to* May 14, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James T. Flanagan M.D.
23b. ADDRESS: Ontario Oregon
23c. DATE SIGNED: 5-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: May 14, 1952
REGISTRAR'S SIGNATURE: Gabriel E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1995
Local Reg. No. 32
Reg. Dist. No. 330

BIRTH NO. 52 VITAL 93

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. LENGTH OF STAY (in this place): 1 week

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 340 North 10th Street

d. STREET ADDRESS (If rural, give location): Payette, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) A. c. (Last) HENDRICKS

4. DATE OF DEATH: (Month) (Day) (Year) May 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 22, 1882

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner, retired

10b. KIND OF BUSINESS OR INDUSTRY: Mines

11. BIRTHPLACE (State or foreign country): Lake View, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl K Hendricks — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral arteriosclerosis with thrombosis and secondary embolic manifestations — INTERVAL BETWEEN ONSET AND DEATH: few weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — few years

DUE TO (c) trophic ulcers and arteriosclerotic gangene it foot — few weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 30, 1952, *to* May 16, 1952, *that I last saw the deceased alive on* May 16, 1952, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter S Kotas (Degree or title) M.D. — **23b. ADDRESS**: Payette, Idaho — **23c. DATE SIGNED**: May 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-removal — **24b. DATE**: May 19, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest Cemetery — **24d. LOCATION** (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: May 16, 1952 — REGISTRAR'S SIGNATURE: Roberts E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1956
Local Reg. No. 36
Reg. Dist. No. 320

RECEIVED MAY 22 1952 DIVISION OF VITA STA.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1103-2nd Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1103-2nd Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HARRY c. (Last) GRIGGS

4. DATE OF DEATH: (Month) (Day) (Year) May 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 25, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 1, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Meat industry
11. BIRTHPLACE (State or foreign country): Butler County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Griggs — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ellen Burton — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-1108
17. INFORMANT'S OWN SIGNATURE: Mrs Elva Griggs — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Previous Hemorrhage — 1926

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 19 4, *to* May 17, 19 52, *that I last saw the deceased alive on* May 17, 19 52, *and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J Caiser — (Degree or title): M.D. — 23b. ADDRESS: Payette, Idaho — 23c. DATE SIGNED: May 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: May 20, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery — 24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 5-19-52 — REGISTRAR'S SIGNATURE: Roberts E Shaffer — 25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 19[illegible] DIVISION OF VITAL [illegible]RTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 59
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 224 South 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) CARRY b. (Middle) DWIGHT c. (Last) HILL

4. DATE OF DEATH: (Month) (Day) (Year) May 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	October 1, 1944	7	7	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	Child	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Wanda Hill	Fruitland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs Ralph Hill	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	about home	Payette	Payette	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
5	26	52	1 P m.		Struck with a rock in play

22. *I hereby certify that I attended the deceased from* May 27, 1952, *to* May 27, 1952, *that I last saw the deceased alive on* May 27, 1952, *and that death occurred at* 7:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J Caisier	M.D.	Payette, Idaho	5/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 31, 1952	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 28, 1952	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 C 2 8
Local Reg. No. 33
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 9 0 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 1
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette, Idaho, Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 1
d. STREET ADDRESS (If rural, give location): Rt. # 1, Payette

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Tait c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR Months: 4 Days: 20
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit grower, retired

10b. KIND OF BUSINESS OR INDUSTRY: Fruit

11. BIRTHPLACE (State or foreign country): Newton, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Webster Lewis BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Martha Emily Tait BIRTHPLACE: Newcastle, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT'S OWN SIGNATURE: Dorothy L. Groves ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Spanish-American 420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CORONARY ARTERIOSCLEROSIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? - - - - - -

22. *I hereby certify that I attended the deceased from* Feb. 1, 1952, *to* May 7, 1952, *that I last saw the deceased alive on* May 7, 1952, *and that death occurred at* 10:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sam Lobaugh, M.D.

23b. ADDRESS: Ontario, Oregon

23c. DATE SIGNED: May 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: May 7, 1952

REGISTRAR'S SIGNATURE: Robert E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1 C 52
Local Reg. No. 37
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Plymouth 150 E. Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 150 E. Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLOYD	JACKSON	CREASEY	May 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	May 30, 1865	86	11	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, retired	Farm	Stubben County, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Creasey	England	Emma Emerson	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			E. F. Creasey	Idaho New Plymouth

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac degeneration & failure	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arthritis & arthrosclerosis	2 yrs.
DUE TO (c)	Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 1:37 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jes. E. Davis M.D.	New Plymouth Idaho	May 19 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 21, 1952	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 19, 1952	Robert E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1900
Local Reg. No. 38
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Plymouth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): New Plymouth

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) MARY c. (Last) ACKERMAN

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 13, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months: 7 Days: 8 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Edwardsville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J. Marnoch — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ellen Dooley — BIRTHPLACE: Limmerick, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harold M. Ackerman — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 to 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation on hypertension 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1, 1952 *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 8:48 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo E. Davis, M.D. (Degree or title)
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: May 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: May 22, 1952
REGISTRAR'S SIGNATURE: Roberts E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1901
Local Reg. No. 11
Reg. Dist. No. 500

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 14 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Webster
c. (Last): Abbott Jr.

4. DATE OF DEATH (Month) (Day) (Year): 5 - 5 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: Dec. 29 1905
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - 06
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): American Falls Idaho.
12. CITIZEN OF WHAT COUNTRY?: Yes

13. FATHER'S NAME: Daniel Abbott — BIRTHPLACE: South Dakota
14. MOTHER'S MAIDEN NAME: Emma Mitchell — BIRTHPLACE: Harley Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 518-14-9073
17. INFORMANT'S OWN SIGNATURE: Mrs E. L. Batterton — ADDRESS: Am. Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2nd, 1952, *to* May 5, 1952, *that I last saw the deceased alive on* May 5, 1952, *and that death occurred at* 11.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. G. Logan 229 MD
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: May 6th 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-1952
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: May 10-1952
REGISTRAR'S SIGNATURE: Irene Daling
25. FUNERAL DIRECTOR: H L Davis — ADDRESS: Am Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1992
Local Reg. No. 12
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbon
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbon, Idaho
d. STREET ADDRESS (If rural, give location): Farm

3. NAME OF DECEASED (Type or Print)
a. (First): Melvin
b. (Middle): Kerr
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): 5 - 9 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24 - 1895
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 5, Days 15
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Wellsville, Utah.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James R. Bailey
BIRTHPLACE: Wellsville, Utah
14. MOTHER'S MAIDEN NAME: Anna Kerr
BIRTHPLACE: Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lamond J. Bailey
ADDRESS: Arbon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Sudden - Probably
DUE TO (c): Heart Condition.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Arbon Power Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 - 9 - *19*52, *to* 5 - 9 - *19*52, *that I last saw the deceased* ~~alive~~ dead *on* 5 - 9 - *19*52, *and that death occurred at* 9.25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Davis 470 Coroner
23b. ADDRESS: American Falls
23c. DATE SIGNED: 5-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem + Burial 3
24b. DATE: 5-12-52 01
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho.

DATE REC'D BY LOCAL REG.: May 12-1952
REGISTRAR'S SIGNATURE: Irene Saling
25. FUNERAL DIRECTOR: Conway Grant.
ADDRESS: Pocatello Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1903
Local Reg. No. 13
Reg. Dist. No. 500

BIRTH NO.

RECEIVED MAY 29 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Ida.
c. LENGTH OF STAY IN (this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 195 - Howard St Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) Roland b. (Middle) William c. (Last) Bean.

4. DATE OF DEATH: (Month) (Day) (Year): 5 - 24 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: May 20-1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Utah Power & Light - Provo, Utah.
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand H. Bean — BIRTHPLACE: Provo, Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Buckley - — BIRTHPLACE: England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-3304
17. INFORMANT'S OWN SIGNATURE: Russell R. Bean — ADDRESS: Las Vegas Nev.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: American Falls Ida
23c. DATE SIGNED: 5-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-52
24c. NAME OF CEMETERY OR CREMATORY: Provo City
24d. LOCATION (City, town, or county) (State): Provo, Utah.

DATE REC'D BY LOCAL REG.: May 29-1952
REGISTRAR'S SIGNATURE: Irene Delling
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-4802

State File No. 1904
Local Reg. No. 40
Reg. Dist. No. 142

Certificate of Death

RECEIVED
MAY 15 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 405 1/2 N. Division

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Dean
c. (Last): Richards

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17 1935
9. AGE (In years last birthday): 17 — UNDER 1 YEAR: Months 1, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missoula Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Wallace — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Margaret Brewster — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James Richards — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

401.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart with — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sub Acute Bacterial
DUE TO (c) Endocarditis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrulation.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellog
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Apr, 1952, *to* 2 May, 1952, *that I last saw the deceased alive on* 1 May, 1952, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Gibbon MD
23b. ADDRESS: Kellogg Ida
23c. DATE SIGNED: 2 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/2/52
24c. NAME OF CEMETERY OR CREMATORY: Missoula Montana
24d. LOCATION (City, town, or county) (State): Missoula Montana

DATE REC'D BY LOCAL REG.: 5/2/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 1035
Local Reg. No. 42
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hardware

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 210 E Lume Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) C c. (Last) Evans

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH November 11, 1916

9. AGE (In years last birthday) 35 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Smelter

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Evans BIRTHPLACE Louisiana

14. MOTHER'S MAIDEN NAME Lizzie Jackson BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 716

17. INFORMANT'S OWN SIGNATURE Mrs Frank Smith ADDRESS Kellogg Idaho

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED BACK & FRACTURE OF Spinal Cord. — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 19, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 19 May 1952 to 20 May 1952, that I last saw the deceased alive on 20 May 1952 and that death occurred at 11.35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alice M. Whitesel M.D.
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 5/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-22-52
24c. NAME OF CEMETERY OR CREMATORY Perkins Oklahoma
24d. LOCATION (City, town, or county) Perkins (State) Oklahoma

DATE REC'D BY LOCAL REG. 5/24/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Grant M. Glady ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1906
Local Reg. No. 376
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) S c. (Last) ST. JEAN

4. DATE OF DEATH (Month) (Day) (Year) May 1 - 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 4, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Joplin Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 518-12-9173
17. INFORMANT'S OWN SIGNATURE Wm. E. Kittrell ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic Sinkt

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Lung 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950 *to* 2/1, 1952 *that I last saw the deceased alive on* May 1, 1952 *and that death occurred at* 12 30 pm *from the causes and on the date stated above.*

23a. SIGNATURE X Mowery MD (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 5/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 5-1952
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Spokane Wash (State)

DATE REC'D BY LOCAL REG. May 2-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 10 [illegible]
Local Reg. No. 41
Reg. Dist. No. 140

111-52-06306
BIRTH NO.

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 409 Hunter St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BABY	GIRL	RANDA	May 3 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Single	May 3-1952					30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wallace Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Rando	Mich	Nellie Longstad	Mont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 750X Fetal Monstrosity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown. Lived 30 Minutes.

DUE TO (c) Premature Birth.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3- , 1952 *to* 5-3-52 19 , *that I last saw the deceased alive on* 5-3-52 19 , *and that death occurred at* 1.50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dewey B Hunter MD	Wallace, Idaho	5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	May 3-1952	Wallace Hosp	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 6-1952	Dale S Cornell	Dale S Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1938
Local Reg. No. 40
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location): Tiger Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): OLIVER
c. (Last): SKEET

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 26, 1877
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 11, Days 12
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel work
10b. KIND OF BUSINESS OR INDUSTRY: Tiger Hotel Burke
11. BIRTHPLACE (State or foreign country): Bluff City, Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Skeet
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Alpha Mason
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Alpha M. Evinger
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis & hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 8 May, 1952, *that I last saw the deceased alive on* 8 May, 1952, *and that death occurred at* 10:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 347 Robert J. Revelli MD
23b. ADDRESS: Wallace, Idaho.
23c. DATE SIGNED: 12 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Edgemont So Dak.
24d. LOCATION (City, town, or county) (State): Edgemont So Dakota

DATE REC'D BY LOCAL REG.: May 12-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1919
Local Reg. No. 39
Reg. Dist. No. 140

RECEIVED MAY 16 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Bilbey Hotel

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) W c. (Last) HASTINGS

4. DATE OF DEATH (Month) (Day) (Year) May 9 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Apr 29
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Morning Mine
11. BIRTHPLACE (State or foreign country) Waitsburg Wash
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No
16. SOCIAL SECURITY NO. 576-03-0034
17. INFORMANT'S OWN SIGNATURE Harlan McCroskey ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver. — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9-52, 19___, *to* 5-9-52, 19___, *that I last saw the deceased alive on* 5-9-52, 19___ *and that death occurred at* 2 05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John B. Hunter M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 5-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 13-1952
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Spokane Wash

DATE REC'D BY LOCAL REG. May 13-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 10110
Local Reg. No. 43
Reg. Dist. No. 1-42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Fork c/o Pines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Stanley Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louis		Frajola	May 26 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	February 6 1888	64	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bar Tender 47	Bar Tender	Italy	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	Italy	No Record	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2-2½ Months before body was found

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Coeur d'Alene River	Wallace Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
About latter part of March or 1st of April	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Apparently fell into river

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson	M.D.	Wallace, Idaho	6-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 4 1952	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/12/52	Joe Devine	Grant McGlade	Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUN 9 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1911
Local Reg. No. 45
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Osburn, Idaho
b. COUNTY: Shoshone,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn,
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Leon
b. (Middle):
c. (Last): LePage

4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gardening
11. BIRTHPLACE (State or foreign country): Belgium
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nicholas LePage
BIRTHPLACE: Belgium
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn T LePage
ADDRESS: Osburn, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis &
DUE TO (c) Myofibrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5·26·52 *19*__, *to* 5·29 – *19*52, *that I last saw the deceased alive on* 5·29 – *19*52, *and that death occurred at* 5:50 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Burnbrake M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 6·2·52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-2-1952
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: June 5-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: L. E. Worstell
ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Hunter

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1912
Local Reg. No. 46
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) [illegible] (Last) Larew

4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 9-21-1866
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Phipps BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Hannah Dickinson BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James McLaren ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

202.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hydrothorax + Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ascites. — 2 yrs.
DUE TO (c) 7. Tumor of Spleen. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 4 yrs.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1949, *to* 5-31-, 1952, *that I last saw the deceased alive on* 5-31-, 1952, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title) 173 Hunter
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 3-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. June 5-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Whitty ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

(over)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1943
Local Reg. No. 38
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): 389 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle):
c. (Last): WICKMAN

4. DATE OF DEATH (Month) (Day) (Year): May 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-9-~~1894~~ 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 0, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shaft Man #7
10b. KIND OF BUSINESS OR INDUSTRY: Morning Mine
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-01-8287
17. INFORMANT'S OWN SIGNATURE: Byron Wickman — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Tuberculosis Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: Several Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma " — 2 Wks
DUE TO (c): Influenza — 2 Wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1952 *to* 5/7, 1952, *that I last saw the deceased alive on* 5/7, 19__, *and that death occurred at* 9:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Mr
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-1952
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: May 8-1952
REGISTRAR'S SIGNATURE: Dale S Cornell
25. FUNERAL DIRECTOR: Dale S Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1014
Local Reg. No. 42
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL b. (Middle) c. (Last) FRANKS

4. DATE OF DEATH (Month) (Day) (Year): May 15 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct 15 1864
9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR Months: 7 Days | IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Antone Franks BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Bary Winovich BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Helen M. Franks ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosis General — Several years
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1951, *to* May 15, 1952, *that I last saw the deceased alive on* May 15, 1952, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Mowery (Degree or title): M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 5/22

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20-1952
24c. NAME OF CEMETERY OR CREMATORY: Murray
24d. LOCATION (City, town, or county) (State): Murray Idaho

DATE REC'D BY LOCAL REG.: May 22-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1915
Local Reg. No. 43
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): 140 Mill Road

3. NAME OF DECEASED (Type or Print): a. (First) Eli b. (Middle) B. c. (Last) STOKER

4. DATE OF DEATH (Month) (Day) (Year): May - 16 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10 - 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): millman
10b. KIND OF BUSINESS OR INDUSTRY: retired mining
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Stoker — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-05-5116
17. INFORMANT'S OWN SIGNATURE: Mildred Trebble — ADDRESS: Mullan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis General — Several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1940, to 5/16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 2:50 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: H. S. McSwayne M.D. (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 5/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: May 23 - 1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1016
Local Reg. No. 446
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Star Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Star Hotel

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) c. (Last) NOVOTNY

4. DATE OF DEATH (Month) (Day) (Year) May 21 - 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 1901
9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man 06
10b. KIND OF BUSINESS OR INDUSTRY TAVERN
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 3220
17. INFORMANT'S OWN SIGNATURE Personal Papers ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21, 1952, *to* 5-21, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* about 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Peterson M.D. 307 (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 22-1952
24c. NAME OF CEMETERY OR CREMATORY Byesville
24d. LOCATION (City, town, or county) (State) Byesville, Ohio

DATE REC'D BY LOCAL REG. May 26-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 2 1952 DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltermille
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 313 W North View

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Smeltermille
d. STREET ADDRESS (If rural, give location): 313 W N. View

3. NAME OF DECEASED (Type or Print): a. (First) Helena b. (Middle) Erika c. (Last) Haugan

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: November 22, 1872

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months 6 Days 4 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Trone — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Al Langstaff — ADDRESS: Smeltermille

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Previous cerebral hemorrhage — 4 weeks.

DUE TO (c): Essential hypertension — 7 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Old age!

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 24 May, 1952, *to* 26 May, 1952, *that I last saw the deceased alive on* 26 May, 1952, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert K. Cordwell MD. — **23b. ADDRESS**: Kellogg, Idaho — **23c. DATE SIGNED**: 27 May 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 5/27/1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Ville N. Dakota — **24d. LOCATION** (City, town, or county) (State): North Dakota

DATE REC'D BY LOCAL REG.: 5/27/52 — REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Grant M. Glad — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1018
Local Reg. No. 3
Reg. Dist. No. 628

BIRTH NO.

REC'D JUN 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: TETON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE b. (Middle) COWAN c. (Last) HENRIE

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1910

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR Months: 10 Days: 21 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Driggs, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John B. Cowan — BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Pearl Clegg — BIRTHPLACE: Mt. Pleasant, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Leslie S Henrie — ADDRESS: Driggs, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4/6X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auricular Fibrillation — 2 yrs.

DUE TO (c): Arteriosclerotic heart disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 8, 1952, *to* May 9, 1952, *that I last saw the deceased alive on* May 9, 1952, *and that death occurred at* 10:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grande C Larsen M.D.

23b. ADDRESS: Driggs Idaho

23c. DATE SIGNED: 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 13 May 52

24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson

24d. LOCATION (City, town, or county) (State): Tetonia, RFD, Idaho.

DATE REC'D BY LOCAL REG.: May 15-52

REGISTRAR'S SIGNATURE: Stella Griggs

25. FUNERAL DIRECTOR — ADDRESS: M. L. Hansen — St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1918
Local Reg. No. 4
Reg. Dist. No. 620

RECEIVED JUN 16 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia,
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First) TERESA M. HANSEN
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec., 27, 1950
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None. 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Martell Hansen, Tetonia, Idaho
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mae Henderson, Teton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Martell Hansen — ADDRESS: Tetonia, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

902.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub dural hematoma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Driggs Teton Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 14 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Child fell from chair injuring head.

22. *I hereby certify that I attended the deceased from* 5-17, 1952, *to* 5-17, 1952, *that I last saw the deceased alive on* 5-17, 1952, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grande C. Farm M.D
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 May 52
24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson
24d. LOCATION (City, town, or county) (State): Tetonia, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: June 7-1952
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 100
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #49 Washington Courts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Washington Courts #49

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. MOLLIE
b. (Middle): MABELLE
c. (Last): MACK NORRIS

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1890
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tindall, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Levi Mack
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Thomas
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. H. N. Prather
ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* May, 1952, *that I last saw the deceased alive on* 30 April, 1952 *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm Sawyer MD
23b. ADDRESS: Med. Arts Building Twin Falls
23c. DATE SIGNED: 5/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removals
24b. DATE: 5/3/52
24c. NAME OF CEMETERY OR CREMATORY: Mill Grove, Missouri
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: Donna Frank
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 102
Reg. Dist. No. 160

BIRTH NO.

RECEIVED MAY 2 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 7th Ave E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 220 7th Ave East

3. NAME OF DECEASED (Type or Print): a. (First) ROY; b. (Middle) W.; c. (Last) COCHRAN

4. DATE OF DEATH: (Month) (Day) (Year): May 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1874

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belvidere, Illinois

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wilson Cochran — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah Stinson — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Laura Cochran — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-9, 1946, *to* 5-2, 1952, *that I last saw the deceased alive on* 5-2, 1952, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 5 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/5/52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-6-52

REGISTRAR'S SIGNATURE: Norma Black

25. FUNERAL DIRECTOR: Dwight Phillips — ADDRESS: White Mortuary, Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1932
Local Reg. No. 107
Reg. Dist. No. 460

Certificate of Death

RECEIVED MAY 8 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 219 Third Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Franklin
c. (Last): Sheehan

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1880
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 25
10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement
11. BIRTHPLACE (State or foreign country): Mehoopany, Penna.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James Sheehan
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Amelia Comstock
BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-2001
17. INFORMANT'S OWN SIGNATURE: Evelyn D. Sheehan
ADDRESS: Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

162X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncogenic Carcinoma
INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1948, *to* May 3, 1952, *that I last saw the deceased alive on* May 3, 1952, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harwood L. Stowe 388
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-7-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: S C Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1923
Local Reg. No. 108
Reg. Dist. No. 460

Certificate of Death

RECEIVED 17 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 733 Blue Lakes Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) Edith
b. (Middle) Rae
c. (Last) Swan

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 6, 1899
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George W. Doughty — BIRTHPLACE ~~Kansas~~ Missouri
14. MOTHER'S MAIDEN NAME Margaret Godfrey — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Stuart Swan — ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Asthma — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in asthmatic crisis
DUE TO (c) Myocardial failure — 24 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Carcinoma of lung - (secondary) — 1 year

19a. DATE OF OPERATION
19b. ~~MAJOR FINDINGS OF OPERATION~~ (2) Adenoma of left adrenal
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-11, 1951, *to* 5-10, 1952, *that I last saw the deceased alive on* 5-10, 1952, *and that death occurred at* 1:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Afflech MD (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-14-52
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Donna Risch
25. FUNERAL DIRECTOR [signature] — ADDRESS White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EAC[redacted] sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown or [redacted]er a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Ad[redacted] correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1984
Local Reg. No. 209
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (If in this place) 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Filer

3. NAME OF DECEASED (Type or Print)
a. (First) HERMAN
b. (Middle) L.
c. (Last) SAYRE

4. DATE OF DEATH (Month) (Day) (Year) May 11, 1952

5. SEX Male
6. COLOR OR RACE wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 13 1904
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lancaster Ohio
12. CITIZEN OF WHAT COUNTRY? 25

13. FATHER'S NAME William Sayre — BIRTHPLACE Ink.
14. MOTHER'S MAIDEN NAME Ella Eujean Duk — BIRTHPLACE Duk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 476-05-0770
17. INFORMANT'S OWN SIGNATURE Mrs Herman Sayre — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

413X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Tricuspid insufficiency (decompensation)	15 yrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Rheumatic valvulitis, inactive	40 yrs.?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Lobar pnuemonia, right Cardiac cirrhosis, decompensated	3 days years?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25-, 1952, *to* 5-11-52, 19__, *that I last saw the deceased alive on* 5-10-52, 19__, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Brown 476 MD, FACP (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-15-52
24c. NAME OF CEMETERY OR CREMATORY Sunset Memo Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Donna Rich
25. FUNERAL DIRECTOR Dwight M. Phillips — ADDRESS White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 24 1952

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 114
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): V.
c. (Last): NAIL

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 7, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Johnson, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Nail — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Bradley — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dora Nail — ADDRESS: Kimberly, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Athermatosis & Vasospasm

DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kimberly, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1943, 19__, *to* 5/12-52, 19__, *that I last saw the deceased alive on* 5/12-52, 19__, *and that death occurred at* 8:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/15/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1026
Local Reg. No. 113
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 21 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Hansen

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): A.
c. (Last): COINER

4. DATE OF DEATH (Month) (Day) (Year): May 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 8, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Silver City, Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George A. Coiner — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Nevercombe — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marietta Coiner Hansen — ADDRESS: Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Fat emboli — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Crushing injury falling under tractor with resultant fractured hip & both bones fractured
DUE TO (c): foreleg

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Previous coronary ooclusion 3 years ago

19a. DATE OF OPERATION: 5/13-52
19b. MAJOR FINDINGS OF OPERATION: Left Inter-trochanteric fracture of femur
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hansen, Idaho; Twin Falls Co.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 9 52 10:30 m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Fall from tractor which then crushed him beneath the wheel

22. *I hereby certify that I attended the deceased from* March 44, 19__ *to* May 13, 1952 *that I last saw the deceased alive on* 5/13-52, 19__, *and that death occurred* 3:07 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1927
Local Reg. No. 112
Reg. Dist. No. 460

RECEIVED MAY 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) IDA; b. (Middle) MYRTLE; c. (Last) ANDREWS

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1952

5. SEX: FeMale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar. 2, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Altamont, Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Enos Shoemaker
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Sarah Catherine Franks
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16 SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Mrs. Wm. Drury
ADDRESS: San Diego California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis Rt. Carotid — 5 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1946 to 13 May 1952 that I last saw the deceased alive on 13 May 1952 and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Charles B. Raymer M.D
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 15 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-52
24c. NAME OF CEMETERY OR CREMATORY: TWIN FALLS CEM.
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: Donna Lisch
FUNERAL DIRECTOR: White Mortuary
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1928
Local Reg. No. 715
Reg. Dist. No. 460

BIRTH NO. 27 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls R.R.#1
d. STREET ADDRESS (If rural, give location): R.R.#1

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Anthony Edward George

4. DATE OF DEATH (Month) (Day) (Year): May 16,1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 19,1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman
10b. KIND OF BUSINESS OR INDUSTRY: automobile
11. BIRTHPLACE (State or foreign country): Monterey,California.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Manuel George — BIRTHPLACE: Portugal
14. MOTHER'S MAIDEN NAME: Mary — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-12-5321
17. INFORMANT'S OWN SIGNATURE: Ollie B George — ADDRESS: Twin Falls,Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4.24.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pneumonia,chronic,lobar, cause U.D. — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Right heart failure due to above. — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10/52, 19__, *to* 5/16/, 19 52, *that I last saw the deceased alive on* 5/16/, 19 52 *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, Jr. M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/19/52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Mausoleum
24d. LOCATION (City, town, or county) (State): Santa Monica,California

DATE REC'D BY LOCAL REG.: 5-23-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Home Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1000
Local Reg. No. 117
Reg. Dist. No. 460

BIRTH NO.

MAY 2 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Hansen

3. NAME OF DECEASED (Type or Print): a. (First) REV. b. (Middle) WILLIAM c. (Last) ALBERT IRELAND

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 10, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 61

10b. KIND OF BUSINESS OR INDUSTRY: Minister

11. BIRTHPLACE (State or foreign country): Cassville Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: J.C. Ireland
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Cox
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Las Vegas, Nev

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis.
DUE TO (c): Hypertensive Cardio Vascular Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebro Vascular Accident — 1 yr ago.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1951, *to* May, 1952, *that I last saw the deceased alive on* 17 May, 1952, *and that death occurred at* 9:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. Ellis Kinyon 569 (Degree or title) M.D.
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 20 May 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/20/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-22-50
REGISTRAR'S SIGNATURE: Norma Lisch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

State File No. 1930
Local Reg. No. 122
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 288 Sidney Street

3. NAME OF DECEASED (Type or Print): a. (First) Riley b. (Middle) S. c. (Last) Champlin

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berryville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Lafayette Champlin — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Caroline Bunch — BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Faye Bailey — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: One wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 18, 52, *to* May 20, 52, *that I last saw the deceased alive on* May 20, 52, *and that death occurred at* 2:08 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M Tolman MD 309

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-22-52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-2-52

REGISTRAR'S SIGNATURE: Alma Linch

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1931
Local Reg. No. 121
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Rebecca
c. (Last): Hartley

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 17, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lenoir, N. Carolina
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Neil Bryant — BIRTHPLACE: No Information
14. MOTHER'S MAIDEN NAME: Mary Jane — BIRTHPLACE: No Informatio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Albert Hartley — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 345X Multiple sclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Possible cerebral hemorrhage — 48 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21-52, 19__, *to* 5-23-52, 19__, *that I last saw the deceased alive on* 5-23-52, 19__, *and that death occurred at* 7:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown MD 476
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-52 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-2-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1[illegible]
Local Reg. No. 116[illegible]
Reg. Dist. No. 460

BIRTH NO. 52-7766 27 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 320 3rd Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): Alan
c. (Last): Alldritt

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 22, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Arthur G. Alldritt-Wetonka, S.D.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Marjorie Moore-Canon City, Colo;

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Arthur G. Alldritt 320 3rd Ave. East

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity - 7 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 5/23/__, 19 52 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Calder B. Fuenalling M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/24/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-23-50
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR — ADDRESS: Kenneth R. Ballantyne
Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

State File No. 1022
Local Reg. No. 125
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma,
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Allie; b. (Middle); c. (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) May 25, 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 26, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Berryville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. Hamby
BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Racheal Phillips
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxx

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Martha Pearl Jones
ADDRESS: Tacoma, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & arteriosclerosis — 4 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 22, 1952, *to* May 25, 1952, *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 7:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H. Anderson, (Degree or title) M.D.

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: May 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: May 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: BUCKLEY-KING FUNERAL HOME

24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 6-4-52

REGISTRAR'S SIGNATURE: Donna Lisch

25. FUNERAL DIRECTOR: E. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1934
Local Reg. No. 126
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 314 12th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): B.
c. (Last): Foster

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Indianapolis, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Foster — BIRTHPLACE: Fort Indiana, Ind.
14. MOTHER'S MAIDEN NAME: Joan Hensley — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X James H. DePaulo — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis & atherosclerosis — 10 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 10 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950, *to* May 26, 1952, *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. McBratney MD 246
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 5/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 6-4-52
REGISTRAR'S SIGNATURE: Donna Krack
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1 0 5
Local Reg. No. 119
Reg. Dist. No. 460

RECEIVED JUN 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 Harrison St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 315 Harrison St.

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Clinton c. (Last) Brownfield

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 3, 1925

9. AGE (In years last birthday): 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Dep't Store

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: E. B. Brownfield- BIRTHPLACE: Misourri

14. MOTHER'S MAIDEN NAME: Lillian Mae Chandler- BIRTHPLACE: Misourri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. # II

16. SOCIAL SECURITY NO.: 518-20-7913

17. INFORMANT'S OWN SIGNATURE: Mrs. Lewis C. Brownfield ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted Gun-shot wound, R. temple - 22 H+R revolver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 315 Harrison Ave

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 27 1952 12:05 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self-inflicted

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, to __, 19__, *that I last saw the deceased alive on* Did not see, 19__, *and that death occurred at* 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.

23b. ADDRESS: Magic Valley Memorial Hosp. Twin Falls, Idaho

23c. DATE SIGNED: May 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/29/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-28-52

REGISTRAR'S SIGNATURE: Donna Lack

25. FUNERAL DIRECTOR: Reynolds Funeral Home ADDRESS: Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1336
Local Reg. No. 1205
Reg. Dist. No. 462

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 535½ 2nd Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 535½ 2nd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) Ora b. (Middle) Fulton c. (Last) Merrill

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 25, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greencastle, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Merrill BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Clifford Merrill ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, 19___, *that I last saw the deceased alive on* Did not see, 19___, *and that death occurred at* 12 noon *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, 073 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: May 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/52
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: 5-28-52
REGISTRAR'S SIGNATURE: Norma Lind

25. FUNERAL DIRECTOR: Howard C. Reynolds ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

31

State File No. 1937
Local Reg. No. 123
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 5 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 711 Second Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Clarice
b. (Middle):
c. (Last): Boyd

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 22, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kemmerer, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: A. P. Roberts — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Frances E. Hankin — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Floyd Boyd — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca breast (left)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5, 1947, *to* 5-29, 1952, *that I last saw the deceased alive on* 5-29, 1952, *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE 365 [signature] (Degree or title):
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1938
Local Reg. No. 118
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 824 No. 12th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 1 Wendell
d. STREET ADDRESS (If rural, give location): Route # 1 Wendell

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth Ann; b. (Middle); c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): No. Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Frances
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Sarah Jones
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: X David F. Phillips
ADDRESS: Wendell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) widespread metastases
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6-8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ascites, severe.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* April 15, 1952 *to* May 18, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson M.D 01

23b. ADDRESS: Buhl, Ida.

23c. DATE SIGNED: May 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/21/52 01

24c. NAME OF CEMETERY OR CREMATORY: North Ogden Cemetery

24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: 5-26-52

REGISTRAR'S SIGNATURE: Norma Lind

25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1016
Local Reg. No. 117
Reg. Dist. No. 460

BIRTH NO. MAY 27 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
c. LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Route # 2 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Clark	Gurnea	May	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	July 4, 1877	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Plaino, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loren Gurnea	Illinois	Alice Wheat	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	XXXXX	none	C W Gurnea	Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr 15, 1952, *to* May 1, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson MD	Buhl, Idaho	May 19 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/6/52	Buhl City Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-26-52	Donna Lisk	D. T. Albertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 103
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1952 DIV. OF VITAL

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANSEN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANSEN
d. STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES		HRANAC	MAY 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JAN. 20, 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER		CERNIC, CZECKOSLOVAKIA	U.S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	* Rual Hranac	Hansen, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c) chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/25-[illegible], *to* May 1, ___, *19* 52, *that I last saw the deceased alive on* 4/29-52, *19* ___, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Kimberly, Idaho	5/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/3/52	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5-6-52	[signature]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. .....
Local Reg. No. 110
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home Route # 3 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
d. STREET ADDRESS (If rural, give location): Buhl Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Lee
c. (Last): Malone

4. DATE OF DEATH (Month) (Day) (Year): May 6 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Vian, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Berry P. Taylor — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Jessie Lee Allen — BIRTHPLACE: Eldon, Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxx
16. SOCIAL SECURITY NO.: 541 30 9619
17. INFORMANT'S OWN SIGNATURE: X Esther Stombaugh — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Uterus — 1 year.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia + Inanition — 4 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy 6 mos. ago in Missouri
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1951, *to* May 6, 1952, *that I last saw the deceased alive on* May 6, 1952, *and that death occurred at* 1:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E N McBratney M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 5/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/8/52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 5-16-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3852
Local Reg. No. 4
Reg. Dist. No. 318
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near McCall

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): P. O. Box 243

3. NAME OF DECEASED (Type or Print): a. (First) Steven b. (Middle) Lowell c. (Last) Griffin

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 2, 1942

9. AGE (In years last birthday): 1-7-27
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McCall, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Griffin
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Hazel Wolfe
BIRTHPLACE: Molina, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hazel M Griffin
ADDRESS: McCall Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemopericardium & cardiac tamponade — INTERVAL BETWEEN ONSET AND DEATH: 15-30'

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 919.8 0,22 gunshot wound of back and thorax
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ¼ Mile from home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): McCall, Valley co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 1952 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: While hunting

22. *I hereby certify that I attended the deceased from* Autopsy only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 045 Freeman MD

23b. ADDRESS: Boise

23c. DATE SIGNED: June 5

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery

24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: June 3, 1952

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: SIDDERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form PHS-40021

M.S. McGrath M.D.

Certificate of Death

STATE OF IDAHO

State File No. 1943
Local Reg. No. 33
Reg. Dist. No. 32 d

RECEIVED
MAY 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): MAMIE
b. (Middle):
c. (Last): BUTTS

4. DATE OF DEATH (Month) (Day) (Year): May 4 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 13 1903
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Climax Sprgs. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Monroe Rayl — BIRTHPLACE: Camden Co. Missouri
14. MOTHER'S MAIDEN NAME: Alvia Wry — BIRTHPLACE: Camden Co. Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William Butts — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Nephritis
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27, 1952, *to* 5-4-, 1952, *that I last saw the deceased alive on* 5-8-, 1952, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M S McGrath MD
24a
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/8/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/5/52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1944
Local Reg. No. 320
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUN 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 611 East 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) WILLIAM c. (Last) MC KAY

4. DATE OF DEATH: (Month) MAY (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12/7/51

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 5 Days 23; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Weiser Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Earl McKay
BIRTHPLACE: Haynes, Oregon

14. MOTHER'S MAIDEN NAME: Terres Marie St. Clair
BIRTHPLACE: Nampa, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Earl D. McKay
ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): ASPHYXIATION — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Foreign Body in trachea
Small piece of cellophane

DUE TO (c): Enlarged thymus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 10, 1952 - 8:30 a m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Unknown

22. *I hereby certify that I attended the deceased from* 12-7-' *, 1951, to* 5-10 *, 1952, that I last saw the deceased alive on* APRIL 5 *, 1952, and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Wyatt, Jr. M.D.
23b. ADDRESS: Weiser, Idaho.
23c. DATE SIGNED: 5/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/11/52
REGISTRAR'S SIGNATURE: Maree Hawthorne
25. FUNERAL DIRECTOR: C. S. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1945
Local Reg. No. 320
Reg. Dist. No.

BIRTH NO.

JUN 10 1952

RECEIVED
JUN 3 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

c. LENGTH OF STAY (in this place): 3 mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vendome Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Oregon

b. COUNTY: Grant

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ### Fox

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John (Jack) b. (Middle) Henry c. (Last) Silverthorn

4. DATE OF DEATH: May 11 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Don't Know

8. DATE OF BIRTH: May 2 1985

9. AGE (In years last birthday): 57

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0&-

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Don't Know

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Don't Know

BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know

BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-01-4863

17. INFORMANT'S OWN SIGNATURE: Personal records of deceased

ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject had complained of being

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ill for several days. Later was found dead

DUE TO (c) in hotel room. Local medical examiner M.S. McGrath M.D. stated his opinion was that death was due to heart trouble.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Exact hour of death not determined.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXX m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: XXXXX

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Jones (Degree or title): Coroner

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 5/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/17/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/17/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones

ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1946
Local Reg. No.
Reg. Dist. No.

BIRTH NO. JUN 10 195[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 202 West Liberty Street

3. NAME OF DECEASED (Type or Print): a. (First) CLYDE b. (Middle) c. (Last) ALEXANDER

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Lumber (Mill)

11. BIRTHPLACE (State or foreign country): Flora Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John P. Alexander
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Hattie Hart
BIRTHPLACE: Flora Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ruth A. Endicott
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30-60 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — ?
DUE TO (c) Arteriosclerosis + Hypertensive Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May, 1952, *to* 19 May, 1952, *that I last saw the deceased alive on* 19 May, 1952, *and that death occurred at* 4:04 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hayden Hawkins, M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 5/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/22/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 5/22/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Dr. Hancher

Certificate of Death

State File No. 1947
Local Reg. No. 35
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUN 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First) ESTELLE
b. (Middle) BELL
c. (Last) STARCHER

4. DATE OF DEATH (Month) (Day) (Year) May 14 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 25 1868
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Holton Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Stephenson — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Elizabeth N James — BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Frank Starcher — ADDRESS Weiser

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 304X Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile Dementia — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Dec, 1951, *to* 14 May, 1952, *that I last saw the deceased alive on* 30 Dec, 1951, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ryden Hancher, M.D. (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 5/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 5/17/52
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 5/17/52
REGISTRAR'S SIGNATURE Marie Hawthorn
25. FUNERAL DIRECTOR A. S. Jones — ADDRESS Weiser, Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1952 DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 1948
Local Reg. No. 294
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 211 Hot Springs Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) Severe; c. (Last) Hawkins

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 52

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/1/19

9. AGE (In years last birthday): 32 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail sales 19

10b. KIND OF BUSINESS OR INDUSTRY: Food

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Seth T. Hawkins BIRTHPLACE: Samaria, Idaho

14. MOTHER'S MAIDEN NAME: Verna Severe BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World II 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Imogene L. Hawkins ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Mesentery and abdominal lymph glands.

INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Op.

19b. MAJOR FINDINGS OF OPERATION: Mesen Tumor, lymph glands

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1952, *to* 5-26, 1952, *that I last saw the deceased alive on* 5-26, 1952 *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Thomas MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/5/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell L. Relyea ADDRESS: F.D.29 RELYEA MEMORY CHAPEL, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

State File No. 1949
Local Reg. No. 197
Reg. Dist. No. 370

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overland Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 3641 SE Nehalem St.

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) OSCAR c. (Last) NEWMAN

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 29, 1897

9. AGE (In years last birthday): 54-10-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: OSCAR NEWMAN
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: MARY SKAGLUND
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.#1 & 2

16. SOCIAL SECURITY NO.: 543-01-3367

17. INFORMANT'S OWN SIGNATURE: A.D. McMurtrey
ADDRESS: 1205 Bannock Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 3
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute Bronchitis — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/1, 1952 *to* 6/2, 1952 *that I last saw the deceased alive on* 6/2, 1952 *and that death occurred at* 12:15 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 4, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 6-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40061

Certificate of Death

STATE OF IDAHO

State File No. 1950
Local Reg. No. 198
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2414 Woodlawn

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): JEFFERSON
c. (Last): KLINGLER

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 8, 1882
9. AGE (In years last birthday): 69-8-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interviewer, Employment Service
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ada, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 62 19 BIRTHPLACE: Rufus Calvin Klingler-Pennsylvania
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Lauretta Snider Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-14-3345
17. INFORMANT'S OWN SIGNATURE ADDRESS: Marion T. Klingler M.D. Gooding Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5/18/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — ?
DUE TO (c) — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus; Gout — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/25, 1952, *to* 6/3, 1952, *that I last saw the deceased alive on* 6/3, 1952, *and that death occurred at* 8:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/52 19
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No. 199
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 511 So. 5th St

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) W. c. (Last) Sathre

4. DATE OF DEATH (Month) (Day) (Year): June 4th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16th 1915

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab: Technician 92

10b. KIND OF BUSINESS OR INDUSTRY: State Highway Dept

11. BIRTHPLACE (State or foreign country): Helena Mont.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew G. Sathre
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Laura Raytor.
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 2.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alvin E. [illegible]
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolic abscess, mid-brain — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic empyema — 15 mos.
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): –

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): –

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: –

22. *I hereby certify that I attended the deceased from* June 2, 1952, *to* June 4, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: 312 West Idaho, Boise, Idaho

23c. DATE SIGNED: June 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 7th 1952.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 1952
Local Reg. No. 202
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GrandView
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): WHITSON

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 6, 1867
9. AGE (In years last birthday): 64-5-28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamilton, North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert L. Whitson — BIRTHPLACE: Dresden, Canada
14. MOTHER'S MAIDEN NAME: Elizabeth Houston — BIRTHPLACE: Dresden, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bessie Whitson, Grand View, Idaho — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Cecum — INTERVAL BETWEEN ONSET AND DEATH: 6 mos +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/8/1952
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/3/, 1952, *to* 6/4/, 1952, *that I last saw the deceased alive on* 6/4/, 1952, *and that death occurred at* 3:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard L. Forney M.D. 121
23b. ADDRESS: 105 North 8th Boise, Idaho
23c. DATE SIGNED: 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/8/52 01
24c. NAME OF CEMETERY OR CREMATORY: GrandView Cemetery
24d. LOCATION (City, town, or county) (State): GrandView, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 102
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2006 Kerr Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARION
b. (Middle): E.
c. (Last): WICKWIRE

4. DATE OF DEATH: (Month) (Day) (Year): June 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1875

9. AGE (In years last birthday): 76-7-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winslow, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Pat L. Fitzgerald
ADDRESS: R 7 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension or Heart disease
DUE TO (c): Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-25, 1951, *to* 6-4, 1952, *that I last saw the deceased alive on* 4 June, 1952, *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/7/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-17-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1954
Local Reg. No. 200
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2318 W. Bannock St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	H.	Harbert	June 5. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar. 15. 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electricial Engineer.
10b. KIND OF BUSINESS OR INDUSTRY: Owner. Harbert Electric.
11. BIRTHPLACE (State or foreign country): LaPort Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion A. Harbert — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Elizabeth O'Hara — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William H. Harbert Jr. ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive intra abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemochromotosis - Pigment Cirrhosis — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabites mellitus - Coronary Sclerosis — years

19a. DATE OF OPERATION: 6-2-52
19b. MAJOR FINDINGS OF OPERATION: Diapedetic bleeding lower 2/3 of stomach
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1950, *to* 6-5, 1952, *that I last saw the deceased alive on* 6-5, 1952, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Crosby	M.D.	1320 Vista Ave, Boise	6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9 1952.	St. John's Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-7-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

J. J. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1955
Local Reg. No. 287
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1101 N. 20th Street

3. NAME OF DECEASED (Type or Print)
a. (First) MABEL
b. (Middle) MILDRED
c. (Last) SENGER

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 27, 1878
9. AGE (In years last birthday) 73-11-7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ashland, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hobart Brush — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Reuben L. Senger, 1101 N. 20 St., Boise — ADDRESS Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* June 5, 1952, *that I last saw the deceased alive on* June 5, 1952, *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson 197 (Degree or title) MD
23b. ADDRESS Boise Ida
23c. DATE SIGNED 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/9/52 01
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 6-7-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers — ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1956
Local Reg. No. 2035
Reg. Dist. No. 370

BIRTH NO. 111-52-6513

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 2909 Mathews

3. NAME OF DECEASED (Type or Print)

a. (First): THOMAS

b. (Middle): GUY

c. (Last): LOGAN

4. DATE OF DEATH

(Month) (Day) (Year): June 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 5, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 — IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William A. Logan — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Edith D. Ridenour — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: William A Logan — ADDRESS: 2909 Mathews, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 6/6, 1952, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: 218 N. 8

23c. DATE SIGNED: 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 1957
Local Reg. No. 206
Reg. Dist. No. 370

JUN 16 1952
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1920 N. 9th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1920 N. 9th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle):
c. (Last): WALDO

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Camas, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Loomis Robert Colson
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Nettie Marschell
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: William Waldo
ADDRESS: 1920 N. 9th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP): none (COUNTY): Ada (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 6-4-52, *to* 6-7-52, *that I last saw the deceased alive on* 12-26-50, *and that death occurred at* 2:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Hollingsworth M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county): Boise, (State): Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1958
Local Reg. No. 205
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1926 N. 18th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PARLEY	MERL	CRITCHFIELD	June 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 3, 1904	48-3-4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mgr. Dry Cleaning Plant-Troy Capital		Oakley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orson Parley Critchfield	Oakley, Idaho	Maryetta Dayley	Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.#II	976-X	William Ned Critchfield	Box 763 Burley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Shot himself in right

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) temple with 22 calibre rifle.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	At home	Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 7, 1952 6:15 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Suicide. Gunshot wound

22. *I hereby certify that I attended the deceased from* [illegible] *19[illegible] to* [illegible] *19[illegible] that I last saw the deceased alive on* [illegible] *19[illegible] and that death occurred at* 6:25 *p.m. from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Summers	Coroner	1205 Bannock St. of Ada County, Boise, Ida.	6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/9/52		Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-17-52	Myrtle Palmer	Clyde E. Summers Summers Funeral Home	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1959
Local Reg. No. 203
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Meridian
d. STREET ADDRESS (If rural, give location): Rt. 2. Meridian

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) Claude; c. (Last) Wilmot

4. DATE OF DEATH (Month) (Day) (Year): June 8th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan 16. 1941

9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Claude Wilmot — BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Margaret Murgoitio. — BIRTHPLACE: Boise Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Claude Wilmot — ADDRESS: Rt. 2 Meridian Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental. Fell off moving tractor and was run over.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Internal injuries.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): R.D. #2, Meridian, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/8/52 11:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fell off moving tractor.

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* 11:30a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E Summers, Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.

23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 11th. 52.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-10-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — **ADDRESS**: Schreiber-McCann-Gibson. Boise

for McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1960
Local Reg. No. 103
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2708. Regan Street.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID.
b. (Middle): L.
c. (Last): LOWE.

4. DATE OF DEATH (Month) (Day) (Year): June. 9. 1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: July. 29. 1891.
9. AGE (In years last birthday): 60.-10-10. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kirksville, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hawley Lowe — BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Josephine Abernathy — BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 518-09-9845.
17. INFORMANT'S OWN SIGNATURE: Mrs. N. C. Jester — ADDRESS: Boise Idaho 809 N. 32nd St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis. — Unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bronchial Asthma — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8.6, 1950, *to* 6.9, 1952, *that I last saw the deceased alive on* 6.9, 1952, *and that death occurred at* 3.30 *m.* P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: June. 11. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery.
24d. LOCATION (City, town, or county) (State): Star, Idaho.

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers — Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1961
Local Reg. No. 287
Reg. Dist. No. 370

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1802 State St.

3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE b. (Middle) ALMA c. (Last) CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 11, 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Mill Grove, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Buell Grendell Rawson
BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary Gunn
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X H E Campbell ADDRESS 1802 State St Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3-31-X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident, hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — year
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1952, *to* June 10, 1952, *that I last saw the deceased alive on* June 9, 1952, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert Dwyer (Degree or title) M.D.
23b. ADDRESS 500 Eastman Bldg, Boise
23c. DATE SIGNED 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 12, 1952
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 6-16-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Idaho

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1962
Local Reg. No. 210
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1719 Ada St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1719 Ada St.

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): A
c. (Last): SQUIER

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman & Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Inter-urban
11. BIRTHPLACE (State or foreign country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi P. Squier — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Elizabeth Bright — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-0411
17. INFORMANT'S OWN SIGNATURE: x Thora L. Squier — ADDRESS: 1719 Ada St Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

270.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1945, *to* 6-12, 1952, *that I last saw the deceased alive on* 6-11, 1952, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 305 Fort St. Boise Ida
23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1963
Local Reg. No. 1963
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3815 State Street

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH; b. (Middle); c. (Last) PETERS

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 12, 1872

9. AGE (In years last birthday): 80-2-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burr Oak, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gertrude McFarland
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural causes. Was found dead in bed. Had had heart trouble

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): for several years. Nothing of a criminal nature.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~xxxxxxxxxx~~ *to* ~~xxxxxxxxxx~~ *19xx; that I last saw the deceased alive on* ~~xxxxxxxxxx~~ *19xx; and that death occurred at* 2:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers 472 (Degree or title): Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho

23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/18/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1964
Local Reg. No. 209
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1315 Jeff: St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 Jefferson St

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle) E.; c. (Last) Agee

4. DATE OF DEATH (Month) (Day) (Year): June 16th. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8th/ 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Big Springs Neb.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Merritt C. Remington. BIRTHPLACE: Albany N.Y.

14. MOTHER'S MAIDEN NAME: Cora Belle Feary. BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Jess J Agee ADDRESS: 1315 Jefferson St

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 June, 1952, *to* 16 June, 1952, *that I last saw the deceased alive on* 16 June, 1952, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart C. Merrill MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20th. 52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-17-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1965
Local Reg. No. 1965
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 505 S. 13th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MALCOLM		DEWAR	June 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 12, 1869	83-4-4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Prescot Co., Ontario, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rodney Dewar	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-0770	J E. Harris	505 S 13th St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural Causes. Was found dead

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in bed. Had had heart trouble for several years. Nothing

DUE TO (c) of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Summers	Coroner	1205 Bannock St. of Ada County, Boise, Ida.	6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/19/52	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-26-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1966
Local Reg. No. 217
Reg. Dist. No. 570

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 530 S. 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ELIZABETH c. (Last) TAYLOR

4. DATE OF DEATH: (Month) (Day) (Year): June 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 8, 1891

9. AGE (In years last birthday): 60-10-9
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew White
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: America Johnston
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Richard S Taylor
ADDRESS: 320 27th Sacramento Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis acute — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis Gen — .?

DUE TO (c) Hypertension mod. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1950, *to* 6-17, 1952 *that I last saw the deceased alive on* 6-16, 1952, *and that death occurred at* 9:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B Smithson MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/20/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1967
Local Reg. No. 227
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4317 Marvin St.

3. NAME OF DECEASED (Type or Print): a. (First) BELLE b. (Middle) c. (Last) SIMPSON

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 13, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Snider
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Clinton Gardner ADDRESS: 4317 Marvin Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular fibrillation — ? 2 or 3 days

DUE TO (c) Acute coronary thrombosis — ? 2 or 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 June 1952 *to* 17 June, 1952, *that I last saw the deceased alive on* 17 June 1952 *and that death occurred at* 1:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul G. Miner M.D.

23b. ADDRESS: 105 N. 8th St. Boise Idaho

23c. DATE SIGNED: 6/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden ADDRESS: Boise, Ida.

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1968
Local Reg. No. 229
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1223 Main

3. NAME OF DECEASED (Type or Print): a. (First) Gail; b. (Middle) Ann; c. (Last) Martin

4. DATE OF DEATH: (Month) (Day) (Year): June 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 24, 1949

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Donald B. Martin
BIRTHPLACE: Bovill, Idaho

14. MOTHER'S MAIDEN NAME: Nedra Wasson
BIRTHPLACE: Helena, Montana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

0820

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Post Encephalitic Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Viral encephalitis — 3 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. upper Respiratory Infection — 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952, *to* June 17, 1952, *that I last saw the deceased alive on* June 17, 1952, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.

23b. ADDRESS: 200 E Bannock - Boise

23c. DATE SIGNED: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6-18-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Summer's Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1969
Local Reg. No. 219
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 805 Linden

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): ADAIR
c. (Last): BRAGUNIER

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 23, 1880
9. AGE (In years last birthday): 72-1-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clyde, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Albert Germain Sexton-Baraboo, Wisconsin
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Birdie Dean-Clyde, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1405 N 15th St

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

416X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease - Valvular - Coronary infarct. — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Ht. D. — ?
DUE TO (c) Senility — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-18, 1947, *to* 6-18, 1952 *that I last saw the deceased alive on* 6-18-, 1952, *and that death occurred at* 2:p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl G. Smithson MD 318
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/52 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1970
Local Reg. No. 218
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2719 N. 26th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): VICTOR
c. (Last): EICHELBERGER

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 5, 1866
9. AGE (In years last birthday): 86-2-13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. farmer of
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Adam Eichelberger - Logan Co., Ohio
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Cyntha Graham-Hericks Co., Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H. Carl Eichelberger — ADDRESS: R2 Kuna Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Prostate — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malnutrition — 6 mo.

DUE TO (c) Senility — —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1951, *to* 6-18, 1952, *that I last saw the deceased alive on* 6-17, 1952, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Southam MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED JUN 21 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1071
Local Reg. No. 212
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1312 No. 23rd. St

3. NAME OF DECEASED (Type or Print): a. (First) Winnifred b. (Middle) P. c. (Last) Nordyke

4. DATE OF DEATH (Month) (Day) (Year): June 18th 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 26th 1903

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rossland B.C.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Alfred I Palmer
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Grace A. Hamilton.
BIRTHPLACE: Cranbrook B.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E Nordyke
ADDRESS: 1312 N. 23rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hepatitis
INTERVAL BETWEEN ONSET AND DEATH: 5/1/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hepatic failure

19a. DATE OF OPERATION: 6/2/52

19b. MAJOR FINDINGS OF OPERATION: marginal enlargement liver & spleen

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/26/51, 19__, *to* 6/18, 1952, *that I last saw the deceased alive on* 6/18, 1952, *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. F. Lesan (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 21 1952.

24c. NAME OF CEMETERY OR CREMATORY: Colfax Washington

24d. LOCATION (City, town, or county) (State): Colfax WN.

DATE REC'D BY LOCAL REG.: 6-20-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

S. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1972
Local Reg. No. 110
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1710 Jessie St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1710 Jessie St.

3. NAME OF DECEASED (Type or Print): a. (First) Peter; b. (Middle) Ward; c. (Last) Zabriskie

4. DATE OF DEATH: (Month) 6; (Day) 20; (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 19, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer ok

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Zabriskie — BIRTHPLACE: Spring City, Utah

14. MOTHER'S MAIDEN NAME: Ellen Swanson — BIRTHPLACE: Spring City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT'S OWN SIGNATURE: X Luka M. Zabriskie — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 132X Actinomycosis — INTERVAL BETWEEN ONSET AND DEATH: 12 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Actinomyces Toxemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Lung Abcess

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 20, 1952, *to* March 26, 1952, *that I last saw the deceased alive on* March 26, 1952, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Finnston 571 — (Degree or title): M.D. — **23b. ADDRESS**: 4420 Fremont St — **23c. DATE SIGNED**: 6/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/27/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or coun... (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell C. Kelyea — ADDRESS: F.D. 29. 318 N Latah
RELYEA MEMORY CHAPEL, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1973
Local Reg. No. 2333
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) AHERN

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. Unknown

9. AGE (In years last birthday): 99 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep-herder Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Albert I Harvey ADDRESS: Bruneau Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart D. Coronary Arteriosclerosis - Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer Prostate

INTERVAL BETWEEN ONSET AND DEATH: 1 yr. - - unk -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8-, 1951, *to* 6-20, 1952, *that I last saw the deceased alive on* 6-19, 1952, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smith M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery

24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 7-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Edw J. Bey ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1974
Local Reg. No. 214
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1514 Franklin St

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): John
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): June 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Moulder. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Toronto Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Unknown — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Elizabeth Evans — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Myocarditis c̄ Myocardial Degen. Silicosis — yrs. yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 8, 1952, *to* June 20, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Lewcombe 283 — (Degree or title): M. D.
23b. ADDRESS: 512 N. 16 St., Boise, Idaho
23c. DATE SIGNED: 6.21.52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23. 52.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1975
Local Reg. No. 224
Reg. Dist. No. 270

BIRTH NO. 52-136453

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 7 1/3 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1205. Libby Street.

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) c. (Last) HOFFSCHNEIDER.

4. DATE OF DEATH (Month) (Day) (Year): June. 22. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: June. 22. 1952.

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 7 | Min. 30.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None. c2

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Ralph Fred Hoffschneider. York.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Nebr. Esther Cartwright. Nebraska.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Ralph H. Hoffschneider 1205 Libby St Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) atelectasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-22, 1952, *to* 6-22, 1952, *that I last saw the deceased alive on* 4PM, 1952, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mayo S Gudmundsen MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: June. 24. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 7-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Sumners Funeral Home. Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1976
Local Reg. No. 189
Reg. Dist. No. 321

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 805. Linden Avenue.

3. NAME OF DECEASED (Type or Print): a. (First) BIRDIE b. (Middle) ELLEN c. (Last) SEXTON.

4. DATE OF DEATH: (Month) June. (Day) 22. (Year) 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: December. 22. 1860.

9. AGE (In years last birthday): 91-6-0. (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sandusky. Ohio.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Selah Dean, BIRTHPLACE: New York.

14. MOTHER'S MAIDEN NAME: Angeline Geary. BIRTHPLACE: Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Rex C. Crump ADDRESS: 1403 11th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 794X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural Causes, Was found dead in Bed, Senility.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nothing of a Criminal Nature.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I saw the deceased from* [illegible] *to* [illegible] *that I last saw the deceased alive on* [illegible], *and that death occurred at* 8.A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner of Ada County.

23b. ADDRESS: Boise, Idaho. 1205. Bannock Street.

23c. DATE SIGNED: June. 22. 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: June. 24. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 6-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1977
Local Reg. No. 225
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Hotel Boise

3. NAME OF DECEASED (Type or Print)
a. (First): MARK
b. (Middle): D.
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 15, 1878
9. AGE (In years last birthday): 74-4-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Boise Idaho ADDRESS: Melvin C. Smith 1602 W. Sayre

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

572.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia and Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Massive Gastro-intestinal Hemorrhage — 16 days
DUE TO (c): Diverticuli of Duodenum and Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: 4/19/52
19b. MAJOR FINDINGS OF OPERATION: Diverticulitis of Colon
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/31, 1951, *to* 6/23, 1952, *that I last saw the deceased alive on* 6/23, 1952, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph R. Jones 194 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/25/52 26
24c. NAME OF CEMETERY OR CREMATORY: Horris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1978
Local Reg. No. 226
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) EDWARD c. (Last) MAST

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 12, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR Months: 1 Days: 11
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ranch

11. BIRTHPLACE (State or foreign country): Dillon Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Orlando Mast
BIRTHPLACE: Columbus Ohio

14. MOTHER'S MAIDEN NAME: Mary Tritt
BIRTHPLACE: Jackson Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Grace Spencer ADDRESS: Butte Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 21, 1952, *to* June 23, 1952, *that I last saw the deceased alive on* June 23, 1952, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 7-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Filip J. Bay ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1979
Local Reg. No. 215
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1802 W. Bannock

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1802 W. Bannock

3. NAME OF DECEASED (Type or Print): a. (First) AUGUST b. (Middle) EDWARD c. (Last) LIND

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 13, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractic Physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Lind
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Gertrude Lind
ADDRESS: 1802 W. Bannock Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — INTERVAL: several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arteriosclerotic heart disease — INTERVAL: 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* June 23, 1952, *that I last saw the deceased alive on* June 23, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Meiner (Degree or title): M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 6/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/26/52
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

McBratney-Alden

Certificate of Death

STATE OF IDAHO

State File No. 1980
Local Reg. No. 230
Reg. Dist. No. 370

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SEP 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO. 52-12044111 9

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 5 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley.
d. STREET ADDRESS (If rural, give location): 1442. Oriental Avenue.

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) BOY c. (Last) PULLMAN.

4. DATE OF DEATH (Month) (Day) (Year): June. 24. 1952.

5. SEX: Male

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: June. 24. 1952.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None. 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: George. W. Pullman. Torrance, Calif.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Jeanne Maughan, Burley, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE | ADDRESS: George Pullman, Rt 4, Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, 19 52, *to* Death, 19 52, *that I last saw the deceased alive on* 6/24, 19 52 *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Ellerbeck M.D.

23b. ADDRESS: 218 4th Boise

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June. 25. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Heyburn Cemetery.

24d. LOCATION (City, town, or county) (State): Heyburn, Idaho.

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E. Summers, Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1981
Local Reg. No. 239
Reg. Dist. No. 370

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 6 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1730. Division Street.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT.
b. (Middle): H.
c. (Last): WOLFE.

4. DATE OF DEATH (Month) (Day) (Year): June. 25. 1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: January. 9.1902.
9. AGE (In years last birthday): 50-5-16. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House man at St Lukes Hospital.
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Boise, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A.P. Wolfe. BIRTHPLACE: Ohio.
14. MOTHER'S MAIDEN NAME: Mary Effie Bagley. BIRTHPLACE: Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Clara Wolfe - 1730 Division Boise Ida. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure due to Infarction.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Coronary stenosis.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-3-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Coronary occlusion following exertion

22. *I hereby certify that I attended the deceased from* 1-13, 1952 *to* 6-25, 1952, *that I last saw the deceased alive on* 6-25, 1952, *and that death occurred at* 6.30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos. M. Thomas [illegible] 424
23b. ADDRESS: 305 Fort St Boise
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION/REMOVAL (Specify): Burial.
24b. DATE: June. 28. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Meridian, Cemetery.
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 7-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1982
Local Reg. No. 220
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 Capitol Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) A.; c. (Last) Rogers

4. DATE OF DEATH (Month) (Day) (Year): June 25. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 25. 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eldora Iowa

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Zacharias Penn — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Hobaugh — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Emmett Rogers — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodkgin's Disease — INTERVAL BETWEEN ONSET AND DEATH: 10yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1949, *to* June 25, 1952, *that I last saw the deceased alive on* June 25, 1952, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Paul F. Miner M.D. 27/
23b. ADDRESS: 705 N. 8th St. Boise Idaho
23c. DATE SIGNED: 6/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27.1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1983
Local Reg. No. 222
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1611 N. 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	M.	VARNEY	June 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 26, 1885	66-7-1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 42 yrs
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spencer, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Varney	Unknown	Emma Thompson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 534-01-7890
17. INFORMANT'S OWN SIGNATURE: Stella Bills Varney ADDRESS: 1611 N 7th Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* June 27, 1952, *that I last saw the deceased alive on* May, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson 197	M D	Boise Idaho	6-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/30/52		Spencer, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1984
Local Reg. No. 221
Reg. Dist. No. 370

BIRTH NO.

JUN 1 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 Franklin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bridget
b. (Middle):
c. (Last): Kirk

4. DATE OF DEATH (Month) (Day) (Year): June 27. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 5. 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper Retired.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loughill Ireland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph F. Kirk — BIRTHPLACE: Ireland.
14. MOTHER'S MAIDEN NAME: Marie Sheehan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: X Michael M. Kirk — ADDRESS: Auburn, N.Y.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — few years.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial Asthma — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☒ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19, 1950, *to* June 27, 1952, *that I last saw the deceased alive on* June 23, 1952, *and that death occurred at* 7:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C080 Crosby M D
23b. ADDRESS: 1320 Vista Ave. Boise
23c. DATE SIGNED: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1st. 52 04
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1985
Local Reg. No. 231
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1510 Belmont

3. NAME OF DECEASED (Type or Print)
a. (First) KATHERINE
b. (Middle) EMMA
c. (Last) McCARTY

4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 20, 1904
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk Wert — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Grace unk — BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE 1510 Belmont ADDRESS
x Patrick M McCarty Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery lesions — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 7, 1947, *to* June 26, 1952, *that I last saw the deceased alive on* June 26, 1952, *and that death occurred at* 6:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Roscoe C Ward M.D. (Degree or title)
23b. ADDRESS Boise - Idaho
23c. DATE SIGNED 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 30, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 7-2-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden McBratney-Alden — ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

State File No. 1986
Local Reg. No. 222
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 4324. Albion Street.

3. NAME OF DECEASED (Type or Print): a. (First) BIRDIE b. (Middle) c. (Last) TOY.

4. DATE OF DEATH (Month) (Day) (Year): June. 29. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: June. 29. 1871.

9. AGE (In years last birthday): 81. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home. 81

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quincy, Illinois.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Chandler. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Sarah Wolcott. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Mrs. H. P. Barston ADDRESS: 4320 Albion

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with right Hemiplegia

DUE TO (c) Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension; senility

INTERVAL BETWEEN ONSET AND DEATH: 24 hours ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/26, 1944, *to* 6/29, 1952, *that I last saw the deceased alive on* 6/28 1952 *and that death occurred at* 3.50 m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Boyd Linder M.D. 311

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal. 3

24b. DATE: June. 30. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Knoxville, Iowa.

24d. LOCATION (City, town, or county) (State): Knoxville, Iowa.

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Coyle E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1987
Local Reg. No. 233
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1303 N. 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): LETTIE
b. (Middle): B.
c. (Last): ANDREWS

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22, 1900
9. AGE (In years last birthday): 52-0-6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Utica, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abraham Boatright — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Johnson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred R. Andrews — ADDRESS: 1303 N 15

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 55 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and Arteriosclerosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* June 30, 1952, *that I last saw the deceased alive on* June 30, 1952, *and that death occurred at* 6:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder, M.D. 051
23b. ADDRESS: 401 Idaho St., Boise, Ida
23c. DATE SIGNED: 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. Weick

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1988
Local Reg. No. 228
Reg. Dist. No. 370

BIRTH NO. 52-13645

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett
d. STREET ADDRESS (If rural, give location): Hammett Box 91

3. NAME OF DECEASED (Type or Print): a. (First) Patrica b. (Middle) Deniece c. (Last) Trimble

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 29 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 14 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nonne 05

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Boise, Ida.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Trimble — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Evelyn J. Ferguson — BIRTHPLACE: Yakima, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 776X

17. INFORMANT'S OWN SIGNATURE + Jack Trimble — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jun 7 '52, *to* Dec 7 '52, *that I last saw the deceased alive on* 6/29/52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 459 Med

23b. ADDRESS: 218 N 18th Boise Ida

23c. DATE SIGNED: 7/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 3 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 7-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson--Boise

D. E. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1989
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 30, Idaho

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Maryland

b. COUNTY: Cecil

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bambridge

d. STREET ADDRESS (If rural, give location): Naval Center

3. NAME OF DECEASED (Type or Print)

a. (First): Ethel

b. (Middle): John

c. (Last):

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22, 1922

9. AGE (In years last birthday): 30

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unk

BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unk

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lindsey D. John

ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

936.7

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Traumatic subarachnoid & subdural hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Blows to head

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Multiple contusions & abrasions

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Don't Know

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Autopsy Only, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 045 J. Beeman, M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: May 30,1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 1,1952

24c. NAME OF CEMETERY OR CREMATORY: Paul Washington

24d. LOCATION (City, town, or county) (State): Siletz, Oregon

DATE REC'D BY LOCAL REG.: 6-24-52

REGISTRAR'S SIGNATURE: W. W. Benson

25. FUNERAL DIRECTOR ADDRESS: Harold E. Olsen, Burns, Oregon

Federal Security Agency
United States Public Health Service

Form DPH-48021

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER _____

STATE FILE NO

DATE RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STATE PRINTING DEPT 26526

FORM VS-2A REV

1 NAME OF DECEASED (TYPE OR PRINT) — a (First) Ethel — b (Middle) John — c (Last)

2 PLACE OF DEATH
A COUNTY Not sure, Inidano on Hi-way #30
B CITY OR TOWN Hi-way #30 Idaho
C. LENGTH OF STAY (in this place)
D FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hi-way #30

3 USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
A STATE Maryland
B COUNTY Cecil
C CITY OR TOWN (If outside corporate limits, write RURAL) Bambridge
D STREET ADDRESS (If rural, give location) Naval Center

4 DATE OF DEATH (Month) (Day) (Year) May 27, 1952
5. SEX Female
6 COLOR OR RACE White
7A MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
7B NAME OF HUSBAND OR WIFE Lindsey John
8. DATE OF BIRTH 3-22-1922
9 AGE (In years last birthday) 30
If Under 1 Year: Months / Days
If Under 24 Hrs: Hours / Min.
10 BIRTHPLACE (State or foreign country) Tenn.
11. CITIZEN OF WHAT COUNTRY? U.S.A.

12 FATHER'S NAME Don't know
13 MOTHER'S MAIDEN NAME Don't know

14A USUAL OCCUPATION Housewife
14B KIND OF BUSINESS OR INDUSTRY Home
15 IF VETERAN, NAME WAR XXXX
16 INFORMANT'S OWN SIGNATURE Lindsey D John

17 SOCIAL SECURITY NO. XXX

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).

18 CAUSE OF DEATH

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Traumatic Subarachnoid & Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (B) Blows to head
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions + abrasions

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT SUICIDE HOMICIDE (Specify) Don't know
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)
21C (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Autopsy only, 19__ TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE

23A SIGNATURE [illegible] MD (Degree or title)
23B ADDRESS Boise
23C DATE SIGNED 30 May 52

24A BURIAL, CREMATION, REMOVAL (Specify) Removal
24B DATE June 1, 1952
24C NAME OF CEMETERY OR CREMATORY Paul Washington
24D LOCATION (City, town, or county) (State) Siletz, Oregon

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harold E Olson Burns Oregon

RECEIVED
2 1 1952
DIVISION OF VITAL
STATISTICS

Box 300
Burns, Oregon
June 21, 1952

County Registrar
State House
Salem, Oregon

Dear Sir,

I have been advised by our local District Attorney and Sheriff to forward the death certificate on Ethel John to Boise, established as the place of death.

This is quite a complicated case. The burial permit was issued here, and the body transported to Siletz, Oregon.

Dr. Beeman I am sure can give you any further information you might desire.

Yours very truly,

HARNEY COUNTY, DEPUTY
REGISTRAR

Dorothy Turner

MAY JUN 30 1952

Certificate of Death

STATE OF IDAHO

State File No. 4890
Local Reg. No.
Reg. Dist. No. 371

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE XXXX, Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Kapuza

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-18-16

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months 2 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Duluth, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mike Kapuza
BIRTHPLACE: Duluth, Minn.

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 540180511

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Purulent Meningitis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured left occipital brain abscess — 24 hours
DUE TO (c) Otitis media, left — Undetermined period of years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, *19* 52, *to* June 1, *19* 52, *that I last saw the deceased alive on* June 1, *19* 52, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-6-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Miller
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1991
Local Reg. No. 91
Reg Dist. No. 371

BIRTH NO. JUN 10 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): H.
c. (Last): GOURLEY

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: January 18, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 4, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Gourley — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Margaret Gallager — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518-01-4298
17. INFORMANT'S OWN SIGNATURE: Wm. [signature] — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anterior acute myocardial infarct — 2 hours
DUE TO (c) Arteriosclerotic occlusion, left coronary artery. — 2 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Recent left lumbar sympathectomy, uncomplicated.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-6-52
REGISTRAR'S SIGNATURE: Myrtle Palmer [signature]
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1992
Local Reg. No. 131
Reg. Dist. No. 363

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt #1 Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1 Elm & Star Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt # 1 Meridian
d. STREET ADDRESS (If rural, give location): Elm Lane & Star Road

3. NAME OF DECEASED (Type or Print)
a. (First): SHIRLEY
b. (Middle): ANN
c. (Last): KESSLER

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: July 22, 1947
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Warren Kessler — BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Mary Metzger — BIRTHPLACE: New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Warren Kessler — ADDRESS: Rt #1 Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Skull Fractures — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Ida.
21d. TIME OF INJURY (Month) 6 (Day) 2 (Year) 52 (Hour) 2:45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Child ran in front of auto

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 2:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Mangum Jr 264
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr — ADDRESS: Nampa, Idaho
Alsip Chapel
Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1993
Local Reg. No. 99
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2. Boise

3. NAME OF DECEASED (Type or Print): a. (First) Mayme b. (Middle) Ann c. (Last) Card

4. DATE OF DEATH: (Month) June (Day) 4th. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 29. 1937

9. AGE (In years last birthday): 15
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coeur d'Alene Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John William Card. BIRTHPLACE: Boise Idaho

14. MOTHER'S MAIDEN NAME: Virginia Jesse. BIRTHPLACE: Homedale Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. John Card ADDRESS: Boise Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide. Shot herself in abdomen with 410. Gauge Shot gun.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ill health and despondent.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at her home.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada County, Idaho. R.D. # 2.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from [illegible] 19___, that I last saw the deceased alive on [illegible] 19___ and that death occurred at* 1. P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers (Degree or title): Coroner of Ada County. **23b. ADDRESS**: Boise, Idaho. **23c. DATE SIGNED**: June. 6. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 7. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

S & S McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 10 1952

Certificate of Death

STATE OF IDAHO

State File No. 1994
Local Reg. No. 42
Reg Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2801 Illinois St.

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): L.
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-31-91
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. King — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Ella T. King — BIRTHPLACE: Pippen Co., Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWW 1
16. SOCIAL SECURITY NO.: 518183440
17. INFORMANT'S OWN SIGNATURE: Wm. B. Better — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary & cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Dilation of Stomach

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1952, *to* June 4, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Beeman, M. D. Pathologist (Degree or title)
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-6-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs
25. FUNERAL DIRECTOR: By: A. E. Alden — ADDRESS: Caldwell, Ida.
Peckham-Dakan

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1995
Local Reg. No. 95
Reg. Dist. No. 371

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 365 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 6405 Fairview Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jack	C.	Gray	June	6,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-24-11	41	5	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bellevue, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Gray — BIRTHPLACE: Lehi, Utah
14. MOTHER'S MAIDEN NAME: Goldie E. Cummings — BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of rectum with generalized metastasis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, *19* 51, *to* June 6, *19* 52, *that I last saw the deceased alive on* June 6, *19* 52, *and that death occurred at* 1:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. H. SATTERLEE, M. D. Chief, Prof'l Services	VA Hospital, Boise, Idaho	6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/10/52	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-11-52	Myrtle Palmer	A. E. Alden	McBratney-Alden Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1996
Local Reg. No. 74
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker, Oregon
d. STREET ADDRESS (If rural, give location): 1611 Valley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) F.; c. (Last) Paxton

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1-18-17

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 4, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marysville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George R. Paxton — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Lillian J. Castor — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 712050385

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive mesenteric thrombosis with peritonitis.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Embolus from mural thrombus, left ventricle

DUE TO (c): Coronary arteriosclerosis with myocardial infarction.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Terminal / Prior to Admn.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 3, *19* 52, *to* June 7, *19* 52, *that I last saw the deceased alive on* June 7, *19* 52, *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Joseph Beeman, M. D. Pathologist 045

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 10, '52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 6-11-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: A. E. Aeden — McBratney-Alden Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1007
Local Reg. No. 97
Reg. Dist. No. 321

BIRTH NO.

RECEIVED JUN 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Garold b. (Middle) D. c. (Last) McCoy

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-11-19

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pinoke, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ora G. McCoy — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Dolly Cullum — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 519122955

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & pulmonary edema — Interval between onset and death: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal Hoagkins sarcoma with biliary obstruction and — Interval: Prior to Admn.
DUE TO (c) jaundice.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 20, *1952, to* June 7, *1952, that I last saw the deceased alive on* June 7, *1952, and that death occurred at* 8:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Patnolegist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 9, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: W. E. Alden — ADDRESS: Boise, Ida.
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1998
Local Reg. No. 98
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 88 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser, Idaho
d. STREET ADDRESS (If rural, give location) 44 West Liberty St.

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) S. c (Last) Buchanan

4. DATE OF DEATH (Month) June (Day) 8, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-26-96
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stillwater, Okla.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank E. Buchanan BIRTHPLACE Edentown, N. J.
14. MOTHER'S MAIDEN NAME Rosa M. Raymond BIRTHPLACE Utica, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 518077359
17. INFORMANT'S OWN SIGNATURE Wm. B. Kettes ADDRESS Recrods, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cecum with extensive metastases.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right pneumothorax

INTERVAL BETWEEN ONSET AND DEATH Terminal

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1952, *to* June 8, 1952, *that I last saw the deceased alive on* June 8, 1952, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Beeman (Degree or title) Joseph Beeman, M. D. Pathologist
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 6-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 11, 1952
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 6-11-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25 FUNERAL DIRECTOR A. E. Alden McBratney-Alden ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1006
Local Reg. No. 101
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 509 Rose St.

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) A.; c. (Last) Emerson

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-17-21

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months 2; Days 24
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Emerson
BIRTHPLACE: Stockton, Utah

14. MOTHER'S MAIDEN NAME: Sarah A. Jensen
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 528-36-0856

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic coronary occlusion left — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral edema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. I, D.O.A. Hospital, Died in Summer's Ambulance, Enroute to Hosp., *that I last saw the deceased* ~~alive~~ *on* June 11, 1952, *and that death occurred at* 7:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M.D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: G. E. Alden
ADDRESS: Boise, Ida.
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2000
Local Reg. No. 100
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #7

3. NAME OF DECEASED (Type or Print)
a. (First): Gust
b. (Middle): A
c. (Last): Anderson

4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 5/22/71
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X John G. Anderson — ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Tumor Abdomen - Type
ANTECEDENT CAUSES undet - Probably malignant. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Heart disease - Arteriosclerotic Decompensation — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1951, *to* 6, 11, 1952, *that I last saw the deceased alive on* 6-8, 1952 *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. B. Smithson M.D. 318 (Degree or title)
23b. ADDRESS: Eastman B. Boise Idaho
23c. DATE SIGNED: 6-12-

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/52 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RELYEA MEMORY CHAPEL F.D. 29

Certificate of Death

STATE OF IDAHO

State File No. 2001
Local Reg. No. 104
Reg. Dist. No. 371

BIRTH NO. REC'D JUN 19 1952 506 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 8 - North View & Hartman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 8 - North View & Hartman

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ELLEN c. (Last) SHANKS

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 23, 1870

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kirksville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William B. Rogers
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hibbard
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. E. Shanks
ADDRESS: Rt. 8 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1951, *to* 14 June, 1952, *that I last saw the deceased alive on* 13 June, 1952, *and that death occurred at* 8 30/60 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 2 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2002
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
LENGTH OF STAY (in this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maudia	A.	Dunten	June 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 28, 1879	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prineville, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hyde	Lynn Co. Oregon	Mary Bunton	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: B. Dunten
ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1952 *to* June 14, 1952 *that I last saw the deceased alive on* June 14, 1952 *and that death occurred at* 12:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian Ida	6/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/17/52	Meridian	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-20-52	Myrtle Palmer	B.W. Robison	Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2002
Local Reg. No. 188
Reg. Dist. No. 271

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): M.
c. (Last): KULICK

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1902

9. AGE (In years last birthday): 49-6-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Kulick
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joseph E Kulick
ADDRESS: Mt Vernon Or

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9744

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suicide. Hanged himself with an

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): electric cord.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XXX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/18/52 5:30p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Hanged himself.

22. *I hereby certify that I attended the deceased from* XXXXXXXXXX, 19XX, *to* XXXXXXXXXX, 19XX, *that I last saw the deceased alive on* XXXXXXXXXX, 19XX, *and that death occurred at* 5:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E Dunmire 470 Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho
23c. DATE SIGNED: 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Dunmire
ADDRESS: SUMMERS FUNERAL HOME Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2004
Local Reg. No. 117
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 608 S. 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle) O.; c. (Last) KENNETT

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 17, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 1, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alma, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Westey Van Hise — BIRTHPLACE: Kirkville, Ill
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm. S. Pettes — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-0.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive posterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis and acute thrombosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 2:45 (Degree or title): Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2005
Local Reg. No. 273
Reg. Dist. No. 370

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jay	Lewis	Jordan	June, 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11/11/1877	~~84~~ 74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 04	Farming	Vinton, Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chas. Jordan	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Flossie Jordan	Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. Benjamin	M.D.	M.D. Meridian Ida	6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/23/52	Meridian	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-20-52	Myrtle Palmer	Bill Robinson	Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2006
Local Reg. No. 106
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1310 Main St

3. NAME OF DECEASED (Type or Print)
a. (First): Dillard
b. (Middle): C.
c. (Last): Owens

4. DATE OF DEATH (Month) (Day) (Year): June 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 18 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenforest Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: W.C. Owens — BIRTHPLACE: Fairgrove Mo.
14. MOTHER'S MAIDEN NAME: Lissie A Ross — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gaeda O. Parks — ADDRESS: Gentry Ark

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1950, *to* June 23-52 19__, *that I last saw the deceased alive on* June 21, 1952 *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Prusty 230 (Degree or title) M.D.
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 24, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Sileam Springs, Arkansas

DATE REC'D BY LOCAL REG.: 6-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Ida.
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 2007
Local Reg. No. 2007
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): JAMES
c. (Last): KILBURN

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1874
9. AGE (In years last birthday): 77-10-21 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loveland, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jefferson Kilburn — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Charlotte Davis — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. M. Kilburn — ADDRESS: Emmett Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and Myocarditis chronic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan *19*52*, to* 6-29*, 19*52*, that I last saw the deceased alive on* 6-28*, 19*52*, and that death occurred at* 8:40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Bilkna Jr MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 7/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 7-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2008
Local Reg. No. 112
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 510 Linden St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marion	A.	Lyman	June 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-17-94	57	10	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Food & Horticultural Inspector
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lyman Prairie, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur E. Lyman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Carrie B. Farrington — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518 36 0109
17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute infarct of Pons and Midbrain — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, *19* 52, *to* June 30, *19* 52, *that I last saw the deceased alive on* June 30, *19* 52, *and that death occurred at* 1:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 7, 1952	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-52	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2009
Local Reg. No. 7
Reg. Dist. No. 300

BIRTH NO.

JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): County Council
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Tolzmann

4. DATE OF DEATH (Month) June (Day) 2 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept, 11, 1904
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Tolzmann — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Amelia Block — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 472 28-1481
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Coronary — INTERVAL BETWEEN ONSET AND DEATH: 10 minut

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased* dead *alive on* June 2, 1952, *and that death occurred at* 6P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 470 Coronet
23b. ADDRESS: New Meadows Idaho
23c. DATE SIGNED: 6/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-2-52
24c. NAME OF CEMETERY OR CREMATORY: Vivian Lutheran
24d. LOCATION (City, town, or county) (State): Wells, Minn

DATE REC'D BY LOCAL REG.: 6-2-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52-00208 RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2010
Local Reg. No. 19
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 HOUR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 914 HYLAND DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle):
c. (Last): HILLMAN

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 18, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JANUARY 18, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE "INFANT" 02
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CASPER PAUL HILLMAN
BIRTHPLACE: SWAN LAKE, IDAHO
14. MOTHER'S MAIDEN NAME: VERDA HENDERSON HILLMAN
BIRTHPLACE: OXFORD, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Encephalomalacia — hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Prematurity — hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 18, 19 52 *to* _____, 19___, *that I last saw the deceased alive on* Jan. 18, 19 52, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): ARCH T. WIGLE, M.D.
23b. ADDRESS: Pocatello, Idaho 1605 N. Arthur
23c. DATE SIGNED: 27 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JANUARY 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUL 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Permit issued to Allen J. Manning
mailed 10-13-55

Oct. 10, 1955
Date

Department of Public Health
Boise, Idaho

RECEIVED
OCT 13 1955
Division of Vital ...

I hereby give authorization for the disinterment of:

NAME OF DECEASED Marie Hillman

DATE OF DEATH JAN. 18 1952.

CAUSE OF DEATH PREMATURITY.

ATTENDING PHYSICIAN DR. ARCH T. WIGLE

BURIED IN MOUNTAIN VIEW CEMETERY CEMETERY

TO BE REMOVED TO BESTLAWN MEMORIAL CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT FATHER.

NAME OF LICENSED EMBALMER ALLEN. J. MANNING

REASON FOR DISINTERMENT REMOVAL. TO. NEW CEMETERY.

Very truly yours,

C. P. Hillman

Signature of relative or person requesting permit.

914 Highland Blvd

Address

* * * * * * * * * * * * * * * * *

State of Idaho (ss.
County of Bannock)

On this 10 day of Oct, 1955 before me _____ a Notary Public in and for the within county and state personally appeared C. P. Hillman known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

Alfred S. Horrocks

(Seal)

Notary Public, residing at Pocatello, Idaho
My commission expires Dec 28, 1957

Certificate of Death

STATE OF IDAHO

State File No. 2011
Local Reg. No. 176
Reg. Dist. No. 510

BIRTH NO. 111-52-6648

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 544 S. Hayes

3. NAME OF DECEASED (Type or Print) a. (First) RONNIE b. (Middle) APEL c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 2, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 2, 1952
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sam C. Apel BIRTHPLACE Pocatello Id.
14. MOTHER'S MAIDEN NAME Ruth Harper BIRTHPLACE Chicago Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sam C Apel ADDRESS Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X non viable infant — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3, 1952, *to* 6-3, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph B. Hegsted (Degree or Title) 23b. ADDRESS Pocatello, Idaho 23c. DATE SIGNED 6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-3-52 24c. NAME OF CEMETERY OR CREMATORY Mountainview 24d. LOCATION (City, town, or county) (State) Pocatello Id.

DATE REC'D BY LOCAL REG. JUN 6 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Dawnard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2012
Local Reg. No. 192
Reg. Dist. No. 510

BIRTH NO. 111-52-6688

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1042 Willow Lane

3. NAME OF DECEASED (Type or Print) a. (First) BRENT b. (Middle) DAVID c. (Last) KAY
4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 8, 1952
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME Myrl J. Kay BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Jane Cherry BIRTHPLACE Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Myrl Kay ADDRESS Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1. Large Aortic arteriosclerosis
DUE TO (c) 2. Atelectasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1952, to 6-7, 1952, that I last saw the deceased alive on 6-9, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE Ralph B. Heyrend MD (Degree or Title) 23b. ADDRESS Pocatello, Idaho 23c. DATE SIGNED 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-10-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUN 24 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25 FUNERAL DIRECTOR Byron B. Dowrard ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC'D JUN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2013
Local Reg. No. 189
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 32 Ravine Dr.

3. NAME OF DECEASED (Type or Print)
a. (First) VIRGIL b. (Middle) A. c. (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 12, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Whitehall Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: A. P. Taylor — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Millie Scott — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. V. A. Taylor — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — 5 yrs
DUE TO (c) Arteriosclerosis general — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Nephrosclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1952, *to* June 12, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* 3 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Farrell H. Hammond M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 16 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUN 18 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2014
Local Reg. No. 190
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) MITCHELL b. (Middle) BERT c. (Last) PIDCOCK

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb., 17, 1933

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Twin Falls Id.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bert Pidcock
BIRTHPLACE: Preston Id.

14. MOTHER'S MAIDEN NAME: Bernice Loney
BIRTHPLACE: Salina Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Bert Pidcock
ADDRESS: Inkom Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

631X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bilateral Hydronephrosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH
(a) —
(b) 6 days
(c) —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1952, to 6-15, 1952, that I last saw the deceased alive on 6-14, 1952 and that death occurred at 2a m., from the causes and on the date stated above.

23a. SIGNATURE: R. Merrell (Degree or title) M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-17-52

24c. NAME OF CEMETERY OR CREMATORY: Inkom

24d. LOCATION (City, town, or county) (State): Inkom Idaho

DATE REC'D BY LOCAL REG. JUN 20 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2015
Local Reg. No. 196
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 19 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 420 South 6th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
d. STREET ADDRESS (If rural, give location): 420 South 6th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARK b. (Middle) c. (Last) MANLEY

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	November 17, 1865	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bannock County Assessor	Assessor	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Manley	No Data	Jane Myers	No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Myron E. Manley	Sparks, Nevada

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Patient went to Bed Died in Bed.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Found Dead in Bed		

22. *I hereby certify that I attended the deceased from* 6-12, 1952, *to* 6-12, 1952, *that I last saw the deceased alive on* May 1, 1952 *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
139 [signature] M.D.	Pocatello Idaho	6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 21, 1952	Salt Lake City Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 3 1952	Eva M. Wallin	Gerald E. Browning	Gerald E. Browning, 217 South Arthur

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2016
Local Reg. No. 193
Reg. Dist. No. 511

JUN 25 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello.
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls
d. ~~STREET~~ ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Ellsworth c. (Last) Miser

4. DATE OF DEATH: (Month) (Day) (Year): 6 - 17 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: Feb. 21 - 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 3, Days 26 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rubber Worker Surface
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Pawnee City, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Miser — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Emma Edgerton — BIRTHPLACE: Nebraska.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: a. Dora Miser — ADDRESS: Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): multiple skull fractures, frontal parietal & occipital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): brain
DUE TO (c): massive extra dural hematoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: left frontal - parietal region

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Petichial hemorrhage + moderate edema - brain
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rodeo Grounds
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): American Falls - Power - Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-16-52. 8:10 P m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell from horse: hit fence

22. *I hereby certify that I attended the deceased from* Autopsy *19* Surgeon, *10—, that I last saw the deceased alive on* 6-17-, *19* 52, *and that death occurred at* 4 pm. *from the causes and on the date stated above.*

23a. SIGNATURE: E. B. Webb MD (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 18, 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-52
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: JUN 24 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: J. P. Davis — ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2017
Local Reg. No. 197
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1534 East Clark Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1534 East Clark Street

3. NAME OF DECEASED (Type or Print): a. (First) Katie b. (Middle) Fae c. (Last) Jensen

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 15, 1898

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lena, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Parkhurst
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Caroline Kimbrough
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 721-14-3594

17. INFORMANT'S OWN SIGNATURE: John H Jensen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcenoma of the head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) of the pancreas with

DUE TO (c) generalized metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 18 mo

19a. DATE OF OPERATION: 28 June 51

19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca. of head of pancreas

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 June, 1951, *to* 18 June, 1952, *that I last saw the deceased alive on* 17 June, 1952, *and that death occurred at* 1:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clark T. Parker MD

23b. ADDRESS: 252 N. Main Box 1006 Pocatello Ida

23c. DATE SIGNED: 18 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho.

DATE REC'D BY LOCAL REG.: JUL 3 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Gerald E. Browning

ADDRESS: 217 South Arthur Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2018
Local Reg. No. 199
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 218 South Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): Lavina
c. (Last): McDonald

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 24, 1886
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Woodruff, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carle L. Sessions. BIRTHPLACE: No Data.
14. MOTHER'S MAIDEN NAME: Elizabeth Wintle BIRTHPLACE: No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Kent McDonald ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure. 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio. Renal
DUE TO (c) Uremia Comp'

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10, 1952, *to* 6-22, 1952, *that I last saw the deceased alive on* 6-22-52, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Cemetery
24d. LOCATION (City, town, or county): Salt Lake City (State): Utah

DATE REC'D BY LOCAL REG.: JUL 5 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Gerald E. Browning ADDRESS: 217 So. Arthur Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2019
Local Reg. No. 198
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route 1. South

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): J.
c. (Last): McAughey

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 9, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineering
11. BIRTHPLACE (State or foreign country): Winchester, Ontario Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No Data — BIRTHPLACE: - - - -
14. MOTHER'S MAIDEN NAME: No Data — BIRTHPLACE: - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + W. H. McAughey — ADDRESS: Rte #1 So. Poc. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22-1952, *to* 6-22, 1952, *that I last saw the deceased alive on* 6-22, 1952, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Hastoigsen, M.D. 152
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: 7 South Arthur, Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2020
Local Reg. No. 200
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 11 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) R.F.D. 2.

3. NAME OF DECEASED (Type or Print) a. (First) LEO b. (Middle) DALTON c. (Last) ROBERTSON Jr.

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH July 8, 1951

9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 11 Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leo D. Robertson BIRTHPLACE Texas

14. MOTHER'S MAIDEN NAME Margaret Hansen Minidoka Co.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Leo D. Robertson ADDRESS Pocatello Rt.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart lesion — INTERVAL BETWEEN ONSET AND DEATH — since birth.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1952, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE John R. McMahon (Degree or title)

23b. ADDRESS Pocatello Id.

23c. DATE SIGNED 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-25-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 3 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2021
Local Reg. No. 207
Reg. Dist. No. 511

BIRTH NO. JUL 12 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 30 MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SUNSET DRIVE IN THEATER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: UTAH
b. COUNTY: SALT LAKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALT LAKE CITY
d. STREET ADDRESS (If rural, give location): 915 WASHINGTON STREET.

3. NAME OF DECEASED (Type or Print)
a. (First): MAME
b. (Middle): RYAN
c. (Last): WITZELL

4. DATE OF DEATH (Month) (Day) (Year): JUNE 24, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCTOBER 9, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN RYAN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: EMMA RICH — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT'S OWN SIGNATURE: Parr H. Sainsbury — ADDRESS: 33½ Riverside Dr. Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diabetes mellitus — 3-4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Sudden death, probably embolic — sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* June 24, 1952, *that I last saw the deceased alive on* June 29, 1952, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R P Howard M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: SALT LAKE CITY CEMETERY
24d. LOCATION (City, town, or county) (State): SALT LAKE CITY UTAH

DATE REC'D BY LOCAL REG.: JUL 11 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 21022
Local Reg. No. 201
Reg. Dist. No. 510

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 519 N. Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 519 N. Garfield

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) LAUREL FRANCES BARNETT

4. DATE OF DEATH (Month) (Day) (Year) June 26, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct. 15, 1870

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Edgerton Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Leeper BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Catherine Masoner BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Mrs. M. Armond ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Died Suddenly
DUE TO (c) History High blood pressure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —— *, 19__, to* —— *, 19__, that I last saw the deceased alive on* June 26 *, 1952, and that death occurred at* 6 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur M. Wall (Degree or title) Coroner

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED June 30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-30-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 3 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR ADDRESS Byron B. Howard Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2023
Local Reg. No. 202
Reg. Dist. No. 5/0

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1555 North Arthur Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1555 North Arthur Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARIA b. (Middle) HELEN c. (Last) HUSTAD

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Trintendala, Fanaholm, Sweden

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Samuel Johanson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Kristina (no data)
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. D. L. Merideth
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Years.
DUE TO (c) Hypertensive cardio-vascular disease — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized inanition — Months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, *19* 50, *to* June 27, *19* 52, *that I last saw the deceased alive on* June 28, *19* 52, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: ARCH T. WIGLE, M.D. (Degree or title)
463
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bengston Home Mortuary
24d. LOCATION (City, town, or county) (State): Denver Colorado

DATE REC'D BY LOCAL REG.: JUL 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2024
Local Reg. No. 2053
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 60 Portneuf Park

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DOROTHY	HAZELL	GODDARD	June	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	October 21, 1903	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Blackfoot Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Erin Elliott — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha Thomas — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: L. E. Goddard — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Heart Disease, cardiac enlargement, decompensation, Valvulitis — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Pneumonitis — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-27, 19 52, *to* June 28, 19 52, *that I last saw the deceased alive on* June 28, 19 52, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller M.D.	Pocatello, Idaho	June 30, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 30, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 30, 1952	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2025
Local Reg. No. 204
Reg. Dist. No. 510

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 824 Yellowstone Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 824 Yellowstone Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANCIS	RUDOLPH	GOLOB	June	29	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 20, 1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President
10b. KIND OF BUSINESS OR INDUSTRY: Retail Oil Company
11. BIRTHPLACE (State or foreign country): Great Falls Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Anton Golob — BIRTHPLACE: Vienna, Austria
14. MOTHER'S MAIDEN NAME: Rose Porro — BIRTHPLACE: Rome, Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 516-07-2446
17. INFORMANT'S OWN SIGNATURE: Mary Margaret Golob — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH: Acute.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 30, 1951, *to* June 29, 1952, *that I last saw the deceased alive on* June 28, 1952, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Olsen M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 30, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: O'Connor Funeral Home
24d. LOCATION (City, town, or county) (State): Great Falls Montana

DATE REC'D BY LOCAL REG.: July 2, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Just Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2026
Local Reg. No. 187
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BANNOCK JUN 11 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INKOM
c. LENGTH OF STAY (in this place) ABT. 2 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESIDENCE ½ MILE WEST OF CEMENT PLANT

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INKOM
d. STREET ADDRESS (If rural, give location) ½ MILE WEST OF INKOM CEMENT PLANT

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) C. c. (Last) HARRIS

4. DATE OF DEATH (Month) JUNE (Day) 4, (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED
8. DATE OF BIRTH SEPT. 8, 1884
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD EMPLOYEE 70
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) WEBSTER KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN HARRIS BIRTHPLACE MISSOURI.
14. MOTHER'S MAIDEN NAME SADIE BREUHNER BIRTHPLACE INDIANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elmer Stangeer ADDRESS Inkom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE MILD CARDIO INFARCTION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (NATURAL CAUSES)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* HAD BEEN UNDER PHYSICIAN'S CARE FOR ARTERIOSCLEROSIS AND HEART DISEASE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION DEATH
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) INKOM (COUNTY) BANNOCK (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JUNE 7, 1952
24c. NAME OF CEMETERY OR CREMATORY INKOM CEMETERY
24d. LOCATION (City, town, or county) INKOM (State) BANNOCK IDAHO

DATE REC'D BY LOCAL REG. JUN 10 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR [signature]
ADDRESS HALL-GRNAT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 184
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence: ½ mile west of Inkom Cement Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom

d. STREET ADDRESS (If rural, give location): ½ mile west of Inkom Cement Plant

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	C.	HARRIS		June	4	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	Sept. 8, 1884	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Webster, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harris — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Sadie Breuhner — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Elmer Stenger — ADDRESS: Inkom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable mild cardio infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Natural causes)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Had been under physician's care for arteriosclerosis and heart disease.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Justice of the Peace.		6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	June 7, 1952	Inkom Cemetery	Inkom	Bannock Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 10, 1952	Eva M. Wallin	Allen L. Manning	151 Fourth Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2027
Local Reg. No. 185
Reg. Dist. No. 511

BIRTH NO. JUN 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 West at Lava Hot Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Utah

b. COUNTY: Cache

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan

d. STREET ADDRESS (If rural, give location): 565 East, 8th North

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD b. (Middle) WAYNE c. (Last) STEVENS

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 11, 1907

9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Cache Valley Dairy Asso.

11. BIRTHPLACE (State or foreign country): Oakley, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George G. Stevens- Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Clara Wilkins- Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. B. W. Stevens — ADDRESS: Logan

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE SKULL FRACTURES — INTERVAL BETWEEN ONSET AND DEATH: DIED INSTANTLY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) TRUCK ACCIDENT

DUE TO (c) TRUCK PLUNGED OFF ROAD OVER CLIFF INTO THE PORTNEUF RIVER AS DRIVER WAS ATTEMPTING TO MAKE TURN INTO EAST ENTRANCE OF CITY OFF HIGH WAY # 30 WEST AT LAVA HOT SPRINGS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / HOMICIDE / SUICIDE (Specify): X Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 30 WEST AT LAVA HOT SPRINGS

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BANNOCK IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 5, 1952 2:35 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: TRUCK ACCIDENT, COULD NOT NEGOTIATE TURN, PLUNGED OVER EMBANKMENT AT SIDE OF ROAD

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: Justice of Peace, Pocatello — **23c. DATE SIGNED**: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5 June 1952

24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: JUN 10 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Kranz Mortuary, Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

BANNOCK DISTRICT HEALTH UNIT
IN COOPERATION WITH THE
STATE DIVISION OF HEALTH
343 E. BONNEVILLE POCATELLO, IDAHO PHONE 2

June 19, 1952

W. W. Benson, State Registrar
Division of Vital Statistics
Idaho Department of Public Health
P. O. Box 640
Boise, Idaho

Dear Mr. Benson:

I received the following letter from Mr. Boyd L. Hall of W. Loyal Hall Mortuary, Logan, Utah:

> "The family of HOWARD WAYNE STEVENS, deceased, changed their mind on place of burial for the above from Logan Cemetery, Logan, Utah as listed on your burial certificate to WASATCH LAWN CEMETERY, SALT LAKE COUNTY, SALT LAKE CITY, UTAH. Will you please make this correction on the original death certificate of the above Mr. Stevens. He was killed June 5th, 1952 in your county near Lava Hot Springs."

The date of burial was June 7, 1952.

Very truly yours,

BANNOCK DISTRICT HEALTH UNIT

Eva M. Wallin

Eva M. Wallin
Local Registrar

emw

JUL 1 1981
JUL 7 1981

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2028
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey,
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernest	Jacob	Salveson	June 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 1, 1894	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm Labor	Hyrum, Utah.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter A. Salveson	Norway	Annie Imer	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	512-12-9769	Mrs Anna Day	Downey, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arachnaid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2nd conditions of
DUE TO (c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

330 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 24, 1952 *to* June 6, 1952 *that I last saw the deceased alive on* June 6, 1952 *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Downey Idaho	6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 9 1952	Preston City	Preston, Franklin, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 9, 1952	Orissa Salveson	J. Leroy Hansen	Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2029
Local Reg. No. 205
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE So. OF McCAMMON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
d. STREET ADDRESS (If rural, give location): APROXI MILE So. 1/2 MILE EAST OF McCAMMON BIG STORE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MINNIE	HIBNER	UPCHURCH	JUNE	17,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	NOVEMBER 17, 1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	CONCORDIA KANSAS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE EDGAR HIBNER	PENNSYLVANIA	JULIA COLLINS	ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		Mrs Ruby Floyd	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 9, 1952, *to* June 17, 1952, *that I last saw the deceased alive on* June 13, 1952 *and that death occurred at* ____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Moay M.D.	Pocatello Idaho	6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JUNE 20, 1952	CHESTERFIELD	CHESTERFIELD IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 9 1952	Eva M. Wallin	Alex J. Manning Hall-Grant Mort.	Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2030
Local Reg. No. 216
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Sanitorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 245 South Grant Avenue

3. NAME OF DECEASED (Type or Print): a. (First) LYNNE b. (Middle) P. c. (Last) HEWITT

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: October 15, 1864

9. AGE (In years last birthday): 87 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper 61

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Fillmore Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Will Payne — BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Laura McBride — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Conrad Hawley — ADDRESS: Downey, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 14, 1952 *to* June 25, 1952, *that I last saw the deceased alive on* June 25 1952, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): David E. Harris, M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: June 26, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: June 26, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallington Darlene Archibald

25. FUNERAL DIRECTOR: Jas. E. Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2031
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (in this place) 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived If institution: residence before admission).
a. STATE Utah
b. COUNTY Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salt Lake City
d. STREET ADDRESS (If rural, give location) 388 No Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Liliadelia	Mann	Salmon	6	27	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White		March 25, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	Salt Lake City	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Nelson Mann	Salt Lake Ut.	Hannah Louise Elliott	Salt Lake Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		529-30-6406	Mrs Elizabeth P Mann	Brigham, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain Injury 2nd to
DUE TO (c) the auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Swan Lake Idaho	Downey	Bannock	

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
9	AM		m.		Auto Accident

22. *I hereby certify that I attended the deceased from* June 27, 19 52 *to* June 27 19 52 *that I last saw the deceased alive on* June 27, 19 52 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Burley Jump	Downey Idaho	6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6-27-52	Brigham City	Brigham City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/27/52	Orissa Salvesen	Malad Funeral Service	Malad, Idaho

by J. Guy Benson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2032
Local Reg. No.
Reg. Dist. No. SJ 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) George c. (Last) Esterholdt

4. DATE OF DEATH (Month) (Day) (Year) May 23, 1952.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 2, 1884
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dingle Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Neils C. Esterholdt BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Sophia Larsen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 721-14-1735
17. INFORMANT'S OWN SIGNATURE Chloey Esterholdt ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial failure — One year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1950, *to* May 23, 1952, *that I last saw the deceased alive on* May 23, 1952, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. B. Lindsay, M.D. (Degree or title)
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 6-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 6/1/52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 2033
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Victor c. (Last) Hanson

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 13, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carmen
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad
11. BIRTHPLACE (State or foreign country): Brigham City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hanson 70 — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna Welch — BIRTHPLACE: Brigham City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-09-1315
17. INFORMANT'S OWN SIGNATURE: Clinton V. Hanson — ADDRESS: 928 Monroe Montpelier Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1952, *to* June 11, 1952, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 4 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 223 N. N. Ring (Degree or title) MD
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: 6/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14 1952
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Idaho
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 6/14/52
REGISTRAR'S SIGNATURE: N. N. Ring
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2031
Local Reg. No.
Reg. Dist. No. 552

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) M. c. (Last) Nantz

4. DATE OF DEATH (Month) (Day) (Year) June 16 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH (Mo.) 7 (Day) 8 (Year) 1887
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Beaver City Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joseph McKay BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Rhoda Miller BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None
17. INFORMANT'S OWN SIGNATURE Fred D Nantz ADDRESS Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Infection Biliary — 12 hrs
DUE TO (c) Parasites.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1952, to June 16 1952, *that I last saw the deceased alive on* June 16 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE F D Nantz (Degree or title) MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 18 1952
24c. NAME OF CEMETERY OR CREMATORY Beaver City Cemetery
24d. LOCATION (City, town, or county) Beaver City (State) Ill.

DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE F D Nantz
25. FUNERAL DIRECTOR Dale Matthews
ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2035
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
JUN 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Single Idaho
c. LENGTH OF STAY (in this place): 85 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Single Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Bergreen

4. DATE OF DEATH (Month) (Day) (Year): June 8 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 3, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Charles Idaho
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Andrew Bergreen — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wanda Baath — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease — 54 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1941 *to* June 8, 1952, *that I last saw the deceased alive on* June 8, 1952, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8 1952
24c. NAME OF CEMETERY OR CREMATORY: Wardboro Cemetery
24d. LOCATION (City, town, or county) (State): Wardboro, Idaho.

DATE REC'D BY LOCAL REG.: 6/11/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Vile Matthews — ADDRESS: Montpelier, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2035
Local Reg. No.
Reg. Dist. No. 52

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown Idaho
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wells	Harrison	Smith	June 10 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 8 1887	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 64		Bingham Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hyrum Smith	Farmington Utah	Lucy Tibbetts	Perry Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Florence Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* June 10, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 1130 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C B Lindsay M.D.	Montpelier Idaho	6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 14 1952	Georgetown Cemetery	Georgetown Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/14/52	N Nancy	Dale Matthews	Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REGISTERED JUN 23 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2027
Local Reg. No. 30
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joe Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baldy Mountain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Payne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stillwater
d. STREET ADDRESS (If rural, give location): 305 Burdick Street

3. NAME OF DECEASED (Type or Print): a. (First) Edison b. (Middle) Torrey c. (Last) Tingley, Jr.

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 16, 1932

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lookout Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Forest Service

11. BIRTHPLACE (State or foreign country): Sand Springs Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edison Tingley — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Thelma Lee Clifford — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 441-30-6113

17. INFORMANT'S OWN SIGNATURE: Edison Tingley, Sr. — ADDRESS: Stillwater, Okla.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

787.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Overexertion, climbing mountain to — INTERVAL BETWEEN ONSET AND DEATH: About

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lookout in violent snow storm — three hours
DUE TO (c): Probable Heartfailure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Had helped put out forest fire and was returning to lookout.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Baldy Mountain
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near St. Joe Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 11, 1952 7P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Overexertion, put out forest fire, returning to lookout, snowstorm

22. *I hereby certify that I attended the deceased from* About, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Means — (Degree or title): Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-14-52
24c. NAME OF CEMETERY OR CREMATORY: Woodland
24d. LOCATION (City, town, or county) (State): Sand Springs, Oklahoma

DATE REC'D BY LOCAL REG.: 6/16/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: W. E. Means — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

State File No. 2028
Local Reg. No. 27
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cabin Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): Rural S. W.

3. NAME OF DECEASED (Type or Print): a. (First) Simon; b. (Middle); c. (Last) Person

4. DATE OF DEATH: (Month) (Day) (Year): June 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): About 70
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: E. W. Smith
ADDRESS: St. Maries, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Found dead in cabin
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Wilson (Degree or title): Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-25-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 6/26/52

REGISTRAR'S SIGNATURE: Esper G. Brebner

25. FUNERAL DIRECTOR: M. E. Wilson
ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2039
Local Reg. No. 22
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near St. Joe River Chatcolet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 4 Miles N. of Tekoa

3. NAME OF DECEASED (Type or Print): a. (First) LeRoy b. (Middle) John c. (Last) Kessinger

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 4, 1923

9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm

11. BIRTHPLACE (State or foreign country): Tekoa, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John A. Kessinger, Spokane, Wash.

14. MOTHER'S MAIDEN NAME: Annie C. Wallner Spangle, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: 538-28-7076

17. INFORMANT'S OWN SIGNATURE: Joe F. Kessinger ADDRESS: Spokane Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): St. Joe River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Chatcolet Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24, 1952 7P.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fell from row boat

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* About 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6-25-52

24c. NAME OF CEMETERY OR CREMATORY: Tekoa Cemetery

24d. LOCATION (City, town, or county) (State): Tekoa, Washington

DATE REC'D BY LOCAL REG.: 6/26/52

REGISTRAR'S SIGNATURE: Esper G. Brubner

25. FUNERAL DIRECTOR ADDRESS: Jack E. Kramer Tekoa, Wash.

Jack E Kramer

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2040
Local Reg. No. 233
Reg. Dist. No. 120

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joe river near Chatcolet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turlock
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Carl; c. (Last) Rawlings

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 15, 1934

9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Modesto, California

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Carl Rawlings, BIRTHPLACE: Hamlin Kansas

14. MOTHER'S MAIDEN NAME: Dorothy Long, BIRTHPLACE: Fresno, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 566-44-5126

17. INFORMANT'S OWN SIGNATURE: Carl A. Rawlings ADDRESS: Turlock California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tried to save life of his companion
DUE TO (c): LeRoy Kessinger

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): St. Joe River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Chatcolet, Benewah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Leaped from rowboat to save his companion

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Wilson, Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-25-52
24c. NAME OF CEMETERY OR CREMATORY: Turlock Cemetery
24d. LOCATION (City, town, or county) (State): Turlock, California

DATE REC'D BY LOCAL REG.: 6/26/52
REGISTRAR'S SIGNATURE: Casper G. Brubner
25. FUNERAL DIRECTOR: Jack E. Kramer Tekoa, Wn. Jack E Kramer
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2041
Local Reg. No. 2041
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1303 College Street

3. NAME OF DECEASED (Type or Print)
a. (First): Anne
b. (Middle): Marian
c. (Last): Trueman

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 8, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rathangan Co. Kildare Ireland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Hanks — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Catherine Kerovan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lila Trueman — ADDRESS: St. Maries Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X: nephritis, chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 to 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 15 yrs
DUE TO (c): Myocarditis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Malnutrition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 June, 1952, *to* 24 June, 1952, *that I last saw the deceased alive on* 24 June, 1952, *and that death occurred at* 11: P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Sullivan, M. D. (Degree or title)
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 6/28/52
REGISTRAR'S SIGNATURE: Esper B. Brebner
25. FUNERAL DIRECTOR: R. E. Nessa — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2042
Local Reg. No. 109
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lydia
b. (Middle) Ethel
c. (Last) (Martin) Butler

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 17, 1885
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bountiful Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Enoch Martin — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ann Stacey — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sam Butler — ADDRESS 47 Louella St Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure (uremia) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric obstruction — 6 wks
DUE TO (c) Carcinoma gall bladder area — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Obstruction duodenum due to carcinoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3, 1952, *to* 6-14, 1952, *that I last saw the deceased alive on* 6-21, 1952, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean Packer MD
23b. ADDRESS Blackfoot Idaho
23c. DATE SIGNED July 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-25-52
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG. July 3 1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrice
25. FUNERAL DIRECTOR Lloyd M Nalder — ADDRESS Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2043
Local Reg. No. 164
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

REC'D JUL 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 439 North Stout Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): George
c. (Last): West

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 9, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power Co.
11. BIRTHPLACE (State or foreign country): Kentland, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Barden B. West — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Katherine — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Sp. Am. - W.W.1
16. SOCIAL SECURITY NO.: 518-07-2928
17. INFORMANT'S OWN SIGNATURE: Blanche West — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Aneurysm due to Arteriosclerosis. — Not known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1949, *to* June 26, 1952, *that I last saw the deceased alive on* June 26, 1952, *and that death occurred at* 9:25p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Merrill Packer M.D. — (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 1 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2044
Local Reg. No. 106
Reg. Dist. No. 600

RECEIVED
JUL 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Washadie, Wyoming
d. STREET ADDRESS (If rural, give location): same

3. NAME OF DECEASED (Type or Print)
a. (First): Kidgen
b. (Middle):
c. (Last): Edmo

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: unk
9. AGE (In years last birthday): 73 (about)
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U..SA.

13. FATHER'S NAME: Big Bannock
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Richard Dixey
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hernia incarcerated inguinal Right ruptured and multiple abscesses formed.
INTERVAL BETWEEN ONSET AND DEATH: 5 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 17-1952
19b. MAJOR FINDINGS OF OPERATION: Huge Retroperitoneal abscess and osteomyelitis 11th Rib & abscess
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1952, *to* June 29, 1952, *that I last saw the deceased alive on* June 28, 1952, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Packer MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: June 29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Episcopal Mission Cem.
24d. LOCATION (City, town, or county) (State): Fort Hall, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2045
Local Reg. No. 7
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
c. LENGTH OF STAY (in this place) 30
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benjamine b. (Middle) Bentley c. (Last) Babb Jr.

4. DATE OF DEATH (Month) (Day) (Year) 6 - 2 - 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 24 1882

9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 11 Days 8 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - 04

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Red Oak, Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamine F. Babb - BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Caroline Wielmann BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 519-14-4203

17. INFORMANT'S OWN SIGNATURE Lois W. Hege ADDRESS Aberdeen, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction (Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary insufficiency (small thrombosis) 6 wk

DUE TO (c) Arteriosclerosis, Arteriolarsclerosis 2yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis l. leg — 10 days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1952, *to* May 29, 1952, *that I last saw the deceased alive on* May 29, 1952, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. L. Harms (Degree or title) M.D. — 23b. ADDRESS Aberdeen Idaho — 23c. DATE SIGNED 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - 24b. DATE 6-5-1952 — 24c. NAME OF CEMETERY OR CREMATORY Aberdeen — 24d. LOCATION (City, town, or county) (State) Aberdeen. Idaho.

DATE REC'D BY LOCAL REG. 6-2-52 — REGISTRAR'S SIGNATURE F. L. Harms

25. FUNERAL DIRECTOR W. H. Dennis — ADDRESS Am. Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2045
Local Reg. No. 94
Reg. Dist. No. 601

BIRTH NO. JUN 9 1952

1 PLACE OF DEATH
a. COUNTY BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLACKFOOT
c. LENGTH OF STAY (in this place) 1Y. 1M. 2D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL SOUTH

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE IDAHO
b. COUNTY TWIN FALLS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS,
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CALLIE		CHAMPLIN	JUNE	4,	1952

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	MARRIED	JAN. 5, 1872	80	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BERRYVILLE, ARK.	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
STONDLEE CYRUS	ARK.	HILDA HAYHURST	ARK.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17 INFORMANT'S OWN SIGNATURE	ADDRESS
		Elsie M. Maman	RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Apoplexy	3 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Previous (Cerebral)	
DUE TO (c)	Fractured Hip	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, (Following Apoplexy)	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-2, *19* 51, *to* June 4, *19* 52, *that I last saw the deceased alive on* June 4, *19* 52, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Gregory M.D.	State Hosp. So. Blackfoot	6.4.52

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 5, 1952		Twin Falls, Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 5, 1952.	Mrs Walter E. Patrick	Howard Packham	Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 2047
Local Reg. No. 95
Reg. Dist. No. 601

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): L.
b. (Middle): A.
c. (Last): PAINTER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 5, 1952.

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 5, 1905
9. AGE (In years last birthday): 47 Yrs
IF UNDER 1 YEAR: Months 1 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard State Penitentiary
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): COLORADO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 36 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Ulcer — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 3 mos. ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 3, *19*52, *to* JUNE 5, *19*52, *that I last saw the deceased alive on* JUNE 5, *19*52, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot.
23c. DATE SIGNED: 6.6.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal of Burial
24b. DATE: June 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Caldwell
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: June 6 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Beckham + Dakin
ADDRESS: Caldwell, Idaho
by W. A. Casper - Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 3 1952
DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 2048
Local Reg. No. 97
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Moreland

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreland
d. STREET ADDRESS (If rural, give location): Moreland

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle) Kruetzmann; c. (Last) Cooper

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 28, 1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Luebeck, Germany
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Kruetzmann — BIRTHPLACE: Luebeck, Germany
14. MOTHER'S MAIDEN NAME: Bertha E. Schunk — BIRTHPLACE: Poehls, Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert W. Cooper — ADDRESS: Moreland, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Pancreas with
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): extensive metastasis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 18 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June (19 5 1)
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas with Peritoneal metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 5 1, *to* June 6, 19 5 2, *that I last saw the deceased alive on* May 28, 19 5 2, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. Merrill Packer — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moreland, Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 9-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUN 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2048
Local Reg. No. 98
Reg. Dist. No. 601

BIRTH NO

1. PLACE OF DEATH
a. COUNTY ~~BIGHAM~~ Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLACKFOOT
c. LENGTH OF STAY (in this place) 5M. 16 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EMMETT
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT
b. (Middle) C.
c. (Last) LUND

4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH JULY 6, 1886
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months 11 Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) DECORA, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN LUND
BIRTHPLACE NORWAY
14. MOTHER'S MAIDEN NAME NOT KNOWN
BIRTHPLACE NOT KNOWN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elsie McNamar
ADDRESS RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Obstruction of Bowel (Partial)	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hernia (Inguinal)	20 yrs.
DUE TO (c)	Coronary Artery Insufficiency	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Arteriosclerotic	5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 21, 1951, *to* JUNE 7, 1952, *that I last saw the deceased alive on* JUNE 6, 1952, *and that death occurred at* 2:45 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles H. Sprague (Degree or title) M.D.
23b. ADDRESS State Hosp. So. Blackfoot
23c. DATE SIGNED 6.11.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-11-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Payette, Gem, Idaho

DATE REC'D BY LOCAL REG June 11-1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Howard Packham
ADDRESS Blackfoot, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JUN 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2050
Local Reg. No. 79
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sambo Road RR crossing.

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Indian Reservation

d. STREET ADDRESS (If rural, give location): 1½ mi south of Sambo Road

3. NAME OF DECEASED (Type or Print): a. (First) RAY; b. (Middle); c. (Last) PAHNEMAH

4. DATE OF DEATH: (Month) (Day) (Year) June 10, 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: September 1, 1930

9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Pahnemah — BIRTHPLACE: Lincoln Creek

14. MOTHER'S MAIDEN NAME: Emma Tavashee — BIRTHPLACE: Lincoln Creek

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Emma Pohipe — ADDRESS: Rte 3. Box 13

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of Brain — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Skull fracture

DUE TO (c) Struck by train

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): rr crossing

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fort Hall Reservation, Bingham, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10, 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: hit by railroad train

22. *I hereby certify that I attended the deceased from* did not attend deceased *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery

24d. LOCATION (City, town, or county) (State): Gibson, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 14-1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Talmie

25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2051
Local Reg. No. 109
Reg. Dist. No. 601

RECEIVED
JUN 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Near Midway
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somewhere on Hiway near Midway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot - Route #2
d. STREET ADDRESS (If rural, give location): Rural- Thomas

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): John
c. (Last): Turpin

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 27, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: On farm
11. BIRTHPLACE (State or foreign country): Holliday, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jesse R. Turpin — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Joan Jennetta Litson — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mabel A Turpin — ADDRESS: Route #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A Trolin — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Thomas, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 17-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2852
Local Reg. No. 7852
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2Y-9M-28D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CUSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACKEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): C.
c. (Last): CAMMERER

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 22, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 10, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Station Agent
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Paloma, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob E. Cammerer — BIRTHPLACE: Paloma, Ill.
14. MOTHER'S MAIDEN NAME: Isabella Derrick — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clair McDamas — ADDRESS: Records State Hospital South, Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Phychosis, Toxic — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1949, *to* June 14, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 3:05a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague — (Degree or title): M. D.
23b. ADDRESS: St. Hospt. South. Blackfoot,
23c. DATE SIGNED: 6-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-15-52
24c. NAME OF CEMETERY OR CREMATORY: Spencer
24d. LOCATION (City, town, or county) (State): Spencer, Iowa.

DATE REC'D BY LOCAL REG.: June 17 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patine
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2053
Local Reg. No. 102
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway # 20
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 26 miles West of Idaho Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Francisco
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Francisco
d. STREET ADDRESS (If rural, give location): 743 17th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALICE	MAE	EMERY	June	18	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never married	November 11, 1936	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Public High School
11. BIRTHPLACE (State or foreign country): Wellston, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Buel Everett Emery — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Esther Louise Haynie — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Esther L. Emery — ADDRESS: San Francisco, California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 18 1952 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile upset

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Trolin	Coroner	Blackfoot, Idaho	June 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 22, 1952		San Francisco California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 21-1952	Mrs Valeria E. Patrick	Olund & Le Cheminant	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2054
Local Reg. No. 284
Reg. Dist. No. Ca 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3 (Gibson)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 3 (Gibson

3. NAME OF DECEASED (Type or Print): a. (First) CHARLOTTE b. (Middle) GEORGE c. (Last) WATSON

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1919

9. AGE (In years last birthday): 32 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin George BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Lottie George BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Louis Watson ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) T.B. Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. T.B. of Left Knee

002X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* June 24, 1952, *that I last saw the deceased alive on* April, 1952, *and that death occurred at* 6:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Miller (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-27-52

24c. NAME OF CEMETERY OR CREMATORY: Gubson Mission Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: June 27-1952.

REGISTRAR'S SIGNATURE: Mrs Walter E. Farris

25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 2055
Local Reg. No. 1855
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 (Rockford)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 2 (Rockford)

3. NAME OF DECEASED (Type or Print)
a. (First): ELIJAH
b. (Middle): CHESLEY
c. (Last): ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 17, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Franklin, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel J. Robinson — BIRTHPLACE: American Fork, Utah.
14. MOTHER'S MAIDEN NAME: Celia Elizabeth Brown — BIRTHPLACE: Willard, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. C J Wright — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes--No physician in attendance.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Died in sleep.
DUE TO (c): Probable Coronary Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (Over)

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on June 28, 1952, *to* ~~, 19~~, *that I last saw the deceased* Dead ~~alive~~ *on* June 28, 1952, *and that death occurred at* About 4: a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/1/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: June 30 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2056
Local Reg. No. 107
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 17Y, 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): BERT
b. (Middle): (JOHN BERTRAM)
c. (Last): BOOTH

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29, 1952

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 18, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 7, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): MEADOW, UTAH
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JOHN EDWIN BOOTH — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MARGARET DAME — BIRTHPLACE: MEADOW, UTAH

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, Suppurative, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b)
DUE TO (c) Mental Deficiency — from birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Terminal — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 21, 19 32 *to* JUNE 29, 1952, *that I last saw the deceased alive on* JUNE 29, 1952, *and that death occurred at* 8:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M. D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 7.1.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/52
24c. NAME OF CEMETERY OR CREMATORY: St. Hospt. Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: July 2 1952
REGISTRAR'S SIGNATURE: Mrs Calvin E. Paine
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2057
Local Reg. No. 1 6 8 5 7
Reg. Dist. No. 6 0 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11yr, 4mo, 29d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): CAPEK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 30, 1952

5. SEX: M
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 5, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): AUSTRIA
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: JOSEPH CAPEK — BIRTHPLACE: AUSTRIA
14. MOTHER'S MAIDEN NAME: ELIZABETH ACKERMAN — BIRTHPLACE: AUSTRIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	2 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Skull	2 hrs.
DUE TO (c)	Arteriosclerosis	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, ~~Schizophrenia~~ Senile	30 "

963.7

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Slipped and fell in shower bath

22. *I hereby certify that I attended the deceased from* JAN. 1, 1941, *to* JUNE 30, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.1.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. So.
24d. LOCATION (City, town, or county) (State): Blackfoot Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2058
Local Reg. No. 226
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 77 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 424 S. River Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 424 South River Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Frances
c. (Last): Bannister

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 52

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/1/1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ottowa, Canada

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Paul Thamm — BIRTHPLACE: Prussia

14. MOTHER'S MAIDEN NAME: Albertine Bunke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: O. C. Thamm — ADDRESS: Wilder Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer, right breast Type undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 May, 1952, *to* 30 May, 1952 *that I last saw the deceased alive on* 30 May, 1952 *and that death occurred at* 11:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. C. Thamm (Degree or title): M.D.

23b. ADDRESS: Hailey Idaho

23c. DATE SIGNED: June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/2/52

24c. NAME OF CEMETERY OR CREMATORY: Hailey

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: June 10 - 1952

REGISTRAR'S SIGNATURE: Robert H. Wright-per

25. FUNERAL DIRECTOR: Lena F. Harris — ADDRESS: Hailey-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

C.B.R.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2059
Local Reg. No. 24
Reg. Dist. No. 410

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Lindsey

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1952

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widorer
8. DATE OF BIRTH: Dec. 10, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Man.
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): Perth Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lindsey — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Agnes Wight — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lillian Ramsay — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Block — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dropped dead
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Wright — (Degree or title): M.D. — 456. Blaine County Coroner - Hailey, Ida.
23b. ADDRESS:
23c. DATE SIGNED: June 2 - 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: June 7 - 1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Lines J. Harris — ADDRESS: Hailey Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2060
Local Reg. No. 25
Reg. Dist. No. 410

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Laura
b. (Middle)
c. (Last) Sandvik

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Aug. 30, 1872
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bodö- Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Johnson — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sig A. Sandvik — ADDRESS Bellevue Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 9 mos

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on Oct 10, 1951, *to* _____, 19__, *that I last saw the deceased alive on* Oct 10, 1951, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Royal S. Cutler (Degree or title)
23b. ADDRESS Sun Valley
23c. DATE SIGNED 6 Jun 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/5/52 01
24c. NAME OF CEMETERY OR CREMATORY Hailey
24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. June 7 - 1952
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Lina J. Harris — ADDRESS Hailey -

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2061
Local Reg. No. 24
Reg. Dist. No. 410

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NORTH OF KETCHUM, IDAHO, U.S. 93.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE CALIF b. COUNTY L.A.
c. CITY OR TOWN LOS ANGELES
d. STREET ADDRESS (If rural, give location) 321 BIXEL ST.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Louis	Filipe	Miranda	6	18	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		9/23/1911	40	8	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 092-14-2632
17. INFORMANT'S OWN SIGNATURE Sam Fairchild ADDRESS Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed in automobile accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) on highway 93 - 5 miles south of Galena, Idaho -
DUE TO (c) was dead upon arrival of Physician -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 93
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5 miles South of Galena - Blaine Idaho -
21d. TIME OF INJURY (Month) June (Day) 18 (Year) 1952 (Hour) 8a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Automobile Accident -

22. *I hereby certify that I attended the deceased from* ✓, 19___, *to* ✓, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Wright - M.D.	Blaine County Coroner - Hailey, Idaho	6-21-52.

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)	24b. DATE	24c. NAME OF CEMETERY ~~OR CREMATORY~~	24d. LOCATION (City, town, or county) (State)
BURIED	6-23-52	HAILEY	HAILEY IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 26-1952	Robert H. Wright - per LeBarr.	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-6466

BIRTH NO.

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2062
Local Reg. No. 30
Reg. Dist. No. 410

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 18 Hrs.
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle):
c. (Last): Pascoe

4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 6-18-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 18 / Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓ 02
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Pascoe — BIRTHPLACE: Bellevue
14. MOTHER'S MAIDEN NAME: Laura Hazelton — BIRTHPLACE: Bellevue, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Albert Pascoe — ADDRESS: Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

761.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~[illegible]~~ Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pre-mature separation of placenta — 18 h
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 June, 1952, *to* 19 June, 1952 *that I last saw the deceased alive on* 19 June, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. A. Hawkins 192 (Degree or title)
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 2 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-52
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: July 6-1952
REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Haileym Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2063
Local Reg. No.
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Elbert
b. (Middle): Ethen
c. (Last): Bronson

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Sheepman
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Fairview, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Henry Bronson - Weber County, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Lydia Ann Cole - Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-10-0166
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Effie R. Johnson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Block. — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): died instantly - died at Buttram's Sheep Camp at Indian Creek - 5 miles
DUE TO (c): North of Hailey - Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Wright - M.D. Blaine
23b. ADDRESS: County Coroner - Hailey, Idaho
23c. DATE SIGNED: July 16-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: July 16-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: J. Garth Gay
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2064
Local Reg. No. 52
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) I. c. (Last) Linscott

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 8, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sparta, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Beldon Linscott — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mabel Skillman — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: V C M Linscott — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1952, *to* June 1, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen E Peterson 301 (Degree or title) M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/1952 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 11-1952
REGISTRAR'S SIGNATURE: Merlane H. Miley
25. FUNERAL DIRECTOR: F G Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2065
Local Reg. No. 51
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 209 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Dell
c. (Last): Carrithers

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 5, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Alto, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Aller
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Margaret Aller
BIRTHPLACE: Alta, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X John F Carrithers
ADDRESS: Sandpoint Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cholecystitis Chr
DUE TO (c): Senile

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 30, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952, *and that death occurred at* 7 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Rude (Degree or title): M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: June 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/7/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 7, 1952
REGISTRAR'S SIGNATURE: Merlene W. Miley

25. FUNERAL DIRECTOR: L E Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2066
Local Reg. No. 54
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1124 Cedar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 1124 Cedar Street

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) catherine c. (Last) Kimzey

4. DATE OF DEATH (Month) 6th (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 8, 1874
9. AGE (In years last birthday) 78 years IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Danville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joshua Stone BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Stone BIRTHPLACE Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Walter S Kimzey Jr ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1946, *to* June 8, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE B C Riddle 440 (Degree or title) MD
23b. ADDRESS Sandpoint Idaho
23c. DATE SIGNED June 11 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-11 52
24c. NAME OF CEMETERY OR CREMATORY pinecrest cem.
24d. LOCATION (City, town, or county) (State) Sandpoint, Idaho

DATE REC'D BY LOCAL REG. June 11 1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR L G Moon Jr ADDRESS Moon Funeral Home Sandpoint, Idah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Inform, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2067
Local Reg. No. 552
Reg. Dist. No. 11-a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schaeffer-Hitchcock Pole Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1106 North Ruth

3. NAME OF DECEASED (Type or Print): a. (First) Abel; b. (Middle) Raymond; c. (Last) Kemp

4. DATE OF DEATH: (Month) (Day) (Year): June 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Febr. 19, 1913

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Top Loader at

10b. KIND OF BUSINESS OR INDUSTRY: Cedar Pole Indus.

11. BIRTHPLACE (State or foreign country): Cloquet, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alex Kemp
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Lydia Kemp Holmes
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-20-9080

17. INFORMANT'S OWN SIGNATURE: Lorraine Kemp
ADDRESS: Sandpoint Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism — INTERVAL BETWEEN ONSET AND DEATH: Death instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crushed Skull - Industrial accident

DUE TO (c) Load of Poles on Crane dropped & Struck Deceased -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Schaffer Hitchcock Pole yard

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10, 1952 8:30 AM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Load of Poles dropped on victim while loading R.R. Flat Car

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H. A. Green M.D. Coroner

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: June 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/13/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 11-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L. G. Moon

ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2885
Local Reg. No. 98
Reg. Dist. No. 110

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1409 Superior

3. NAME OF DECEASED (Type or Print): a. (First) Salina b. (Middle) Rose c. (Last) Rosera

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Michot, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Ruelle
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Delma
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred F. Rosera
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Femur

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Hypocanditis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
June 1st 1952
3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 1st 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell in home

22. *I hereby certify that I attended the deceased from* ____, 1949, *to* June 14, 1952, *that I last saw the deceased alive on* June 14, 1952, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.C. Rundle (Degree or title) M.D.

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: June 14 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/19/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 18 1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L.D. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2068
Local Reg. No. 160
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 404 Larch

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) c. (Last) Westberg

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1874

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Westberg — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna ? — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 536-03-2159

17. INFORMANT'S OWN SIGNATURE: Mrs August Westberg — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerotic heart disease — undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 19 52 *to* June 17, 19 52 *that I last saw the deceased alive on* June 17, 19 52 *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Smith MD

23b. ADDRESS: 109½ N. First Ave. Sandpoint, Ida.

23c. DATE SIGNED: June 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/20/52

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 2 - 1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR / ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2070
Local Reg. No. 59
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): West Ontario Street

3. NAME OF DECEASED (Type or Print): a. (First) Louis; b. (Middle); c. (Last) Millin

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): St. Rupert, Austria

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-05-2342

17. INFORMANT'S OWN SIGNATURE: Winifred Millin
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Spinal arthritis — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1952, *to* June 23, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* _____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.F. Tyler MD
23b. ADDRESS: Sandpoint Ida Co
23c. DATE SIGNED: June 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cem
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L.D. Moon
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 20 1952 DIVISION OF VITAL STATISTICS

State File No. 2071
Local Reg. No. 4
Reg. Dist. No. 112

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blister Rust Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Natrona
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Casper
d. STREET ADDRESS (If rural, give location): 1426 West 13th

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Earl
c. (Last): Hensley

4. DATE OF DEATH (Month) (Day) (Year): June 2-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 14-1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blister Rust work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harley P. Hensley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ida Susan Woods — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 520-09-8025
17. INFORMANT'S OWN SIGNATURE: Sherman Funeral Home — ADDRESS: Newport, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Seen *19* after death *19*, *that* ~~I last saw the deceased~~ the deceased was *alive on* June 2, 1952, *and that death occurred at* 6 30 *m, from the causes and on the date stated above.*

23a. SIGNATURE: John S Carlson MD (Degree or title) 629
23b. ADDRESS: Newport, Wash.
23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-2-52
24c. NAME OF CEMETERY OR CREMATORY: Sherman Funeral Home
24d. LOCATION (City, town, or county) (State): Newport, Wash.

DATE REC'D BY LOCAL REG.: 6/14/52
REGISTRAR'S SIGNATURE: T. A. Wonch
25. FUNERAL DIRECTOR: Sherman Funeral Home — ADDRESS: Newport, Wn.
L E Sherman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2072
Local Reg. No. 56
Reg. Dist. No. 1-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
c. LENGTH OF STAY (in this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bertha	Elizabeth	Hornby	June 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 27, 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Davenport, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	[signature]	Sandpoint Idaho.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — Found June 11, 1952. — INTERVAL BETWEEN ONSET AND DEATH: Dead on bed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Keen	Coroner	Sandpoint, Idaho.	June 12, 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/13/52	Hennessey Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 12-1952	Merlene H. Miley	L. D. Moore Jr.	Sandpoint Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED
JUN 20 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2073
Local Reg. No. 573
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 10 H 2 mi East Sandpoint

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Kittitas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellensburg
d. STREET ADDRESS (If rural, give location): 410 South Water

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): JAMES
c. (Last): WELLS

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 2, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Dam Construction
11. BIRTHPLACE (State or foreign country): Sioux Falls, So. Dak.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Grant Wells — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ethel May Capp — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.: 539-07-817
17. INFORMANT'S OWN SIGNATURE: Honeycutt- Evensen Funeral Home — ADDRESS: Ellensburg, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Suffered Attack while Driving Trucks trailer.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10 52 8:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Heart - Coronary Occlusion -

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:30 AM from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 47 (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: June 10 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/12/52
24c. NAME OF CEMETERY OR CREMATORY: Honeycutt-Evensen
24d. LOCATION (City, town, or county) (State): Ellensburg, Wash.

DATE REC'D BY LOCAL REG.: June 16-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr. — ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Rees

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2074
Local Reg. No. 4184
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1298 Idaho Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1298 Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Bradley b. (Middle) Gean c. (Last) Duncan

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: October 3-1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6 Days: 6; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 52

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Glen W Duncan — BIRTHPLACE: Idaho Falls Id

14. MOTHER'S MAIDEN NAME: Cora June Livermore — BIRTHPLACE: Idaho Falls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Glen W Duncan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Upper Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Measles

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 3, 1951, *to* April 9, 1952, *that I last saw the deceased alive on* April 14, 1951, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D.

23b. ADDRESS: Idaho Falls Ida

23c. DATE SIGNED: June 12, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/12/52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 15-52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Geo A Sullivan — ADDRESS: Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 2075
Local Reg. No. 703
Reg. Dist. No. 610

RECEIVED JUL 3 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 135 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ONA
b. (Middle): HADLEY
c. (Last): LARSON

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 12, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Winfield, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Golden Hadley — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Madison — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Aaron Larson — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 165X Carcinoma, metastatic left lung — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary lesion unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21/52 *19*__, *to* 5/15, 1952, *that I last saw the deceased alive on* 5/15/52 *19*__, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: N E Guyett 141 (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 5/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Bonneville County (State): Idaho

DATE REC'D BY LOCAL REG.: June 12-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2056
Local Reg. No. 104
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DEWEY
b. (Middle): BRADFORD
c. (Last): GAUCHAY

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1920
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock production
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Small, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Bradford Gauchay — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Mable Thomas — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-9740
17. INFORMANT'S OWN SIGNATURE: Paul B. Gauchay — ADDRESS: Small, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mumps — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

089X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1952, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 11:13 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S. Hatch — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county): Dubois — (State): Idaho

DATE REC'D BY LOCAL REG.: June 12-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 820077
Local Reg. No. 820077
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAY 9 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY - Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 393 11th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 393 11th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSE	SOPHIA	SPELTS	May	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	8-7-1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Plattsmouth, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Engelkemier	No Record	Amelia Kirchoff	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	[signature]	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170 X Cancer of Breast — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastesis — 4½ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 1948	Ca of Breast	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1949 *to* May 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 6:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hatch M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 23, 1952	Plattsmouth	Plattsmouth Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 23-52	Verna Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2078
Local Reg. No. 785
Reg. Dist. No. 610

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 63 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 318 West 14th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 318 West 14th Street

3. NAME OF DECEASED (Type or Print): a. (First) LUDWIG b. (Middle) c. (Last) ANDERSON

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 2, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter, retired 37

10b. KIND OF BUSINESS OR INDUSTRY: General construction

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anders Johnson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Helen M. Anderson
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 9:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): A. P. Sederquest M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: May 29, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: June 12-'52

REGISTRAR'S SIGNATURE: Vera Bridges

25. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2079
Local Reg. No. 114
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 188 South Ridge Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 188 South Ridge Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) c. (Last) Austin

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH October 30, 1889

9. AGE (In years last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker

10b. KIND OF BUSINESS OR INDUSTRY Banking

11. BIRTHPLACE (State or foreign country) Lehi, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Heber Austin
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Deseret Taylor
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ernesta R. Austin ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1942 *to* May 31, 1952, *that I last saw the deceased alive on* May 30, 1952 *and that death occurred at* A m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton T. Rees (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Ida

23c. DATE SIGNED June 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 2, 1952

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. July 1-1952

REGISTRAR'S SIGNATURE Emma Bridges

25. FUNERAL DIRECTOR Frank A. Nicol, Jr.

ADDRESS Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2080
Local Reg. No. 96
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Ross Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle):
c. (Last): Corbett

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 4, 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W Corbett
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Emily J Woodward
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ross Corbett
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 153 X Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with lung
DUE TO (c): Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* several years *19____, to _____, 19____, that I last saw the deceased alive on* June 1, *1952, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John Carter (Degree or title): MD
23b. ADDRESS: Box 226 Idaho Falls Idaho
23c. DATE SIGNED: 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE OF: June 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Smithfield Memorial
24d. LOCATION (City, town, or county) (State): Smithfield, Utah

DATE REC'D BY LOCAL REG.: June 5-1952
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack Woodward
ADDRESS: Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 20611
Local Reg. No. 117
Reg. Dist. No. 610

BIRTH NO. 111-52-6923

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE:
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Norman b. (Middle) Dale c. (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year): June 3 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 1 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 2 days | IF UNDER 24 HRS.: Hours | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ivan Dale Cooper BIRTHPLACE: Idaho Falls Idaho

14. MOTHER'S MAIDEN NAME: Venna Martin BIRTHPLACE: Idaho Falls Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Norman D Cooper ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre-maturity - Infant — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 3, 1952, *that I last saw the deceased alive on* June 3, 1952, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nelson Lell M.D.

23b. ADDRESS: Rigby Idaho

23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 4-1952

24c. NAME OF CEMETERY OR CREMATORY: Neon Cemetery

24d. LOCATION (City, town, or county) (State): Neon Idaho

DATE REC'D BY LOCAL REG.: June 16-1952

REGISTRAR'S SIGNATURE: Leona Bridges

25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2082
Local Reg. No. 100
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, Idaho
d. STREET ADDRESS (If rural, give location): 101 No. 2nd West

3. NAME OF DECEASED (Type or Print): a. (First) LYLE b. (Middle) WILLIS c. (Last) NELSON

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Potato
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Nelson. BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Charlotte Olsen. BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary S. Nelson ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked Hemorrhage into Bowel — 5 days
DUE TO (c) Varices + Cirhosis of liver — 1-3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E Worlton M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/7/52
24c. NAME OF CEMETERY OR CREMATORY: Rosehill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 9-1952
REGISTRAR'S SIGNATURE: Lena Bridges
25. FUNERAL DIRECTOR: A M Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hatch

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2083
Local Reg. No. 71
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brigham
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Itsuta c. (Last) Watanabe

4. DATE OF DEATH (Month) 56 (Day) 4 (Year) 52

5. SEX Male
6. COLOR OR RACE Yellow
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 11, 1885
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hiroshima Japan
12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME Shinshiro Watanabe BIRTHPLACE Japan
14. MOTHER'S MAIDEN NAME Tono Makimoto BIRTHPLACE Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Willard T. Watanabe ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 June, 1952, *to* 4th June, 1952, *that I last saw the deceased alive on* 4 June, 1952, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Hatch (Degree or title) M.D.
23b. ADDRESS Box 110 Idaho Falls Idaho
23c. DATE SIGNED 6 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 4, 1952
24c. NAME OF CEMETERY OR CREMATORY ?
24d. LOCATION (City, town, or county) (State) Brigham City, Utah

DATE REC'D BY LOCAL REG. June 8-1952
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2054
Local Reg. No. 16
Reg. Dist. No. 616

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Isabelle
b. (Middle): Smith
c. (Last): Jensen

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 3, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Plain Smith — BIRTHPLACE: Glascow Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Andrews — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Geneva Neeley — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Uremia

DUE TO (c): Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 29, 1952 *to* June 4, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B. Ligh M.D.

23b. ADDRESS: Ligh, Idaho

23c. DATE SIGNED: 6-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/7/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: June 9-1952

REGISTRAR'S SIGNATURE: Verna Bridges

25. FUNERAL DIRECTOR: Russel Flamm — ADDRESS: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rt.
JUL 9 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2055
Local Reg. No. 707
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 152 West 1st South

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) RIAL c. (Last) ALLEN

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 2, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sexton	Cemetery	Lewiston, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Rial Allen.	Kentucky	Sarah Janette Leavitt.	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	x	x	Nola A. Dixon	Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterial Infarction — Right Leg	5 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auricular Fibrillation	
DUE TO (c)	Chronic Myocarditis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Street	Rigby R.F.D #4	Jefferson	Ida.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
April	28,	1952	11:45 a.m.		A colt struck his leg and he ran off the

22. *I hereby certify that I attended the deceased from* 4/28/52 *to* June 6, 1952 *that I last saw the deceased alive on* June 5, 1952 *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Nelson Hall M.D.	Rigby, Idaho	6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/9/52	Pioneer	Rigby, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 12-1952	Emma Bridges	A. B. Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2086
Local Reg. No. 108
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 26Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Wayne c. (Last) Farrer

4. DATE OF DEATH (Month) June (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 25, 1881
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Provo, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 35 James Roger Farrer BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Mary Jane Roberts BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs J Wayne Farrer ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Thromophlebitis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 1949, *to* 6-7, 1952 *that I last saw the deceased alive on* 6-7, 1952 *and that death occurred at* 8:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Dale H Smith (Degree or title) M.D. 404
23b. ADDRESS Shelley, Ida
23c. DATE SIGNED 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-11-52
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG. June 13-52
REGISTRAR'S SIGNATURE Anna Bridger
25. FUNERAL DIRECTOR Lloyd McNalden ADDRESS Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2[illegible]7
Local Reg. No. 123
Reg. Dist. No. 610

Certificate of Death

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Transient)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JAMES c. (Last) SMALL

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): Abt. 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 05

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: None (deceased, transient) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 812.4 Multiple cranial hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Left spastic hemiplegia. — Years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by automobile

22. *I hereby certify that I attended the deceased from* May 29, 195[illegible], *to* June 7, 195[illegible], *that I last saw the deceased alive on* June 6, 195[illegible], *and that death occurred at* 7:05A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 2-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland Carver ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20088
Local Reg. No. 116
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En route to L.D.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print): a. (First) Daniel; b. (Middle) Eberly; c. (Last) Burkey

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Schefferstore, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaran Burkey
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Helen Elizabeth
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dorothy Burkey
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 1947, *to* June 7, 1952, *that I last saw the deceased alive on* June 7, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. Blair Thornton (Degree or title): MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood

ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2089
Local Reg. No. 126
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location): 6 miles North of Idaho Falls

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BENJAMIN	ANDREW	MEYER	June 10 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 22, 1889	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self employed	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Meyer	Wisconsin	Martha Coon	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World I	None	Mrs Ben Meyer	Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

200.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Retroperitoneal Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: About 2 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 14 May, 1952 *to* 10 June, 1952, *that I last saw the deceased alive on* 10 June, 1952, *and that death occurred at* 1:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Worlton 455 M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 13, 1952	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 2-1952	Anna Bridges	Orland E. Beck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Krantz

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2000
Local Reg. No. 2130
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1101 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs Mary
b. (Middle): Caroline
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): June-11-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug-16-1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairview - Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William R. Egbert — BIRTHPLACE: Kaysville - Utah
14. MOTHER'S MAIDEN NAME: Adeline Price — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: George Franklin Nelson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A-S-N-Disease — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 June, 1952, *to* 11 June, 1952, *that I last saw the deceased alive on* 11 June, 1952, *and that death occurred at* 12:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland R. Krantz MD
23b. ADDRESS: Idaho Falls, Idaho.
23c. DATE SIGNED: 6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June-13-1952
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: June 20-1952
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2051
Local Reg. No. 109
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 197 E. 14th Street

3. NAME OF DECEASED (Type or Print): a. (First) GRACE b. (Middle) ELLEN c. (Last) Mc ALLISTER

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 4, 1887

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank W. Beam — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Nellie Beam — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ellen Mc Allister — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

782.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized anasarca

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wendell L Nielsen (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: June 13-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland E. Buck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2002
Local Reg. No. 117
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 255 West 20th St.

3. NAME OF DECEASED (Type or Print): a. (First) Cumorah b. (Middle) Howells c. (Last) Pearce

4. DATE OF DEATH: (Month) (Day) (Year) June 13, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 15, 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Howells
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Sarah James
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 536 24 6109

17. INFORMANT'S OWN SIGNATURE: J R Pearce
ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1951, *to* June 13, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Hutton (Degree or title) MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: June 17-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952

REGISTRAR'S SIGNATURE: Anna Bridger

25. FUNERAL DIRECTOR: Jack R Wood, Jr.

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2093
Local Reg. No. 118
Reg. Dist. No. 610

RECEIVED JUL 0 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 125 East 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Metcalf

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potato Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Metcalf — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Eliza Hancey — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. W. H. Metcalf — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
~~DUE TO (c)~~ and essential hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Md
23b. ADDRESS: 353 F. St.
23c. DATE SIGNED: 6-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery
24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Jack A Wood, Idaho Falls, Idaho — ADDRESS: Jack A Wood Sr.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2094
Local Reg. No. 119
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Judith
b. (Middle): Lynn
c. (Last): Ball

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 5, 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Garfield Ball — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Afton Telford — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Garfield Ball — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Salicylate Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✗ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home - farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 17 52 1½ m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swallowed Pills

22. *I hereby certify that I attended the deceased from* June 17, 1952, *to* June 17, 1952, *that I last saw the deceased alive on* June 17, 1952, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 5475 Blvd
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack R. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2005
Local Reg. No. 120
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 495 E 17th St.

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) Richard c. (Last) Ashdown

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 9, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Ashdown
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Ann Hayes
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ed Ellingford
ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia -
INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Arteriosclerotic Heart Dis. 4 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-16, 1952, *to* 6-18, 1952, *that I last saw the deceased alive on* 6-18, 1952, *and that death occurred at* 1:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Krantz M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Budge
25. FUNERAL DIRECTOR: Jack K. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48001

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2036
Local Reg. No. 121
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1154 Mound

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): B.
c. (Last): Haynes

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 9, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Tooele, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Haynes — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Julia M Barber — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Margaret R. Haynes — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4427

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Arteriosclerotic Cardiovascular Disease — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 23 June, 1952, *that I last saw the deceased alive on* 23 June, 1952, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Frantzmo. 220
23b. ADDRESS
23c. DATE SIGNED: 26 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood Jr.
ADDRESS: Idaho Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2057
Local Reg. No. 122
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

REC'D JUL 9 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 279-12th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 12, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Nielsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Johanna Johannesen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph Nielson — ADDRESS: Hyde Park, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Virus Pneumonia	48 to 60 hrs.
ANTECEDENT CAUSES — DUE TO (b)	Influenza	6 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	General debility and Senility	2 yrs-

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1952, *to* June 24, 1952, *that I last saw the deceased alive on* June 24, 1952, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Willson, M.D.
23b. ADDRESS: Idaho Falls, Ida.
23c. DATE SIGNED: 6-27-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Budzis
25. FUNERAL DIRECTOR: Jack A. Wood Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2098
Local Reg. No. 123
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Ellen	Price	June 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Nov. 28, 1883	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monroe, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Harris — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Syddall — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Iona, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	5 minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	5 minutes.
DUE TO (c)	Arteriosclerosis + Hypertension	5 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	10 yrs +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1949, *to* June 24, 1952, *that I last saw the deceased alive on* June 24, 1952, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall	M.D.	Rigby, Idaho	6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 29, 1952	Iona Memorial Park	Iona, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Hoop, Jr. — ADDRESS: Idaho Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2095
Local Reg. No. 1869
Reg. Dist. No. 61

BIRTH NO. 111

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Ammon
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles South of Ammon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Ammon
d. STREET ADDRESS (If rural, give location): 3 miles South of Ammon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARVEL	GUDRUN	EKANGER	May	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	May 1, 1915	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	(Invalid)	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lai M. Ekanger	Norway	Anna Johnson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Anna J. Ekanger	Idaho Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 470X Right lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 31, 1952, *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. D.	Idaho Falls, Idaho	6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 3, 1952	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 12 '52	Anna Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2100
Local Reg. No. 115
Reg. Dist. No. 64

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ Mile No. Woodville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Rudy b. (Middle) c. (Last) Kelly

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 26, 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth Kelly — BIRTHPLACE: Iona, Idaho
14. MOTHER'S MAIDEN NAME: Betty Walquist — BIRTHPLACE: Idaho Falls, Id

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth Kelly — ADDRESS: Rt # 1 Shelley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: few mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) baby dead on arrival
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 19__, 19__, and that death occurred at 4:15 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) [signature]
23b. ADDRESS: Shelley Ida
23c. DATE SIGNED: 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 1-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2101
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitefish
d. STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print)
a. (First) Katsuzo
b. (Middle) none
c. (Last) Hayashi

4. DATE OF DEATH (Month) May (Day) II (Year) 1952

5. SEX male
6. COLOR OR RACE Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 12/1/1896
9. AGE (In years last birthday) 56yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) track crew
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Okayama Japan
12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME Jitsuya Matoba BIRTHPLACE Japan
14. MOTHER'S MAIDEN NAME Hayashi BIRTHPLACE Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 701-148-766
17. INFORMANT'S OWN SIGNATURE ADDRESS Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by drowning 975X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kootenay river
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leonia Boundry Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) unknown. about 5/11 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 472 (Degree or title) Coroner
23b. ADDRESS Bonners Ferry
23c. DATE SIGNED 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/27/52
24c. NAME OF CEMETERY OR CREMATORY Grandview
24d. LOCATION (City, town, or county) (State) Boundry County Idaho

DATE REC'D BY LOCAL REG. 6/30/52
REGISTRAR'S SIGNATURE R. M. Powell
25. FUNERAL DIRECTOR E. F. Strickwell ADDRESS Sandpoint Id

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED

Certificate of Death

STATE OF IDAHO

• State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai river

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitefish
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katsuzo		Hayashi	June	23,	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Yellow	never married	I2/I/I896	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
section crew	Railroad	Japan	Japan

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jitsuyo Matoba	Japan	Hayashi	Japan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		70I-I48-768		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DUE TO THE CONDITION OF THE BODY

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) WHEN FOUND IN THE RIVER. THE ACTUAL

DUE TO (c) CAUSE OF DEATH CANNOT ACTUALY BE DETERMINED

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* OTHER THAN THAT HE PROBALY DROWNED. THIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	IS ONLY AN ASUMPTION.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
UNKNOWN	Kootenai river	Leonia	Boundry	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
about May II, 1952 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Unknown

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Allen Brown	Bonners Ferry	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	6/24/52	Grandview	Boundry County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		E. M. Whitney	Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

9/13/52

Registrar of Vital Statistics
Boise Ida

Dear Sir -

The local undertaker has brought in the attached supplemented death certificate - Cause of death explains what he is driving at - It seems the man had a small Insurance policy which does not pay in the event of suicide.

Yours very truly
R. M. Bowell

Katsuzo Hayashi

RECEIVED
SEP 16 1952
DIVISION OF VITAL STATISTICS

September 25, 1952

R. M. Bowell, M. D.
Bonners Ferry, Idaho

Dear Doctor Bowell:

We are in receipt of the two death certificates for Katsuso Hayashi, one being the original and the other the amended copy. Before the amended copy is substituted for the original, we would like to call attention to the fact that there are many inconsistencies between the two certificates.

The original certificate has Item D under Number 1 as "None" while the amended has "Kootenai River." Item 4 has date of death "May 11" while the amended certificate shows "June 23rd." Item 24 on the original certificate shows that the man was buried on the "27th of June" while the amended copy shows he was buried on the "24th of June." It seems improbable that the date of death would be the 23rd of June and burial the 24th when Item 21 on the certificate shows that he died about May 11th and the condition of the body was such that it was impossible to tell the actual cause of death.

On the original certificate E. F. Stidwell from Sandppint signed as the funeral director while on the amended certificate E. W. Whitney from Bonners Ferry was the funeral director.

We realize that it is important that the exact cause be given for this man's death if insurance is involved, but we feel that it is more important that the correct facts be stated on the certificate. Our suggestion would be that the amended copy that we now have be destroyed and the new amended copy be submitted by the funeral director which will conform to the original certificate but have the correct facts stated thereon. We are sending an extra copy of this letter so that you may give it to the funeral director.

Please let us know what the decision will be on these certificates and we will be happy to make the necessary changes.

Very truly yours,

W. W. Benson, State Registrar
Division of Vital Statistics

WWB/eh
Enclosure

COPY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2192
Local Reg. No. 18
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest Lake
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Diamond Match Camp #11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1419 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle):
c. (Last): Dawson

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Unobtainable
9. AGE (In years last birthday): 50 approx. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dozer Operator
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Wisc.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Dawson
BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Anna Carr
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Elton E. Dawson
ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Death — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Industrial Accident
DUE TO (c) Left Chest crushed by bull-dozer blade

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Logging Camp #11
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Priest Lake Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10, 1952 2:45 P m. PST
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Deceased changing dozer blade - Support arm struck accross him

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. S. Wilfred Cotoner
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-12-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2103
Local Reg. No. 17-52
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home. North hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): North hill

3. NAME OF DECEASED (Type or Print)
a. (First): Klara
b. (Middle): No middle name
c. (Last): Enger

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12/4/1876
9. AGE (In years last birthday): 76yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peterson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Mary Frederickson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Olaf Enger — ADDRESS: Bonners Ferry Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile arteriosclerosis — years

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* June 12, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Bowles — (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 6-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/16/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 6-15-52
REGISTRAR'S SIGNATURE: R. M. Bowles
25. FUNERAL DIRECTOR: E. F. Sidwell — ADDRESS: Sandpoint Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2104
Local Reg. No. 19-52
Reg. Dist. No. 10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): 2 miles north of town

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) none; c. (Last) Metheny

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1886 April 20th

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Metheny
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 530-07-8359

17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Mae Metheny
ADDRESS: Moyie Springs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it: Acute Myocardial failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 19 52, to June 24 19 52, that I last saw the deceased alive on June 22, 19 52, and that death occurred at 3 a m., from the causes and on the date stated above.

23a. SIGNATURE: C. M. Bonell 037
(Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 27,52
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundry county Idaho

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: C. M. Bonell
25. FUNERAL DIRECTOR: E. F. Caldwell
ADDRESS: Sandpoint

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2105
Local Reg. No. 21-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Alberta
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Calgary
d. STREET ADDRESS (If rural, give location) Currie Barracks

3. NAME OF DECEASED (Type or Print) a. (First) Garry b. (Middle) Hugh c. (Last) Sloan SM9481

4. DATE OF DEATH (Month) (Day) (Year) June 30 1952

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept 17 1932
9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months 10 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier H
10b. KIND OF BUSINESS OR INDUSTRY Canadian Army
11. BIRTHPLACE (State or foreign country) Amulet Sask
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME James Medford BIRTHPLACE Sloan Canada
14. MOTHER'S MAIDEN NAME Marjorie Isabelle Ford BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE H. C A Petrie ADDRESS Calgary Alta

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest & Pelvis — INTERVAL BETWEEN ONSET AND DEATH instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway Ida I
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Copeland Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 30 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Thrown 100 ft from Rolling Car.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 P m., from the causes and on the date stated above.*

23a. SIGNATURE J. J. Allured (Degree or title) Coroner 470
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED July 11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 30-52
24c. NAME OF CEMETERY OR CREMATORY Forest Town
24d. LOCATION (City, town, or county) (State) Creston BC Canada

DATE REC'D BY LOCAL REG. 7-11-52
REGISTRAR'S SIGNATURE Ruth Bowell
25. FUNERAL DIRECTOR Stan Hendren - ADDRESS Creston BC

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 1 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2106
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Rural Howe — Bonneville County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howe
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Colorado b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Albert c. (Last) Tripp
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 4, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR Months: 8 Days: 28 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 93
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Chili, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert H. Tripp — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Sarah Holmes — BIRTHPLACE: not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): not known
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Paul Reeves — ADDRESS: Howe, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1952 *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Egbert 108 M.D. (Degree or title)
23b. ADDRESS: Arco Idaho
23c. DATE SIGNED: June 19 = 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 03 June 3-1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Limon Colorado

DATE REC'D BY LOCAL REG.: June 26-1952
REGISTRAR'S SIGNATURE: Betty J. Marvel 670
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Idaho F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 2107
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) Clarence c. (Last) Hogan

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: July 14 1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 10 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Tulsa - Oklahoma

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Louis Hogan
BIRTHPLACE: not known

14. MOTHER'S MAIDEN NAME: Annabelle Surber
BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-4101

17. INFORMANT'S OWN SIGNATURE: Lois K. Hogan
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): heart attack probably
DUE TO (c): about an hour before death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Betty J. Marvel 470 (Degree or title): Coroner Butte Co.
23b. ADDRESS: Arco - Idaho
23c. DATE SIGNED: July 6-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 11-1952
24c. NAME OF CEMETERY OR CREMATORY: Willcrest
24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: July 6-1952
REGISTRAR'S SIGNATURE: Betty J. Marvel #670
25. FUNERAL DIRECTOR: Betty J. Marvel F.D. #19
ADDRESS: Arco.

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2108
Local Reg. No. 60
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. LENGTH OF STAY (in this place): 50 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

JUN 10 1952

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): 1318 Blaine St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Olive	Margaret	Turner	June 1 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	June 1-1952	81	5	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Mount Pleasant, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Barney,	Iowa	Sadie Wamsley	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	E. E. Turner	Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Cervix — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-31, 1952, *to* 6-1, 1952, *that I last saw the deceased alive on* 6-1, 1952, *and that death occurred at* 9:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O R Peterson M.D.	Caldwell Ida	6-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 4-1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/6/52	Agnes M Denman	Peckham-Dalton Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2109
Local Reg. No. 72
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 Everett, Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 Nampa
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): M.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): June 2 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 2, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Essex County, New York
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Sam Sherman — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Delia Wood — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 493X Cecil F. Smith
ANTECEDENT CAUSES — Pneumonia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 1, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 3:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Hubler MD 613
23b. ADDRESS: 221 E Logan, Caldwell, Idaho
23c. DATE SIGNED: 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/52 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Canyon County Idaho.

DATE REC'D BY LOCAL REG.: 7/3/52
REGISTRAR'S SIGNATURE: Agnew M Denman
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 21 1952

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2110
Local Reg. No. 2430
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Iowa
b. COUNTY Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Des Moines, Iowa
d. STREET ADDRESS (If rural, give location) 1423 Hull Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Naomi c. (Last) Ecklund

4. DATE OF DEATH (Month) (Day) (Year) June 11-1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 30-1888

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months 2 Days 11
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Erland Peterson, BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Alfreda Stromberg, BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Edenie M. Ecklund ADDRESS 1423 Hull Ave. Des Moines, Iowa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & severe anemia about one month — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital polycystic kidneys - life time
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1952, *to* 9 a.m. till death, 19__, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas E Smith 222 (Degree or title) MD

23b. ADDRESS 220 E Logan Caldwell

23c. DATE SIGNED 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 01 June 13-1952

24c. NAME OF CEMETERY OR CREMATORY Odebolt

24d. LOCATION (City, town, or county) (State) Odebolt, Iowa

DATE REC'D BY LOCAL REG. 6/14/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2771
Local Reg. No. 25[illegible]
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): North 14th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) L.; c. (Last) Erickson

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 24-1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 10 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manistee, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred L. Swanson Supt. IOOF Home — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) peptic ulcer - duodenum — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. malnutrition generalized arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* June, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* 6.25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Peterson 316 (Degree or title): MD
23b. ADDRESS: Caldwell, Ida
23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6/23/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: E. V. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-42021

Certificate of Death

STATE OF IDAHO

State File No. 2112
Local Reg. No. 6 1/2
Reg. Dist. No. 360

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place) 46 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edith	Trout	Obendorf	June 16 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	December 3-1886	65	6	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Devils Lake, North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Trout, BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Marie Hetrick, BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-34-1822
17. INFORMANT'S OWN SIGNATURE Ray Obendorf ADDRESS Parma, Ida. Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (primary) of the liver — INTERVAL BETWEEN ONSET AND DEATH: about 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Associated hepatic malfunction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3 May 1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver inoperable
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 21, 19 52, *to* June 16, 19 52, *that I last saw the deceased alive on* June 16, 19 52, *and that death occurred at* 7:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Jewett, M.D. (Degree or title)
23b. ADDRESS 220 E. Logan
23c. DATE SIGNED 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 18-1952
24c. NAME OF CEMETERY OR CREMATORY Roswell
24d. LOCATION (City, town, or county) (State) Roswell, Idaho

DATE REC'D BY LOCAL REG. 6/28/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2113
Local Reg. No. 66
Reg. Dist. No. 360

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Duane b. (Middle) Keith c. (Last) Watanabe

4. DATE OF DEATH: (Month) June (Day) 19- (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: March 29-1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 2 | Days | IF UNDER 24 HRS.: Hours | Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Joe Watanabe, Garland, Utah

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Mada, Portland, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Infant

17. INFORMANT'S OWN SIGNATURE: Joe Watanabe ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Poisoning, accidental, acute tetra ethyl pyrophosphate — INTERVAL BETWEEN ONSET AND DEATH: 20 to 30 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: N.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell (COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Child playing in vicinity of onion spray

22. *I hereby certify that I attended the deceased from* June 19, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 7:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H F Waterman M.D. (Degree or title)
23b. ADDRESS: 1523 Fairview Caldwell
23c. DATE SIGNED: 6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6/26/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dehan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2114
Local Reg. No. 674
Reg. Dist. No. 961

BIRTH NO.

RECEIVED
JUN 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Stephen; b. (Middle) Merrill; c. (Last) Rogers

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: October 14-1944

9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months 8, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student in second grade

10b. KIND OF BUSINESS OR INDUSTRY: at Parma

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Shirley Rogers, Lewiston, Utah

14. MOTHER'S MAIDEN NAME: Marie Johnson, Logan, Utah

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Shirley Rogers — ADDRESS: Parma, Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 830.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Struck by an Auto
Fracture of base of skull

DUE TO (c) Killed instantly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐ #

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On farm near home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): R.D. Parma Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/20/52 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ #

21f. HOW DID INJURY OCCUR? Struck by auto while playing

22. *I hereby certify that I attended the deceased from* 6/20/52, 19___, *to* 6/20/52, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.M. Mitchell M.D.

23b. ADDRESS: Parma Idaho

23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 23-1952

24c. NAME OF CEMETERY OR CREMATORY: Lewiston,

24d. LOCATION (City, town, or county) (State): Lewiston, Utah

DATE REC'D BY LOCAL REG.: 6/26/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2115
Local Reg. No. 68
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Penningtons Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Conyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 717 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): E.
c. (Last): Doyle Sr.

4. DATE OF DEATH (Month) (Day) (Year): June 21 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 18, 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Naples, New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Aren Doyle — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: F. E. Doyle Jr. — ADDRESS: 717 Chicago Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* called to see him only once *19*__, *to* __, *19*__ *that I last saw the deceased alive on* in spring of 1952 *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 443
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 25, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 6/27/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home — ADDRESS: 422 Blaine St Caldwell, Idaho
Merville D. Davis

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2116
Local Reg. No. 2
Reg. Dist. No. 860

BIRTH NO. JUL 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Odd Fellows Home

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): R.
c. (Last): CHAPIN

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X Ellis L. Chapin — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

902.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): fracture - hip — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic peripheral vascular disease — 1 yr.
DUE TO (c): Epilepsy — 4 yrs
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Myocardial infarction — 3 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Caldwell Mem. Hosp.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Canyon co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 4, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell out of bed

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* June 22, 1952, *that I last saw the deceased alive on* June 22, 1952, *and that death occurred at* 4:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W R Peterson 316 MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 7/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Blackfoot
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: 7/9/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: John F Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Peterson Caldwell

Certificate of Death

STATE OF IDAHO

State File No. 2117
Local Reg. No. 7
Reg. Dist. No. 960

BIRTH NO. 111-52-7074

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 423 Elgin St.

3. NAME OF DECEASED (Type or Print): a. (First) Deanna; b. (Middle) Lynn; c. (Last) Watson

4. DATE OF DEATH: (Month) (Day) (Year): June 26-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 25-1952

9. AGE (In years last birthday): --- IF UNDER 1 YEAR: Months --- Days 1 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Wayne H. Watson, Battle Creek, Nebraska

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Edith Wilks, Wabach, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Wayne Watson — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) placenta previa
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 25, 1952, *to* June 26, 1952, *that I last saw the deceased alive on* June 26, 1952, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 27-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6/30/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 2118
Local Reg. No. [redacted]
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 508. Village Lane.

3. NAME OF DECEASED (Type or Print): a. (First) MERRITT b. (Middle) SINGLETON c. (Last) LOVE.

4. DATE OF DEATH (Month) (Day) (Year): June. 29. 1952

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: May. 26. 1874.

9. AGE (In years last birthday): 78-1-3. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer. 54

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Corydon, Iowa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Irwin. W. Love. BIRTHPLACE: Carsica, Penn.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 544-16-9017

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 508 VILLAGE LANE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* ____, 1952, *that I last saw the deceased alive on* June. 26, 1952, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Peterson M.D. (Degree or title): M.D. **23b. ADDRESS**: Caldwell Ida **23c. DATE SIGNED**: 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: July. 1. 1952. **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Memorial Park. **24d. LOCATION** (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 7/5/52 **REGISTRAR'S SIGNATURE**: Agnes M Denman

FUNERAL DIRECTOR: Clyde E Summers **ADDRESS**: Summers Funeral Home. Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2119
Local Reg. No. 126
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523 9th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): MARY
c. (Last): FOESTER

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 12, 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Eaton — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mabalie Barnes — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Murphy, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Old age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Satzer MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2120
Local Reg. No. 122
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELBERT	LYLE	EDWARDS	June 2 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 8, 1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Realator	Real Estate	Fairmont, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elbert P. Edwards	Minnesota	Josephine Clay	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Vina L. Edwards	Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 year.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Surgery in April 1952 - Biopsy - Ca.	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 14, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W C Nolta MD	Nampa Ida	6/5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5 1952	Canyon Hill Cem.	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 10 1952	Mrs. Jane Steele	John F. Alsip	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 132
Reg. Dist. No. 362

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa ~~Rural~~
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle):
c. (Last): LENZ

4. DATE OF DEATH (Month) (Day) (Year): June 4 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Remus — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Fredericka Schultz — BIRTHPLACE: Cleveland, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank R Lenz — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 12, 1950, *to* June 4, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2126
Local Reg. No. 13
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUN 30 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 Ivy St.

3. NAME OF DECEASED (Type or Print): a. (First) NAOMI b. (Middle) c. (Last) RICHARDSON

4. DATE OF DEATH: (Month) (Day) (Year) June 6, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fayetteville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T.H. Mayes
BIRTHPLACE: Fayetteville, Ark

14. MOTHER'S MAIDEN NAME: Blanch Hulisizer
BIRTHPLACE: Fayetteville, Ark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 22 7566

17. INFORMANT'S OWN SIGNATURE: Clayton Richardson
ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastatic Carcinoma

DUE TO (c): Ca of Cervix — 1½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* June 7, 1952, *that I last saw the deceased alive on* 6/7, 1952 *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vernon Baker (Degree or title) MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 52
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Ada Idaho

DATE REC'D BY LOCAL REG.: June 25, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Tom F. Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-40021

State File No. 2123
Local Reg. No. 134
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 24 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 9th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 216 9th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): RUBY
b. (Middle):
c. (Last): WEBB

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Febr. 11, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Charles A Webb — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ *19*__, *to* 6-7, 1952, *that I last saw the deceased alive on* 6-6, 1952 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Bilhuap MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 6/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/9/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 145
Reg. Dist. No. 362

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) LEONARD c. (Last) BROGDEN

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 21, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hotelman 74
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following stroke 1 year,
DUE TO (c) General Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5 52, *to* 6-10 52, *that I last saw the deceased alive on* June 10 1952, *and that death occurred at* 9:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — 23b. ADDRESS: Nampa Ida — 23c. DATE SIGNED: 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerhawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2125
Local Reg. No. 135
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 24 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5 Madison Ave.

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) A. c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Febr. 11, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Gunsmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Fred A. Wilson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis 450.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1952, *to* June 11, 1952, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 4:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Marquam M.D. 241

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/14/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Stuckenberg

25. FUNERAL DIRECTOR: Lewis Edmunds Mortuary ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form OPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2126
Local Reg. No. Nampa
Reg. Dist. No. 3 (2)

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 Meffan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 216 Meffan St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARZA	E.	TRYON	June 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 20, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer & Carpenter		Scioto Co, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joab Tryon	Ohio	Lucy Jenkins	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 30 0237	Mrs. A E Tryon	Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 5 hrs - pres

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C R Mangum M.D. 241		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16, 52	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 24, 1952	Mrs. Jane Steele	John F Alsip, Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 2127
Local Reg. No. 138
Reg. Dist. No. 363

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 109 Dover Lane

3. NAME OF DECEASED (Type or Print): a. (First) IRIS b. (Middle) GINN c. (Last) BLAKLEY

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
fem.	white	married	Jan. 30, 1899	63	20			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: St. Alphonus Hosp.
11. BIRTHPLACE (State or foreign country): Guthrie, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dudley N. Ginn — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Laura E. Johnson — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-22-0725
17. INFORMANT'S OWN SIGNATURE: LaRue Blakley — ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Massive Hemmorrhage	15 min
	ANTECEDENT CAUSES	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)	Multiple skull fractures	15 min
DUE TO (c)	Punctured Lungs	15 min
	II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 1- multiple rib fractures, bilateral 2- Ruptured Rt kidney, 3- Ruptured large bowel, 4- Compound fracture Rt humerus	15 min

825.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/15/52 6:45p.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? automobile accident

22. *I hereby certify that I attended the deceased from* D.O.A. *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Kaehne (Degree or title): M. D
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: June 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/17/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jean Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2128
Local Reg. No. 137
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219 Hudson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	ALBERT	LARRANCE	June 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 2, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer		Oskaloosa, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse A. Larrence	Randolph Co., Ia.	Mary Allen	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Esther A. Young	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 23, 1949, *to* June 15, 1952, *that I last saw the deceased alive on* June 15, 1949, *and that death occurred at* 11:15 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D.	Nampa - Idaho	6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/18/52	Greenleaf Cemetery	Greenleaf, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 18, 1952	Mrs. James Steck	Lewis Edmunds Lewis Edmunds Mortuary	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2128
Local Reg. No. 136
Reg. Dist. No. 362

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1303 11th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) DENA b. (Middle) COLEEN c. (Last) DURHAM

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct. 4, 1950

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 20 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland Durham BIRTHPLACE: Payette, Idaho

14. MOTHER'S MAIDEN NAME: Arlene Blakley BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: LaRue Blakley ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basalar skull fractura — 18 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/15/52 6:45p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile accident

22. *I hereby certify that I attended the deceased from* June 15, 1952, *to* June 16, 1952, *that I last saw the deceased alive on* June 16, 1952, *and that death occurred at* 1:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Kaelber 209 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: June 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/16/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR ADDRESS: Lewis Edmunds Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

State File No. 2130
Local Reg. No. 141
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Evangeline
b. (Middle): Mahon
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1919

9. AGE (In years last birthday): 33
IF UNDER 1 YEAR — Months: 3 Days: 10
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Edmonton Nova Scotia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: A.E. Huntley
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Mahon
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: O.C. Williams
ADDRESS: Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute nephritis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Toxemia of Pregnancy (Eclampsia) — 8 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: High Blood pressure. — at least 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* death, 19___, *that I last saw the deceased alive on* June 17, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.K. Distler M.D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Vancouver B.C.

24d. LOCATION (City, town, or county) (State): Vancouver B.C.

DATE REC'D BY LOCAL REG.: June 25, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Buck

25. FUNERAL DIRECTOR: Elijah Bay Mountain Home Idaho
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2131
Local Reg. No. 149
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna-Powmont community
d. STREET ADDRESS (If rural, give location): Rte. 1

3. NAME OF DECEASED (Type or Print): a. (First) Alta b. (Middle) May c. (Last) Simmons

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 18, 1888

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Roceryille, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William P. Cross — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Rachel Isenberg — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Alta Simmons — ADDRESS: Kuna R.F.D.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Strangulated Hernia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Decompensation,

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 6, 1952, *to* June 18, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 4:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesibe M.D.

23b. ADDRESS: Nampa - Idaho

23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: July 1 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F. Alsip — **ADDRESS**: Nampa, Ida.
Alsip Funeral Chapel Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2122
Local Reg. No. 1477
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUL 8 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Reynolds Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Daniel	LUTHER	COUNTRYMAN	June 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 HR. Hours / Min.
Male	White	Widowed	Nov. 12, 1871	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 35		Jackson, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Countryman	Unknown	Evelyn Clark	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	W. S. Countryman	Centralia, Was

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 6, 1952, *to* June 20, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D	Nampa Idaho	6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 52	Rohlen Lawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 1952	Mrs. Jane Stuck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2133
Local Reg. No. 150
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 424 17th Ave No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 424 17th Ave No.

3. NAME OF DECEASED (Type or Print)
a. (First): EMILIE
b. (Middle):
c. (Last): ROSA

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 9, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prague, Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Kucera
BIRTHPLACE: Czechoslovakia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs. Edythe Rossi
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Saw her only once and that was just before death, 19____, *to* ____, 19____, *that I last saw the deceased alive on* after, 19____ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche M.D.
(Degree or title): 443

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24 '52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 1 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steele

25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2134
Local Reg. No. 12
Reg. Dist. No. 362

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1511 10th St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1511 10th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): V.
c. (Last): SCOTT

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 19, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dickenson Co., Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Scott — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James D. Scott — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Left Hemiplegia — 4 year

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, *19*__, *to* June 21, *195*__, *that I last saw the deceased* ~~alive on~~ *dead* June 21, *195*__, *and that death occurred at* 5a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Rodwell MD 340
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2135
Local Reg. No. 143
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 612 12th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) F. c. (Last) WISSEL

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 17, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charleston, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Wissel — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Leo L Wissel — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4437

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular disease
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:35p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 361 Dr. Saltzer MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 6/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Funk
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2136
Local Reg. No. 142
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) E.; c. (Last) Eggler

4. DATE OF DEATH: (Month) (Day) (Year): June 24-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 16-1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 10, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LaCrosse, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Melchoir Eggler, BIRTHPLACE: Berne, Switzerland

14. MOTHER'S MAIDEN NAME: Barbara Eggler, BIRTHPLACE: Berne, Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 359-14-1486

17. INFORMANT'S OWN SIGNATURE: Amelia Eggler, ADDRESS: Parma, Ida. Rt. 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 16, 1952, *to* June 24, 1952, *that I last saw the deceased alive on* June 23, 1952; *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 27-1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR (Address): Peckham-Dalcan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2137
Local Reg. No. 162
Reg. Dist. No. 3-6

RECEIVED
JUL 1 9 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312 13th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Cumberland

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 25, 187? (illegible)
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. U.P.Ry. Carpenter 15 yrs ago
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Wilma Burbach — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Prostate — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* June 26, 1952, *that I last saw the deceased alive on* June 26, 1952, *and that death occurred at* 7:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. A. Koehne 209 (Degree or title): M.D. — 23b. ADDRESS: Nampa, Idaho — 23c. DATE SIGNED: 7-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 6/28/52 — 24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn — 24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 17, 1952 — REGISTRAR'S SIGNATURE: Mrs Jane Stack — 25. FUNERAL DIRECTOR: John F Alsip — ADDRESS: Nampa, Idaho — Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2138
Local Reg. No. 1521
Reg. Dist. No. 36-27

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 5

3. NAME OF DECEASED (Type or Print): a. (First) Philip b. (Middle) Martin c. (Last) Hiaring

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 2, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Jersey breeder
11. BIRTHPLACE (State or foreign country): Boone County, , Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Carl P. Hiaring — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. P. M. Hiaring — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Colon — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 13, 1952 *to* June 26, 1952, *that I last saw the deceased alive on* June 26, 1952, *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/30/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Alsip Funeral Chapel, Nampa

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2136
Local Reg. No. 158
Reg. Dist. No. 362

BIRTH NO.

JUL 19 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 24 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 215 14th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle); c. (Last) Sterling

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 8th 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Empoyee. Pacific Fruit Express

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bradford Ill.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Thadeous Sterling — BIRTHPLACE: Conn.

14. MOTHER'S MAIDEN NAME: Amanda Campbell — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-1224

17. INFORMANT'S OWN SIGNATURE: X Bernice M. Sterling — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Heart Disease — 2 yrs

DUE TO (c): Osteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-27, 1952, *to* 6/29, 1952, *that I last saw the deceased alive on* 6/29, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): 264

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 2nd. 52.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 14, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Clerk

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise.

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

State File No. 2140
Local Reg. No. 16
Reg. Dist. No. 362

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 136 Caldwell Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) Estelle c. (Last) Wells

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	Married	July 23, 1882	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Homemaking	Pueblo Colo.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank F. Warner	Iowa	Josephine Myers	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	none	Charles B. Wells	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr, 19 47, *to* June 30, 19 52, *that I last saw the deceased alive on* June 30, 19 52, *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. D. Keehne 209	M. D.	Nampa, Idaho	7-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
cremation 2	7/4/52 01	Portland Memorial Crem.	Portland, Ore.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17 1952	Mrs Jane Steck	John F Alsip Jr	Nampa, Ida.
		Alsip Funeral Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2141
Local Reg. No. 164
Reg. Dist. No. 362
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. 6

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Peterson c. (Last) Cameron

4. DATE OF DEATH: (Month) (Day) (Year) June 30 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 30, 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Eil Peterson
BIRTHPLACE: Copenhagen

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Copenhagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. F R Allen
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8, 1952, *to* 6-30, 1952, *that I last saw the deceased alive on* 6-18, 1952, *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday (Degree or title) M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 7/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: July 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Ames Cem.

24d. LOCATION (City, town, or county) (State): Ames Iowa

DATE REC'D BY LOCAL REG.: July 17, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2142
Local Reg. No. 1
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print)
a. (First): LULU
b. (Middle): A
c. (Last): McDONALD

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 8, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Versailles, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Caylor
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J. A. McDonald
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer Liver Metastasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cancer Colon primary

DUE TO (c): Hemorrhage Rectal from cancer.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

153X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* 6-5, 1952, *that I last saw the deceased alive on* 6-5, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 W. H. Belknap MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 8 1952

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2143
Local Reg. No. 155
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): Rt # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): MITSURU
c. (Last): INOUYE

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1952

5. SEX: Male
6. COLOR OR RACE: Yellow
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sakataro Inouye — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Kuni — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Toshi Inouye — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) (History Dr H. P. Belknap)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 1952, *to* ——, 19—, *that I last saw the deceased alive on* D.O.A., 19—, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 52
24c. NAME OF CEMETERY OR CREMATORY: Hohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 9, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. Alsip Funeral Chapel — ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2144
Local Reg. No. 151
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa R.F.D.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3/4 mile West of Tower Emb. Lk. View Road Lk. Idwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 215 Hudson Street

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Edward c. (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) June 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 25, 1929

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot

10b. KIND OF BUSINESS OR INDUSTRY: St. Fran's Lusting Serv.

11. BIRTHPLACE (State or foreign country): Hazelton, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles C Brown
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Delora Thurman
BIRTHPLACE: Mt. Home, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-0880

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third Degree Burns, caused by gasoline burning in airplane accident. Pilot unable to free himself from cockpit of the plane — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): R.F.D. Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 13, 1952 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Airplane fell in field and gasoline started a fire.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip, Jr. (Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/17/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: July 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 69
Reg. Dist. No. 861

BIRTH NO.

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3/4 mile west of Boise River Railroad Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 815 Albany St.

3. NAME OF DECEASED (Type or Print): a. (First) Harvey b. (Middle) Curtis c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): June 20-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 16-1874

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 5 | Days: 4 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kindle Moore, BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Nancy Margaret Johnson, BIRTHPLACE: Adams Co., Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Alice S Moore ADDRESS: Castle Rock, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Injury - (hit by train) 802.X — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rickets, Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tracks at edge of town

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Canyon co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 20, 1952 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Did not see or hear train

22. *I hereby certify that I attended the deceased from* May, 1952, to death, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: E F Austin M.D. (Degree or title)

23b. ADDRESS: Caldwell.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6/27/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Send Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be completed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2146
Local Reg. No. 7
Reg. Dist. No. 361

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of son Floyd Dunaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Parma, Idaho Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle):
c. (Last): Dunaway

4. DATE OF DEATH (Month) (Day) (Year): June 23 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: November 27-1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellijay, Georgia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Rackey — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x G R Dunaway — ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis with dropsy
Carcinoma of left breast

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 15- *19* 52 *to* 6/23/52 *19*____, *that I last saw the deceased alive on* 6/23/52 *, 19*____, *and that death occurred at* 4: 45 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 257 W.M. Mitchell M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 6/25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 June 25-1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 6/27/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
[signature]
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2147
Local Reg. No. 3487
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Melba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Melba (Glendale Dist)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Melba
d. STREET ADDRESS (If rural, give location): R.F.D. Melba (Glendale Dist)

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): D
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 15, 1943
9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Russell Johnson — BIRTHPLACE: Price, Utah
14. MOTHER'S MAIDEN NAME: Ruby Holladay — BIRTHPLACE: Nampa, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Russell Johnson — ADDRESS: Melba, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b): Probable Concussion.
DUE TO (c): Tractor accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor upset and pinned him under it

22. *I hereby certify that I attended the deceased from* Dead on arrival, *19___, to* no previous treatments, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-27-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2148 [redacted]
Local Reg. No. 14
Reg. Dist. No. 520-521

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alvin Whitehead home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thatcher
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): —
c. (Last): Nielsen

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 27 Oct 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henrick Larsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Hansen — BIRTHPLACE: Denmark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lettie N. Condie — ADDRESS: Preston Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 30 May, 1952, *to* 5 June, 1952, *that I last saw the deceased alive on* 3 May, 1952, *and that death occurred at* 7:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Emmett E. Herron MD (Degree or title) 183
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 5 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cleveland
24d. LOCATION (City, town, or county) (State): Cleveland, Idaho

DATE REC'D BY LOCAL REG.: 6-18-52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Otherwin Webb — ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2149
Local Reg. No. 28
Reg. Dist. No. 520-521

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soda Springs County Hospital

2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) c. (Last) Hanson

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 1871.

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salvarbo Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Emery Hanson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950 *to* June 12, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tyler, M.D. 429

23b. ADDRESS: Soda Springs, Ida

23c. DATE SIGNED: 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 15 1952

24c. NAME OF CEMETERY OR CREMATORY: Central Cemetery

24d. LOCATION (City, town, or county) (State): Central Idaho

DATE REC'D BY LOCAL REG.: 6-23-52

REGISTRAR'S SIGNATURE: Donna E. Ellis

25. FUNERAL DIRECTOR: Nile Matthews

ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-7198
BIRTH NO.

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2150
Local Reg. No. 75
Reg. Dist. No. 520-521

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs, Idaho
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conda
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Peggy b. (Middle) Lynne c. (Last) Tremelling

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 3, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 6; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lester Charles Tremelling — BIRTHPLACE: Irans, Idaho

14. MOTHER'S MAIDEN NAME: Juanita Holden — BIRTHPLACE: Conda, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Juanita Tremelling — ADDRESS: Conda

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 3, 1952 *to* June 15, 1952, *that I last saw the deceased alive on* June 10, 1952 *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert, M.D. 427 — **23b. ADDRESS**: Soda Springs Ida. — **23c. DATE SIGNED**: 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 6-16-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Fairview Cemetery — **24d. LOCATION** (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52 — **REGISTRAR'S SIGNATURE**: Donna C. Ellis

25. FUNERAL DIRECTOR — **ADDRESS**: O. D. Whitman

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2151
Local Reg. No. 76
Reg. Dist. No. 520-521

BIRTH NO. 111-52-7206

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conda, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle):
c. (Last): Bunn

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 15, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DeVal Bunn — BIRTHPLACE: Lanark, Idaho
14. MOTHER'S MAIDEN NAME: Emma Jeanette Parrish — BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jeanette Bunn — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neonatal Respiratory failure — 761.0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ether anesthesia of mother —

DUE TO (c) Deep transverse arrest after 30 hours labor.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Mother required a large amount of ether to allow for forceps delivery.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1952, *to* June 15, 1952, *that I last saw the deceased alive on* June 15, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Johnson 192 (Degree or title) M.D.
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: June 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: O. D. Whitman — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 52
Local Reg. No.
Reg. Dist. No. 520-52

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CARIBOU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRACE, IDAHO
c. LENGTH OF STAY (in this place): 2 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 311 North Meridian

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HAROLD	A.	DAFFIN	JUNE	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MAY 30, 1925	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IRONWORKER		PORTLAND, OREGON	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Walter Daffin	Ft. Collins, Colo.	Evelyn Nugent	Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-22-3933	Ralph W. Daffin	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

914.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Head when first seen.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	CONSTRUCTION		CARIBOU	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒	NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
JUNE	21	52	m.			Pulling drag line ON RIGGER & CONTACTED HIGH VOLTAGE LINE

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6 32 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Johnson 19	M.D.	Grace, Idaho	June 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 26-1952	Grave City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-26-52	Donna L. Ellis	Howard Packham	Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 25 1952

Certificate of Death

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

State File No. 2153
Local Reg. No.
Reg. Dist. No. 5-20-52

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) O. c. (Last) BAUM

4. DATE OF DEATH (Month) (Day) (Year) June, 22, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 4, 1914

9. AGE (If under 1 year: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.) 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) American Falls Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME O. R. Baum BIRTHPLACE Kansas

14. MOTHER'S MAIDEN NAME Vera Oliver BIRTHPLACE American Falls Id

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II 2,3,4

16. SOCIAL SECURITY NO. 578-30-6514

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road
21c. (CITY, TOWN, OR TOWNSHIP) Caribou (COUNTY) (STATE) Idaho
21d. TIME OF INJURY (Month) 6 (Day) 22 (Year) 1952 (Hour) 1:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 6/22, 1952, *that I last saw the deceased alive on* 6/20, 1952, *and that death occurred at* 1:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Allen O. Wright (Degree or title) M.D.
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 6/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-22-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 6-22-52
REGISTRAR'S SIGNATURE Norma E. Ellis
25. FUNERAL DIRECTOR Byron Howard ADDRESS Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED
JUL 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2154
Local Reg. No. 19
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: CARIBOU

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS, IDAHO

c. LENGTH OF STAY (in this place): 6 HOURS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CARIBOU COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: CARIBOU

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BANCROFT

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	VIRGINIA	FLINDERS	GILBERT		JUNE	22,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	JULY 8, 1915	36				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	GRANTSVILLE, UTAH	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN T. FLINDERS	LONDON, ENGLAND	ELIZABETH ANN FAWSON	GRANTSVILLE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	----------	--------	Jesse L Gilbert	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 20 June, 19 52, *to* 22 June, 19 52, *that I last saw the deceased alive on* 22 June, 19 52, *and that death occurred at* 4 04 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Emmett E Herron	MD	Grace, Idaho	27 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	JUNE 25, 1952	BANCROFT	BANCROFT CARIBOU	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
6-25-52	Norma E. Ellis	Allen J. Mawsury	HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-7212 BIRTH NO.

RECEIVED JUL 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Patricia b. (Middle) Kay c. (Last) Sorenson

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH June 23 1952

9. AGE (In years last birthday) Months Days 3 days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Soda Springs Ida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eldon Sorenson BIRTHPLACE Wardboro Ida

14. MOTHER'S MAIDEN NAME Madge Hayes BIRTHPLACE Georgetown Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Eldon Sorenson ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congenital Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 June, 1952, *to* 26 June, 1952, *that I last saw the deceased alive on* 26 June, 1952, *and that death occurred at* 1:504 m., *from the causes and on the date stated above.*

23a. SIGNATURE Raymond Jr. Nel (Degree or title) 42?

23b. ADDRESS Soda Springs Idaho

23c. DATE SIGNED 10 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 27 '52

24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery

24d. LOCATION (City, town, or county) Georgetown (State) Idaho

DATE REC'D BY LOCAL REG. 7-10-52

REGISTRAR'S SIGNATURE Norma E. Ellis

25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

State File No. 215C
Local Reg. No. 52
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gaya	Jean	McCaslin	June 3, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Jan. 16, 1952	-	4	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jacob McCaslin — BIRTHPLACE: Burley, Idaho
14. MOTHER'S MAIDEN NAME: Shirley Higley — BIRTHPLACE: Rupert, Idaho

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Mrs James McCaslin — ADDRESS: Burley Route 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Inter Ventricular Septal	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Defect of Heart.	4½ mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	acute U.R.I.	24 hrs.

754.3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1952, *to* June 3, 1952, *that I last saw the deceased alive on* June 3, 1952, *and that death occurred at* 11:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Hutton (Degree or title): M. D
23b. ADDRESS: Burley, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: R. A. Nelson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 33
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: McKinley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irene		Lee	June	4,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Indian	Single	Sept. 1, 1950	1	9	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallup, New Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lee — BIRTHPLACE: Gallup, New Mexico
14. MOTHER'S MAIDEN NAME: Betty Ortez — BIRTHPLACE: Gallup, New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John Lee — ADDRESS: Gallup, New Mexico

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Toxicity — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute hemorrhagic and ulcerative colitis ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June 4, 1952 *to* June 4, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* 3:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Richer M.D	Burley, Idaho	June 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 6, 1952	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 16-1952	B. F. Nielsen	Vernon McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 58
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley - Rural
d. STREET ADDRESS (If rural, give location): Basin Vicinity

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) Jane c. (Last) Gee

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 4, 1883	69	1	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Basin, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Dayley,	Ohio	Caroline Hardy,	Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		X D A Gee	Oakley, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. G.I. Hemorrhage Cause Undet. 3 Hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 1948, *to* June 13, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.R. Sutton 391	M.D.	Burley Idaho	6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 18, 1952	Basin Cemetery	Basin Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 3 1952	R.T. Wilson	Vern B. McCulloch	Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2159
Local Reg. No. 57
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1719 Burton Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Willis; b. (Middle) Lloyd; c. (Last) Lesher

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 9, 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Municipal Engineer

11. BIRTHPLACE (State or foreign country): Kaufman, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel F. Lesher
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: HALLON QUIST
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WORLD WAR I

16. SOCIAL SECURITY NO.: 518-36-6384

17. INFORMANT'S OWN SIGNATURE: Mrs. J. A. Card
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Yellow atrophy — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): of liver Cause undet.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Aortic Stenosis, severe — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-17-, 1952 *to* 6-19-, 1952, *that I last saw the deceased alive on* 6-19-, 1952, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Sutton 391 (Degree or title): M D
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: July 1 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2150
Local Reg. No. 60
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 643 Overland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 643 Overland Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): Emery
c. (Last): Page

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 13, 1950
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Glen Page — BIRTHPLACE: Dayton, Idaho
14. MOTHER'S MAIDEN NAME: Verna Rae Emery — BIRTHPLACE: Oakley, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: James G. Page — ADDRESS: 643 Overland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

81214

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Burley, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley, Cassia, Id.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 27 52 8:30 a.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by auto

22. *I hereby certify that I attended the deceased from* June 27, 1952, *to* June 27, 1952, *that I last saw the deceased alive on* June 27, 1952, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E. Dean M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: July 3 1952
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2551
Local Reg. No. 551
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley -rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): By side of Hwy#30- 1 Mi.W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) E. b. (Middle) H. c. (Last) Twadwell

4. DATE OF DEATH (Month) June (Day) 7, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 600.0 Pyelonephritis, chronic — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis; Pulmonary Congestion — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never attended, *to* _____, *19*___, *that I last saw the deceased alive on* never seen, alive *and that death occurred at* _____ P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Kircher (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: June 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 16 1952
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of E. H. Twadwell

now lying buried in Pleasant View Municipal Cemetery, in the City or Town of Burley

County of Cassia State of Idaho, who died on the 7 day of June, 1952. Aged ____ years ____ months ____ days, the cause of death being Pylonephritis, chronic, Pulmonary Congestion and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

J. B. Kurcher, M. D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to another lot, same Cemetery in the City or Town of Burley, Idaho County of Cassia State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Cassia it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to: this 21 day of Feb., A.D. 19 55.

W. W. Brown
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Cassia State of Idaho, this 25th day of February 19 55,

James R. Kurcher, M.D.
Health Officer

Form DPH-48019

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2162
Local Reg. No. 59
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 1 Mi. So. Declo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): E. 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Thane
c. (Last): Vallette

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 19, 1937
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 4, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Declo, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Claude W. Vallette — BIRTHPLACE: Pittsburg, Penn.
14. MOTHER'S MAIDEN NAME: Wilma L. Silver — BIRTHPLACE: Tamora, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. W. Vallette — ADDRESS: Declo

18. CAUSE OF DEATH 822.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cassia Co.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Id.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 22 52 2:00 PM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck turned over

22. *I hereby certify that I attended the deceased from* June 22, 1952, *to* June 22, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E. Dean (Degree or title): M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: July 3 1952
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Wm. D. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 13 1952
DIVISION OF VITAL

Certificate of Death
STATE OF IDAHO

State File No. 2163
Local Reg. No. 36
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 604 Kalaspo Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Mabel c. (Last) Dickson

4. DATE OF DEATH: (Month) (Day) (Year) 6-1-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-4-1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Perrydale, Ore.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Candler — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Duff — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. E. Dickson — ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial sclerosis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Uncertain Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952 *to* June 1, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 7:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Hopkins, M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-4-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Vernon E Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2154
Local Reg. No. 37
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 17 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alex; b. (Middle); c. (Last) Bishop

4. DATE OF DEATH: (Month) (Day) (Year): 6-3-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-8-1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518014315 A

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert
(Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 6-4-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Hill cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 6-4-52
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
JUN 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2165
Local Reg. No. 37
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce-Rural

c. LENGTH OF STAY (in this place): 30 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trammel-Battles Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Kenneth

b. (Middle): I.

c. (Last): Battles

4. DATE OF DEATH: (Month) (Day) (Year): 6-5-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-3-1952

9. AGE (In years last birthday): 30

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker & Mill operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Weippe, Id aho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: J. O. Battles

BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary M. Malam

BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 518015089

17. INFORMANT'S OWN SIGNATURE: X Charles K. Battles

ADDRESS: Pierce, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning.

INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Saw-Mill

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pierce-Rural Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-5-52 10:40a m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Trammel-Battles Mill

Fell from logs in mill pond.

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 10:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert

(Degree or title): Coroner

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 6-6-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-9-1952

24c. NAME OF CEMETERY OR CREMATORY: Pomeroy Cemetery

24d. LOCATION (City, town, or county) (State): Pomeroy Wash.

DATE REC'D BY LOCAL REG.: 6-6-52

REGISTRAR'S SIGNATURE: Vernon E. Darley

25. FUNERAL DIRECTOR: W. E. Gilbert

ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2166
Local Reg. No. 39
Reg. Dist. No. 910

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	P.	Miller	6-5-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Unknown	62 ?				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518014322
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida ho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/5/52, 19__, *to* 6/5, 1952, *that I last saw the deceased alive on* 6/5/52, 19__, *and that death occurred at* 12:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. Hopkins M.D.	Orofino Ida.	6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-7-1952	Hill Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-6-52	Delmar E Fawley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2167
Local Reg. No. 2467
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 15 Mi. S.E. Weippe
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Post Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater Nat'l Forest
d. STREET ADDRESS (If rural, give location): Freeman Post Camp

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) R. c. (Last) Engle

4. DATE OF DEATH: (Month) (Day) (Year) 6-13-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 12-5-1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 536124218

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac heart disease. — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--; *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 6-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Vernon E Dudley

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2168
Local Reg. No. 41
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1/4 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hosp. North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A. c. (Last) Chandler

4. DATE OF DEATH (Month) June (Day) 15 (Year) 52

5. SEX M

6. COLOR OR RACE Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 1866

9. AGE (If over 100 years, last birthday) 86 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm J. Chandler BIRTHPLACE Wis.

14. MOTHER'S MAIDEN NAME Emmaline Hemphreys BIRTHPLACE Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry M.D. ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer (metastatic) (neck) — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Original Ca ovaries

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19 *,* 1951 *, to* June 15 *,* 1952 *, that I last saw the deceased alive on* 6-15 *,* 1952 *, and that death occurred at* 5 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry M.D. (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED June 15-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/15/52

24c. NAME OF CEMETERY OR CREMATORY Crainview

24d. LOCATION (City, town, or county) Grangeville (State) Idaho

DATE REC'D BY LOCAL REG. 6-15-52

REGISTRAR'S SIGNATURE Vernon E. Dawley

25. FUNERAL DIRECTOR Johnson

ADDRESS Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

State File No. 2155
Local Reg. No. 42
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Erickson's Cafe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Admiral	Dewey	Fogg	6-16-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Unknown	7-4-1898	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bull Cook 49	Woods-work	Rexburg Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. 1	528149692	W. E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation. — INTERVAL BETWEEN ONSET AND DEATH: 6mo. ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino Idaho	6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6-18-1952	Hansen Funeral Home	St. Anthony Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-17-52	Verna E. Farley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2170
Local Reg. No. 43
Reg. Dist. No. 210
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 mo 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year) 6 - 27 - 52

5. SEX M

6. COLOR OR RACE Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH unk

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill Laborer

10b. KIND OF BUSINESS OR INDUSTRY Sawmill

11. BIRTHPLACE (State or foreign country) unk

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME unk BIRTHPLACE

14. MOTHER'S MAIDEN NAME unk BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-22-6699

17. INFORMANT'S OWN SIGNATURE E. L. Burney MD ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Psychosis with drug addiction — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probable Tbc. (Pul.) 3 yrs ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 - 25, 1952, *to* 6 - 27, 1952, *that I last saw the deceased alive on* 6 - 26, 1952, *and that death occurred at* 4.45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burney MD (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-27-52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) Lewiston (State) Ida.

DATE REC'D BY LOCAL REG. 6-27-52

REGISTRAR'S SIGNATURE Vernon E. Farley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2171
Local Reg. No. 46
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) town Weippe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
d. STREET ADDRESS (If rural, give location) Town Weippe

3. NAME OF DECEASED (Type or Print) a. (First) Ambrose Julius b. (Middle) Heinecke c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 10-20-1878
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 74
10b. KIND OF BUSINESS OR INDUSTRY 2nd Hand Store
11. BIRTHPLACE (State or foreign country) Buffalo Lake, Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Julius Heinecke BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Florance Robinson BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE W. Heinecke ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 6 yrs +.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1951, *to* date, 19___, *that I last saw the deceased alive on* Apr 5, 1952 *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Salmh Rogus MD. 341 (Degree or title)
23b. ADDRESS Clarkston, Washington
23c. DATE SIGNED X 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3
24b. DATE 02 June 29, 1952
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 7-14-52
REGISTRAR'S SIGNATURE Vernon E. Farley
25. FUNERAL DIRECTOR V. Vassar ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2172
Local Reg. No. 550
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): few days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Livingston Mines

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Missoula
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missoula
d. STREET ADDRESS (If rural, give location): 440 Woodworth St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	P.	Pearson	June 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jan. 26, 1893	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mining 67		St. Paul, Minn.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Pearson	Sweden	Hannah Larson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	?	by Telephone from Missoula	Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-9, 1952, *to* 6-9, 1952, *that I last saw the deceased alive on* Not, 19___, *and that death occurred at* 10 19 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack W Clarke, M. D	Salmon Idaho	6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	6-14-52	Smith & Company	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 16 1952	Edna McKenney	Delbert C. Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2173
Local Reg. No. 21
Reg. Dist. No. 288

BIRTH NO.

JUL 1 9 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Dam Reservoir

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) E. c. (Last) LINHART

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 15, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section 70

10b. KIND OF BUSINESS OR INDUSTRY: U.P. R.R. Co.

11. BIRTHPLACE (State or foreign country): Milan, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C.A. Linhart
BIRTHPLACE: Milan, Missouri

14. MOTHER'S MAIDEN NAME: Flora Hensley
BIRTHPLACE: Greentree, Missour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W. War #2

16. SOCIAL SECURITY NO.: 500-14-6217

17. INFORMANT'S OWN SIGNATURE: X Basil E. Linhart
ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (c) Drowned on June 7, 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Body Recovered July 3,

DUE TO (c) Falling out of Boat

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservoir

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Anderson Dam, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/7/52 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Thrown from boat when it capsized

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hale L Green 470 (Degree or title): 4

23b. ADDRESS: Mtn Home Ida

23c. DATE SIGNED: 7/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/8/52

24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery

24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: July 5, 1952

REGISTRAR'S SIGNATURE: H Anderson

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho

Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 217
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenn Ferry
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) NEWTON c. (Last) PUSEY

4. DATE OF DEATH: (Month) (Day) (Year) June 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 7 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Mansville Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Geo H Pusey
ADDRESS: 2210 3rd Ave. / San Diego

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 21, 1952, *to* June 21, 1952, *that I last saw the deceased alive on* June 21, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward A. Davies (Degree or title) M.D.

23b. ADDRESS: Glenn Ferry Idaho

23c. DATE SIGNED: June 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: June 25-52

REGISTRAR'S SIGNATURE: Mary Sullivan

25. FUNERAL DIRECTOR: Felix J. Bay
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2175
Local Reg. No. 23
Reg. Dist. No. 540

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Isaac
b. (Middle): Morgan
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): May 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 24, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Riverdale, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David P. Evans — BIRTHPLACE: Woods Cross, Utah
14. MOTHER'S MAIDEN NAME: Sarah Smith — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Morgan D Evans — ADDRESS: Smithfield, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Ca of Prostate + Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* May 30, 1952, *that I last saw the deceased alive on* May 31, 1952, *and that death occurred at* 4:36 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 064 O. R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 6-1-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1952 (01)
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: O Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

State File No. 21-76
Local Reg. No. 24
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): R.F.D. 1

3. NAME OF DECEASED (Type or Print): a. (First) Janet; b. (Middle) Tanner; c. (Last) Swainston

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tooele, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William E. Tanner — BIRTHPLACE: Tooele, Utah

14. MOTHER'S MAIDEN NAME: Lillias Spiers — BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Farley Swainston — ADDRESS: Preston Ida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis - Hypertension — 6 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 19 52 *to* June 7, 19 52, *that I last saw the deceased alive on* June 7, 19 52, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-10-1952

24c. NAME OF CEMETERY OR CREMATORY: Whitney

24d. LOCATION (City, town, or county) (State): Whitney Idaho

DATE REC'D BY LOCAL REG.: 6-9-52

REGISTRAR'S SIGNATURE: Effie W. Brouwer

25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Idaho

John M. Richards

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 21 [illegible]
Local Reg. No. 2677
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 239 So. 1st East

3. NAME OF DECEASED (Type or Print): a. (First) Lorin b. (Middle) Mathew c. (Last) Mendenhall

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 18, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Bridgeport Ward, Franklin Co. Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Mendenhall

14. MOTHER'S MAIDEN NAME: Louisa Smart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Thomas A Mendenhall — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

783.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown Origin
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paralysis agitans 10 yrs
Myocardial Degeneration failure 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1952, *to* June 18, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 7 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 064 C. K. Cutler MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Franklin

24d. LOCATION (City, town, or county) (State): Franklin Idaho

DATE REC'D BY LOCAL REG.: 6-20-52

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Atkinson & Wells

ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2178
Local Reg. No. 26
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Leo Hobbs Home, Preston.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 147 North 1st West

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) EMIL; c. (Last) BURGI

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 18, 1889	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent	Beneficial Ins.	Co. Midway, Utah.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Burgi	Switzerland	Anna Grossen	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Floyd S Burgi	San Diego, Calif.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Block - ventricular fibrillation — 6 mos
DUE TO (c) Rheumatic heart disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/22, 1942, *to* 6/28, 1952, *that I last saw the deceased alive on* 6/22, 1952, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo R. Hawkes 158	M.D.	Preston Idaho	6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-1-52 08	Preston	Preston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-1952	Effie M. Brower	Richards & Son	Preston, Ida.

Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2179
Local Reg. No. 27
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 76 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 239 South 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 239 South 1st East

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) ELVIRA c. (Last) DURANT MENDENHALL

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 23, 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home	Franklin, Idaho.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas H. Durant		Agnes Nish	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Wm D Mendenhall	Preston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 33X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-29, 1952, *to* 6-29, 1952, *that I last saw the deceased alive on* 6-29, 1952, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O-K Cutler MD	Preston Ida	6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-2-52 01	Franklin	Franklin, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-1952	Effie W. Brouwer	Richards & Son Mortuary	Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2286
Local Reg. No. 33
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) AIRHART c. (Last) STUART RYAN

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept., 3, 1916
9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress- Manhatten Cafe
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marysville, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 49 BIRTHPLACE George H. Airhart
14. MOTHER'S MAIDEN NAME BIRTHPLACE Rhoda Wood

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-30-9681
17. INFORMANT'S OWN SIGNATURE Mrs F. W. Stimpson ADDRESS Nampa, Idaho

18. CAUSE OF DEATH 196X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site probably right thigh
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1952, *to* June 23, 1952, *that I last saw the deceased alive on* June 22, 1952, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. W. Rennings, M.D. (Degree or title)
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 25 June 52
24c. NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) (State) Ashton, Idaho.

DATE REC'D BY LOCAL REG. 30 June 52
REGISTRAR'S SIGNATURE M. S. Hansen
25. FUNERAL DIRECTOR M. S. Hansen ADDRESS St. Anthony, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 2181
Local Reg. No. 33
Reg. Dist. No. 651

RECEI JUN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 18 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lucy.
b. (Middle) Harris.
c. (Last) Salisbery

4. DATE OF DEATH (Month) (Day) (Year) June 5th 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH March. 23rd 1877
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk. 29
10b. KIND OF BUSINESS OR INDUSTRY Dry goods.
11. BIRTHPLACE (State or foreign country) Richmond Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Eli Harris — BIRTHPLACE ILL
14. MOTHER'S MAIDEN NAME Elizabeth. Cammiel, — BIRTHPLACE Salt Lake Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519--01-0043
17. INFORMANT'S OWN SIGNATURE Verna Reynolds — ADDRESS Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) With failure
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Several Cerebro-vascular accidents in past.

INTERVAL BETWEEN ONSET AND DEATH: 1 mo. — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 5, 1952, *that I last saw the deceased alive on* June 5, 1952, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE La Grande C. Larsen (Degree or title) M.D.
23b. ADDRESS Driggs Idaho
23c. DATE SIGNED 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 9th 1952.
NAME OF CEMETERY OR CREMATORY Pineview
24c. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 20 June 52
REGISTRAR'S SIGNATURE M. L. Hansen
25. FUNERAL DIRECTOR Louis Kiser — ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2156
Local Reg. No. 57
Reg. Dist. No. 6-51

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) 452 N 3 West

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) GILBERT c. (Last) HATHAWAY

4. DATE OF DEATH (Month) (Day) (Year) June 16 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept., 20, 1912
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY Self-Employed
11. BIRTHPLACE (State or foreign country) St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE John E. Hathaway North Ogden, Utah
14. MOTHER'S MAIDEN NAME BIRTHPLACE Mary Brown, Pleasant View, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Floyd H Atthaway ADDRESS Chesterm Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, skull, extensive & damage to brain. — 11 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) West Yellowstone (COUNTY) (STATE) Montana
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 5 1952 5PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pole fell on him

22. *I hereby certify that I attended the deceased from* 5 June, 1952, *to* 16 June, 1952, *that I last saw the deceased alive on* 12:25 PM 1952, *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Ashton, Idaho
23c. DATE SIGNED June 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 19 June 1952
24c. NAME OF CEMETERY OR CREMATORY Riverview
24d. LOCATION (City, town, or county) (State) St. Anthony RFD#2, Idaho

DATE REC'D BY LOCAL REG. 18 June 52
REGISTRAR'S SIGNATURE M L Hansen
25. FUNERAL DIRECTOR M L Hansen ADDRESS St Anthony Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 2158
Local Reg. No. 45
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 So. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 109 So. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Josefa b. (Middle) Ignacia c. (Last) Galdos

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 31, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 4 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Berriatua, Spain

12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Jose Maria Alegria
BIRTHPLACE: Berriatua, Viscaya, Spain

14. MOTHER'S MAIDEN NAME: Juana Elu
BIRTHPLACE: Berriatua, Viscaya, Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: George Basabe
ADDRESS: Emmett

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertension — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* June 12, 1952, *that I last saw the deceased alive on* June 4, 1952 *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD 325

23b. ADDRESS: Emmett Ida.

23c. DATE SIGNED: 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 17 1952 01

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 23, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel Glenn W. Beatty
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

State File No. 2164
Local Reg. No. 46
Reg. Dist. No. 340 - 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Becon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Idle

4. DATE OF DEATH: (Month) (Day) (Year) June 14, 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 29, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months: 2 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Ravenna, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lambert Allcock--Ontario, Canada

14. MOTHER'S MAIDEN NAME: Mary Jane Latter Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: E. E. Idle

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Endocarditis — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1951 *to* June 14, 1952, *that I last saw the deceased alive on* June 14, 1952, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lowell D. Richardson M.D. 325

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 01 June 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 22 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR ADDRESS: Glenn W. Beatty Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2165
Local Reg. No. 47
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 917 So. Comm.

3. NAME OF DECEASED (Type or Print): a. (First) Adolph; b. (Middle); c. (Last) Cook

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 22, 1869

9. AGE (In years last birthday): 82 — If under 1 year: Months 7, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Beuna Vista, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Alexander Cook — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Rebekah Stuart — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Merton A. Cook — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Disease — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 June, 1952, *to* 18 June, 1952; *that I last saw the deceased alive on* 18 June, 1952 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Snodgrass 137 (Degree or title): M. D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 20 June 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 20, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Glenn W. Beatty Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dec. Goodwin

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2186
Local Reg. No. 48
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 618 So. Comm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Cyrus
b. (Middle): M.
c. (Last): Super

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 3, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): automotive
10b. KIND OF BUSINESS OR INDUSTRY: mechanic
11. BIRTHPLACE (State or foreign country): Elk Creek, Neb.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Super — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ora Jane Nickelson — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-6345
17. INFORMANT'S OWN SIGNATURE: x Ralph A. Super — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Obstructive jaundice~~ Gastric haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Gall Bladder — 9 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cancer of Gall bladder c̄ metastasis to liver
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* June, 1952, *that I last saw the deceased alive on* 19 June, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 137 M. D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 20 June 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 20 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR ADDRESS: Glenn W. Beatty — Beatty Chapel, Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 42187
Local Reg. No. 49
Reg. Dist. No. 340-341

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Circle Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Dollie
c. (Last): Ivie

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 23, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Stagner — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Teresa Elizabeth Patrick — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X C R Ivie — ADDRESS

18. CAUSE OF DEATH 465X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured hip — 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 21, 1952, *to* June 22, 1952, *that I last saw the deceased alive on* Mar. 23, 1952, *and that death occurred at* 12:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD 582
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: June 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 25, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 27, 1952
REGISTRAR'S SIGNATURE: Jean A Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida. — Jean A Beatty

Federal Security Agency
United States Public Health Service

Form DPH-48021

Goodwin

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2188
Local Reg. No. 51
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 616 Linclon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 616 Linclon

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 11, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Murray, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel W. Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Josephine Thompson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 28 6456
17. INFORMANT'S OWN SIGNATURE: Pearl E. Smith — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma involving entire Pancreas
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1951, *to* June, 1952, *that I last saw the deceased alive on* 26 June, 1952, *and that death occurred at* 4 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Goodwin, M.D. 137
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 27 June 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 28, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2186
Local Reg. No. 47
Reg. Dist. No. 340-341

BIRTH NO. JUN 21 1952

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Kate b. (Middle) White c. (Last) Reid

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 9, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months: 10 Days: 29
IF UNDER 1 HR. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Huston Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Killon
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Vinia Hayes
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lawn A Reid
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Passive Congestion — 2 years

DUE TO (c) Endocarditis (Mitral & Aortic) due to possible rheumatic fever — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

410X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1952, *to* June 8, 1952, *that I last saw the deceased alive on* June 8, 1952, *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald L. Rawlson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 9 1952
REGISTRAR'S SIGNATURE: Jas A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Bur. Goodwin

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2190
Local Reg. No. 50
Reg. Dist. No. 340-341

BIRTH NO.

JUL 7 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): R Number

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Allen	Licurges	Howell	June 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 23, 1871	81	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lumber scaler 69	lumber	Murphy, N. C.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Howell	Haywood Co., N. C.	Marcissus Johnson	Peach Tree, N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs Baker Howell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of brain — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	[illegible]	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* 23 June, 1952, *that I last saw the deceased alive on* 23 June, 1952, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R A Sanderson 137	M. D.	Emmett Idaho	7/8 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 26, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 28, 1952	Jean A. Beatty	Beatty Chapel	Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2191
Local Reg. No. 18491
Reg. Dist. No. 420

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodin g
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELVA b. (Middle) D. c. (Last) PRUETT

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Glenns Ferry, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles E. Hobdey
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Ida M. Sanders
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vauna Pruett
ADDRESS: King Hill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

415X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 - 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis — age 18

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hydrops of Gall Bladder 1 mo.

19a. DATE OF OPERATION: 6/3/52

19b. MAJOR FINDINGS OF OPERATION: Hydrops of Gall Bladder (Removed)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/30 *, 19*52*, to* 6/4 *, 19*52*, that I last saw the deceased alive on* 6/4 *, 19*52*, and that death occurred at* 7:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T.E. Pruett M.D.

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 6/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/7/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 6-7-52

REGISTRAR'S SIGNATURE: J. H. Emmett

25. FUNERAL DIRECTOR: Geo. Jewell

ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2192
Local Reg. No. 1848
Reg. Dist. No. 420

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

BIRTH NO. 1111

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 313 Illinois

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) Z. c. (Last) LENKER

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 25, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Steel City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John R. Zweifel
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Amelia Fretenberg
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. L. Lenker
ADDRESS: Tuttle, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 260X Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes — 20 yrs.
DUE TO (c): Hypertension & Sclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Failure, Acute

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 19 51, *to* June 17, 19 52, *that I last saw the deceased alive on* June 17-52 19____, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 597 Marvin V. Klingler MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: June 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 6-18-52
REGISTRAR'S SIGNATURE: J. A. Cranmer

25. FUNERAL DIRECTOR: Geo. Jones Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2193
Local Reg. No. 1549
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 Nevada

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 405 Nevada

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ROBERT
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 7, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook Retired 49
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Wright — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Josephine Ryder — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-5338
17. INFORMANT'S OWN SIGNATURE: Mrs. LeEtta Wright — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

180 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Kidney — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ✓

DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 30-52
19b. MAJOR FINDINGS OF OPERATION: Hypernephroma Kidney Metastasis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1952, *to* 6/27, 1952, *that I last saw the deceased alive on* 6/27, 1952, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Barrett M.D. 021
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/52 02
24c. NAME OF CEMETERY OR CREMATORY: Arco Cemetery
24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: Geo. Jerrad Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2194
Local Reg. No. 130
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 4 Buhl
c. LENGTH OF STAY (in this place): 65 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Route # 4 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 4 Buhl
d. STREET ADDRESS (If rural, give location): Route # 4 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Aquilino
b. (Middle): Joseph
c. (Last): Madalena

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 15, 1853
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Gordevio, Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Anthony Madalena — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Madalena Otolini — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mary Madalena — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
Chr. myocarditis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 29, 1952 *and that death occurred at* 7:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: June 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 4, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2195
Local Reg. No. 367
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Steele
c. (Last): Chandler

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1886.
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Egin, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Chandler — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: ✓Mary Steele — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-0380
17. INFORMANT'S OWN SIGNATURE: ✓Jennette Chandler — ADDRESS: Wendell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* at death, 19__, to ____, 19__, *that I last saw the deceased alive on* 6/17/52, 19__, *and that death occurred at* 7 45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold F. Holsinger M.D. 164 (Degree or title)
23b. ADDRESS: Wendell, Ida.
23c. DATE SIGNED: 6/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/1952 01
24c. NAME OF CEMETERY OR CREMATORY: Wendell
24d. LOCATION (City, town, or county) (State): city Idaho.

DATE REC'D BY LOCAL REG.: 6/20/52
REGISTRAR'S SIGNATURE: Veronica Maus
25. FUNERAL DIRECTOR: J Forrest Weaver — ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2106
Local Reg. No. 366
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fredrick	Volney	Conklin	June 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male ~~White~~	White	Married	Dec. 17, 1873.	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter & Mailcarrier		Marshaltown, Iowa	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Austin N. Conklin	Iowa	Adeline Bunyea	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mannie A Conklin	Hagerman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-14, 1952, *to* 6-16, 1952, *that I last saw the deceased alive on* 6-16, 1952, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Sched MD	Wendell, Idaho	6-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/20/52	Hagerman	Hagerman City Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/20/52	Veronica Mauss	J Farrish Weaver	Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2197
Local Reg. No. 368
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Norma
b. (Middle): Jean
c. (Last): Wilson

4. DATE OF DEATH (Month) June, (Day) 24, (Year) 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 18, 1934.
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Filer, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Kenneth Wilson — BIRTHPLACE: Kearney, Neb.
14. MOTHER'S MAIDEN NAME: Leona Logan — BIRTHPLACE: Engles, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: ✓ Mrs. Dale Perry — ADDRESS: Wendell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 196X Sarcoma of Rt mandible c̄ — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1951, *to* death, 19__, *that I last saw the deceased alive on* 6-23, 1952, *and that death occurred at* 10 30 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold F. Holsinger, M.D. 164
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28-52
24c. NAME OF CEMETERY OR CREMATORY: Wendell
24d. LOCATION (City, town, or county): city (State): Ida

DATE REC'D BY LOCAL REG.: June 27, 1952
REGISTRAR'S SIGNATURE: Veronica Mann
25. FUNERAL DIRECTOR: J Forrest Weaver — ADDRESS: Wendell Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2196
Local Reg. No. 92
Reg. Dist. No. 240

BIRTH NO.

JUN 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Byers

4. DATE OF DEATH (Month) (Day) (Year): June 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Byers
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-32-7094
17. INFORMANT'S OWN SIGNATURE: Abe Sellards
ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 May, 1952, *to* 4 June, 1942, *that I last saw the deceased alive on* 3 June, 1952, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J Saltman 360 (Degree or title) M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 5 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/52
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Grangeville Ida

DATE REC'D BY LOCAL REG.: June 5 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Herm Aiken
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2106
Local Reg. No. 935
Reg. Dist. No. 240

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 54yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD b. (Middle) ALLEN c. (Last) SWATMAN

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Feb. 12, 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: mines

11. BIRTHPLACE (State or foreign country): Plankton, Sout Dak.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. E. Swatman, — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Rebecca Van Orsdol — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-8282

17. INFORMANT'S OWN SIGNATURE: Mrs Harry Byrne — ADDRESS: ashmore, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jn 52

19b. MAJOR FINDINGS OF OPERATION: Biopsy & enquiral radon -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 23 Jn, 1952, *to* 14 Jun, 1952, *that I last saw the deceased alive on* 14 Jn, 1952, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald Altman M.D — **23b. ADDRESS**: Grangeville, Idaho — **23c. DATE SIGNED**: 16 Jun 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 18, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Prairieview — **24d. LOCATION** (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: June 18, 1952 — **REGISTRAR'S SIGNATURE**: Irma Cone — **25. FUNERAL DIRECTOR**: Jesse W Peterson — **ADDRESS**: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2200
Local Reg. No. 95
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): So. Hall St.

3. NAME OF DECEASED (Type or Print)
a. (First): GLENN
b. (Middle): K.
c. (Last): SEAY

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 1, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician 4
10b. KIND OF BUSINESS OR INDUSTRY: R.E.A.
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Seay, BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Clora Shinkle, BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-4501
17. INFORMANT'S OWN SIGNATURE: Elnora S. Dyer — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

914.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electric shock — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Comminuted skull fracture, rgt Parietal - Burns of rgt arm + left hand

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gun Club
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Grangeville Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 30 1952 3:15 pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Touched high voltage line and fell from pole.

22. *I hereby certify that I attended the deceased from* 30 June, 1952, *to* 30 June, 1952, *that I last saw the deceased alive on* 30 June, 1952, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Paltman 360 M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 1 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idah

DATE REC'D BY LOCAL REG.: July 2 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jas Robertson
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 619
Reg. Dist. No. 244

BIRTH NO. JUL 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Idaho

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia

c. LENGTH OF STAY (in this place): 50 yr.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. N.W of Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Idaho

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia

d. STREET ADDRESS (If rural, give location): 1 mi. N.W. of Kooskia

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: red

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 3, 1864

9. AGE (In years last birthday): 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle raiser

10b. KIND OF BUSINESS OR INDUSTRY: own ranch

11. BIRTHPLACE (State or foreign country): Near Whitebird, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rebecah Gould BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dorea M. Harrison ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Mitral Insuf. — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1952, *to* 6/22, 1952, *that I last saw the deceased alive on* 6/21, 1952, *and that death occurred at* 5:28 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Kooskia Idaho

23c. DATE SIGNED: 6/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Miller's Private Cem.

24d. LOCATION (City, town, or county) (State): 1 mile N.W. of Kooskia, Idaho

DATE REC'D BY LOCAL REG.: 6/23/52

REGISTRAR'S SIGNATURE: Claude Twomey

25. FUNERAL DIRECTOR ADDRESS: Claude Twomey Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Kellins

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 12
Reg. Dist. No. 242

BIRTH NO. JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Philip b. (Middle) John c. (Last) Weeks

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 24-1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Hlemb - Kent Co. England
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Don't Know — BIRTHPLACE: Weeks England
14. MOTHER'S MAIDEN NAME: Karoline — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs. Carl Thompson — ADDRESS: Nezperce

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchs Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1952, *to* 6-22, 1952, *that I last saw the deceased alive on* 6-21, 1952, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. N Collins — (Degree or title): M.D. — 23b. ADDRESS: Craigmont Ida. — 23c. DATE SIGNED: 6-24-52

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Removal + Burial — 24b. DATE: 6-25-52 — 24c. NAME OF CEMETERY OR CREMATORY: Nezperce — 24d. LOCATION (City, town, or county) (State): 1/2 M. South Nezperce Idaho

DATE REC'D BY LOCAL REG.: 7-8-1952 — REGISTRAR'S SIGNATURE: Wesley J. Orr M.D. by TB — 25. FUNERAL DIRECTOR: Albert Huff — ADDRESS: Nezperce Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2203
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO. 111-52-7384 JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our lady of consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JANICE
b. (Middle): ELAINE
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: June 23, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days: 3 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby 02
10b. KIND OF BUSINESS OR INDUSTRY: baby
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James G. Davis — BIRTHPLACE: Kamiah
14. MOTHER'S MAIDEN NAME: Carol Coppernoll — BIRTHPLACE: Walker, Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. James G Davis — ADDRESS: Kamiah,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Two months Premature.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1952, *to* 6-26-, 1952, *that I last saw the deceased alive on* 6-26-, 1952, *and that death occurred at* 6:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D. 299
23b. ADDRESS: Cottonwood Idaho
23c. DATE SIGNED: 6-30-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Lewis Idaho

DATE REC'D BY LOCAL REG.: 6-30-1952
REGISTRAR'S SIGNATURE: Wesley F. Orr, MD. by TB
25. FUNERAL DIRECTOR: [signature] Robertson
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2204
Local Reg. No. 94
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGGINS
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [illegible] Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGGINS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) W. c. (Last) EGBERT

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1952

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: January 19, 1876
9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Schools
11. BIRTHPLACE (State or foreign country): Ottumwa, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John P. Wagner, BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Theresa F. Bailey, BIRTHPLACE: U.S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 518-24-4048
17. INFORMANT'S OWN SIGNATURE: Harold H. Smith ADDRESS: Grangeville,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis & atherosclerosis

DUE TO (c) Hypertensive Cardio - vasc. disease several years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Nov, 1946, *to* 25 Sept, 1951, *that I last saw the deceased alive on* 25 Sept, 1951, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Collins 36D (Degree or title) M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 27 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: June 27 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Ida Peterson ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 22
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, R.F.D.#2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, R#2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Leonard
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): May 24 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 10. 1893
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Thomas Morgan — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Esther Elizabeth Simper — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-18-5204
17. INFORMANT'S OWN SIGNATURE: [illegible] Morgan — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 16 X Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* 24 May, 1952, *that I last saw the deceased alive on* 19 May, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland T. Franz MD. 220
23b. ADDRESS: 798 So Boulevard
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby IDAHO

DATE REC'D BY LOCAL REG.: 6/23/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Lloyd M Nelder — ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2236
Local Reg. No. 23
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe, Idaho
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ririe, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): Ririe

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): AMELIDA
c. (Last): GROVER

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Labelle, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Hutchens — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Martha Harrop. — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Nurse L. Grover — ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/5, 1945, *to* June 6, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 6:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Aldon Tall, M.D. 421
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/10/52 01
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 6/23/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 27
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before [illegible]).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Labelle
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) a. (First) HANNAH b. (Middle) MARIA c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1952

5. SEX F. M.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 2, 1859
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Millcreek, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Scott. BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Sarah Ann Willis BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. x
17. INFORMANT'S OWN SIGNATURE Mrs. Thos Sayer ADDRESS Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1950, *to* June 17, 1952, *that I last saw the deceased alive on* June 17, 1952, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall (Degree or title) M. D. 422
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 6/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/20/52 01
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis, Idaho

DATE REC'D BY LOCAL REG. 6/23/52
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25 FUNERAL DIRECTOR A B Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2208
Local Reg. No. 226
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby Rural
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No. of Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rigby
d. STREET ADDRESS (If rural, give location) No. of Rigby

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) JOSEPH HYRUM DANIELS BROWN

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 4, 1862
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) New York City, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas D. Brown. BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Esther Wardle. BIRTHPLACE England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. x
17. INFORMANT'S OWN SIGNATURE J. H. Brown ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 7 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 8:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE Israel Hall, (Degree or title) M. D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 6/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/24/52
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby, Idaho

DATE REC'D BY LOCAL REG. 6/28/52
REGISTRAR'S SIGNATURE Mrs A B Eskersell
25. FUNERAL DIRECTOR C. M. Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 25
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 8 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) ROWENNAH b. (Middle) JARDINE c. (Last) WILSON

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 10, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Weber, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard F. Jardine. BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Ellsworth. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: C. Roy Wilson ADDRESS: Menan, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

14 1/X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Tongue
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-4, 1952, *to* 6-25-, 1952, *that I last saw the deceased alive on* [illegible], 1952, *and that death occurred at* 10:45 A., *from the causes and on the date stated above.*

23a. SIGNATURE: C. B. Rigby 335 (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/29/52

24c. NAME OF CEMETERY OR CREMATORY: Lewisville

24d. LOCATION (City, town, or county) (State): Lewisville, Idaho

DATE REC'D BY LOCAL REG.: 6/29/52

REGISTRAR'S SIGNATURE: M. A. B. Eckersell

25. FUNERAL DIRECTOR: C. E. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

State File No. 2[illegible]
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 So 1st W.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 219 So. 1st W.

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) MILFORD c. (Last) BATES Sr.

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 8, 1894

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sanford, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos Lansing Bates. BIRTHPLACE: Arizona.

14. MOTHER'S MAIDEN NAME: Mary Jane Robertson. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ava M. Bates ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 years

DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 3, 1951, *to* June 29, 1952, *that I last saw the deceased alive on* June 28, 1952, *and that death occurred at* 5:57A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Idaho Falls, M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7/3/52

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or count,) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: July 7/52

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: C W Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2211
Local Reg. No. 14
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt 3
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rt 3
d. STREET ADDRESS (If rural, give location): Rt 3

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): Rex
c. (Last): Houghtaling

4. DATE OF DEATH (Month) (Day) (Year): June 5 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 30. 1936
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 7 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Butler Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Perry Houghtaling — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Vera Sims — BIRTHPLACE: Butler Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Perry Houghtaling — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 935.1 Electric Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Struck by Lightning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: No

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~:
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP): Jerome — (COUNTY): Jerome — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 5 52 6:30 P
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by Lightning

22. *I hereby certify that I attended the deceased from* Instant death, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson 245
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9.1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 6/10/52
REGISTRAR'S SIGNATURE: Sister M. Rose, O.V.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2212
Local Reg. No. 16
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 5 mi. N.E.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nettie b. (Middle) c. (Last) Fulkerson

4. DATE OF DEATH (Month) June (Day) 20 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May-17- 1875
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months 1 Days 3 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Berryville- Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Taylor Hulsey BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Nettie Steele BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONe
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: W G Hayhurst ADDRESS: Jerome #1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-30, 1942, *to* 6-30, 1942, *that I last saw the deceased alive on* 6-30-42, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: June 23, 1952
REGISTRAR'S SIGNATURE: Sister M[illegible] Rose, O.T.B.
25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 110
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakce City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt #1

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) O; c. (Last) Mattson

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 18 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Mattson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johannah Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Agnes Mattson — ADDRESS: Hayden Lake Rtl.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the pancreas — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 1952, *to* 5-27, 1952 *that I last saw the deceased alive on* 5-26, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Campbell MD
23b. ADDRESS: 318 N. 4th St., Coeur d'Alene Idaho
23c. DATE SIGNED: 4 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county): Coeur d'Alene — (State): Idaho

DATE REC'D BY LOCAL REG.: 6-7-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Wm. Wood

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 105
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Walnut & Nora

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rena	Amelia	Carlson	May 31 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 6, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Kolen	Norway	Rena Gabohl	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-28-7751	Sam Carlson	Coeur d' Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
SUICIDE	Spokane River	Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	unknown. - Body recovered from River

22. *I hereby certify that I attended the deceased from* Did not., 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene, Idaho	6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 7, 1952	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-7-52	Lorraine K Brueck	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20[illegible]
Local Reg. No. 105
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bennetts Bay

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Bennetts Bay

3 NAME OF DECEASED (Type or Print): a. (First) Abbie b. (Middle) S. c. (Last) Walker

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 14 1872
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mich
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown Delos Smith — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Susan Zethmeyr — BIRTHPLACE: Unkown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Ramsay Walker — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c) Arterio-Sclerosis — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2 *, 19*52 *to* 6-2 *, 19*52 *that I last saw the deceased alive on* 6-2 *, 19*52 *and that death occurred at* 8 20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Franda Bailey M.D. (Degree or title)
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-6-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 6-6-52
REGISTRAR'S SIGNATURE: Lorraine K. Bruce
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2216
Local Reg. No. 113
Reg. Dist. No. 120

REC'D JUN 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alane
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 921 Wallace Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 921 Wallace Ave

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Allen c. (Last) Duncan

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 28 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shift Boss 27

10b. KIND OF BUSINESS OR INDUSTRY: Hercules Mines

11. BIRTHPLACE (State or foreign country): Carsenvill Mich

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unkown
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkow
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-05-0790A

17. INFORMANT'S OWN SIGNATURE: Mrs. Katherine Duncan
ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 18 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) papillomata stomach — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar, 1950, *to* 6-5, 1952, *that I last saw the deceased alive on* 6-4 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alexander Barclay (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 6-9-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 103
Reg. Dist. No. 120

RECEIVED
JUN 24 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couer d'Alene
c. LENGTH OF STAY (in this place): 7 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martins Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): N 15th St

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
May	A	Robacher	6	9	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	June 21 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Morris Minn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Mary O'Brien — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ralph Robacher — ADDRESS: Coeur d'Alene Ida

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic cardiovascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 6-9-52 19____, *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 270	M.D.	Coeur d'Alene Idaho	6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/12/52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-12-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Gumprecht

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 107
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 8-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1119-3rd, St.

3. NAME OF DECEASED (Type or Print)
a. (First): Gretta
b. (Middle): Sabins
c. (Last): Brickert

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 6, 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chas Sabins — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Charles G. Brickert — BIRTHPLACE: Informant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mother Maiden Name Delphia 5 — ADDRESS: unknown

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fall at home 2 weeks ē fracture wrist & facial [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell down steps

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Gumprecht
23b. ADDRESS: C.D.A.
23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Barker

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20[illegible]
Local Reg. No. 111[illegible]
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 927 Davidson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 927 Davidson

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Adna c. (Last) Sherman

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 31, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stat. Engineer

10b. KIND OF BUSINESS OR INDUSTRY: W.W.P.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E.L.Sherman
BIRTHPLACE: N.Y.

14. MOTHER'S MAIDEN NAME: Lydia Carter
BIRTHPLACE: N.H.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. H.J. Crommie
ADDRESS: Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis - Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 1945, *to* June 11, 1952, *that I last saw the deceased alive on* June 9, 1952, *and that death occurred at* 10[illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.H. Barker M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemtery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brueh
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. 108
Reg. Dist. No. 120

JUN 24 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1115 N 2nd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1115 n 2nd St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	G	Negrey		6	14	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	April 20 1896	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Rolling Mill
11. BIRTHPLACE (State or foreign country): Lethbridge Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Negrey — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Catherine Yanosik — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Irene Negrey — ADDRESS: Coeur d'Alene Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Suicide by fire arms — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d' alene — Kootenai — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 — 14 — '52 — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot himself through chin & mouth sixth '22.

22. *I hereby certify that I attended the deceased from* did not, 19___, to ___, 19___, *that I last saw the deceased alive on* 6-11, 1952, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. Coroner (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Yates — Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Wm Wood

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 10 2[illegible]
Reg. Dist. No. 12[illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route B ellgrove Community
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gurshum
b. (Middle): F.
c. (Last): Lacy

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 30, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sanford G. Lacy — BIRTHPLACE: Deer Field, Michigan
14. MOTHER'S MAIDEN NAME: Alice Hannah — BIRTHPLACE: Vever Dam, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mary N. Lacy — ADDRESS: Star Rt Coeur d' Alene

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592 X: Chronic nephritis — Interval between onset and death: 1 week.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Rheumatoid arthritis — Several years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10 - 1, 1951, *to* 6 - 16, 1952, *that I last saw the deceased alive on* 6 - 16, 1952, *and that death occurred at* 4:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. 452
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED: 6-17-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-52 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 6-19-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended Oct. 7, 1952

Certificate of Death

STATE OF IDAHO

State File No. 2222
Local Reg. No. 114
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 5 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)

a. (First): ARTHUR

b. (Middle): P.

c. (Last): DAY

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 28, 1881

9. AGE (In years last birthday): 71

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe repair

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Shop

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A Day

BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Cordelia Youngman

BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 516-20-6959

17. INFORMANT'S OWN SIGNATURE: Mrs. Maud Day

ADDRESS: Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastatic Malignancy — 3 mo.

DUE TO (c): Malignancy stomach

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 6-18-52, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Don Moseley (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene

23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-21-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English

ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai

DIVISION OF VITAL STATISTICS

Certificate No. 52-2222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Arthur P. Day (Name on Original Certificate) who died (Was Born or Died) on June 18 1952 (Date of Event) in Coeur d'Alene Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth.	Oct. 28, 1881	April 28, 1881

Subscribed and sworn to before me this 6th day of Oct., 1952

Notary Public, residing at Coeur d'Alene Idaho

My commission expires 7-15-55

(Seal)

Signed Don English
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Coeur d'alene Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1952

Wendell R. Brainard

Notary Public, residing at Wallace Ida

My commission expires April 13, 1954

(Seal)

Signed James Thyne
(Signature of Any Credible Person)

Box 485 Kellogg Ida.
(Street Address, City, State)

DPH 52-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2226
Local Reg. No. 114
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) P c. (Last) Day

4. DATE OF DEATH: (Month) (Day) (Year) June 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 28, 1881
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Repair
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Shop
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A Day — BIRTHPLACE: Minn
14. MOTHER'S MAIDEN NAME: Cordelia Youngman — BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-20-6959
17. INFORMANT'S OWN SIGNATURE: * Mrs Maud Day — ADDRESS: Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic Malignancy — 2 mo
DUE TO (c) Malignancy Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

151X

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 6-18-52, 19____, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don Moseley, MD
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-21-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 116
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 204 Garden Ave

3. NAME OF DECEASED (Type or Print): a. (First) Emma. b. (Middle) c. (Last) Charboneau

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nver Married

8. DATE OF BIRTH: Oct 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minn

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unkown
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): Noene

16. SOCIAL SECURITY NO.: Noene

17. INFORMANT'S OWN SIGNATURE: Mr. Wm H. Gooler
ADDRESS: Spokane Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation due to Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* June 27-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 01 May 1 1952
24c. NAME OF CEMETERY OR CREMATORY: St Thomas
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 7-8-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gales
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 109
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rose Lake
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) [illegible]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harry	Frank	Burns	May 30 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 8, 1904	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Webber Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Burns — BIRTHPLACE Ill.

14. MOTHER'S MAIDEN NAME Millie Robertson — BIRTHPLACE Boston Mass.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 506-03-9913

17. INFORMANT'S OWN SIGNATURE Colleen B. Magnuson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rose Lake

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene Idaho	6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 30, 1952	Ward Funeral Home	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-30-52	Lorraine K. Brush	Ward Funeral Home By: W. H. Ripplinger Jr.	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Wm Wood

RECEIVED JUN 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 112
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 13-miles N. Of C.D.A.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 121-E-Riverside

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Wayne c. (Last) SLUSHER

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never

8. DATE OF BIRTH Nov. 11, 1932

9. AGE (In years last birthday) 19
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter Worker

10b. KIND OF BUSINESS OR INDUSTRY Smelter

11. BIRTHPLACE (State or foreign country) Coffeyville, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest L. SLUSHER BIRTHPLACE Kansas

14. MOTHER'S MAIDEN NAME Roma Forester BIRTHPLACE Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-32-2464

17. INFORMANT'S OWN SIGNATURE Ernest L. Slusher ADDRESS Kellogg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.4 Accidental traumatism by automobile.
INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car ran into Tow Truck.

22. I hereby certify that I attended the deceased from Did Not., 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE William T. Wood, M.D. (Degree or title) Coroner
23b. ADDRESS Coeur d'alene, Idaho.
23c. DATE SIGNED 6-7-'52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/31/52
24c. NAME OF CEMETERY OR CREMATORY Kellogg, Idaho
24d. LOCATION (City, town, or county) (State) Kellogg, Idaho

DATE REC'D BY LOCAL REG. 5-31-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR ADDRESS Grant McGlade Kellogg, Idaho
Grant McGlade

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUN 24 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 104
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eliza	Jane	Denny		6	6	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W	Widowed	11/15/1871	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Apelington, Iowa	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Priestley	England	Elizabeth Buckingham	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Floyd Denny	Hayden Lake, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Cardiac decompensation	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Chronic myocarditis	20 yrs
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1952, *to* June 6, 1952, *that I last saw the deceased alive on* June 4, 1952, *and that death occurred at* 6:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene, Idaho	6/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/7/52	Forest Demetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-7-52	Lorraine K Brush	Gilbert Yates	Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2 6 6 5
Local Reg. No. 115
Reg. Dist. No. 20

BIRTH NO.

RECEIVED
JUL 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Wade c. (Last) Puckett Jr

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 31, 1910	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boat Livery	Boating	Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse Puckett	Arkansas	Anna Napier	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W II	518-03-1828	Loren Puckett	Bayview Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by firearms. — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lung Hemorrhage.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Tavern	Bayview	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Shot through right & left chest ~ 30 cal. Luger

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jun 30, 1952		Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-52	Lorraine K. Brust	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 123
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Henry	Viebrock	6	28	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Nov 2, 1947	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Birth Spokane Wash	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Viebrock	Wash	Olive Crawford	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. Henry Viebrock	Hayden Lake

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-2, 1947, *to* 6-28, 1952, *that I last saw the deceased alive on* 6-2, 1952, *and that death occurred at* 10:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	M.D.	Coeur d'Alene Idaho	7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-2-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-8-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 12 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]58
Local Reg. No. 58
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harlem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) J. c. (Last) Anthony

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb 8, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cabinet shop 93

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morrison, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Anthony
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Magdelina Clay
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. A. L. Johnson
ADDRESS: Harlem, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 4 yrs.
DUE TO (c) Senile Infirmities — Age 88

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/25, 1952, *to* 6/1, 1952, *that I last saw the deceased alive on* 5/25, 19[illegible], *and that death occurred at* 6:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 6/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Harlem Cemetery
24d. LOCATION (City, town, or county) (State): Harlem Montana

DATE REC'D BY LOCAL REG.: 6/9/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: U R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 9 6 9 6
Local Reg. No. 64 6
Reg. Dist. No. 200

RECEIVED
JUN 25 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow --
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 204 North Hayes

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) P c. (Last) Dahl

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 19, 1880

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boarding Home 74

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Dahl
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Anna Hoeusfluen
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Emil G. Dahl
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Stomach — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/8/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma stomach, regional metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* 12 June, 1952, *that I last saw the deceased alive on* 12 June, 1952 *and that death occurred at* 5P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Culp MD

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 6/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-16-52

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Latah Idaho

DATE REC'D BY LOCAL REG.: 6/18/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Latah

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2221
Local Reg. No. 6221
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): enroute to Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Minnie	Elverta	Harris	June	12	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Jan 25, 1878	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ponca, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bottorff — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Salomie Smith — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Cyrus Barker — ADDRESS: Bovill

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 434.4 Probably heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Patient was dead in ambulance when ambulance arrived.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4.40 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Doyle M Fuelz M.D.	Box 227, Moscow, Idaho	6/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16, 1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/25/52	Lain E. Angel	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2288
Local Reg. No. 288
Reg. Dist. No. 200

BIRTH NO. Ayers

RECEIVED JUN 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Melger	S.	Eaton	June	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Feb 4, 1869	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Burdine Eaton — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: May Boaz — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mary E. Beckman — ADDRESS: Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarct 420.1	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary occlusion	1 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Previous myocardial infarct Severe arteriosclerosis	2 weeks unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* June 20, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Ayers M.D.	Moscow, Idaho	6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 24, 1952	Genesee City Cemetery	Genesee Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/26/52	Lois L. Angel	W R Smart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2000
Local Reg. No. 69
Reg. Dist. No. 200

BIRTH NO. 111-52-7520

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): +5 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latch
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nancy; b. (Middle); c. (Last) Ireland

4. DATE OF DEATH: (Month) (Day) (Year) June 25, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 25, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.: 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Ireland — BIRTHPLACE: Sheridan, Wyoming

14. MOTHER'S MAIDEN NAME: Clarice Gudmunson — BIRTHPLACE: Park, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: x James M. Ireland — ADDRESS: Potlatch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature birth (less than 6 months in utero) — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25-52, *to* 6-25-52, *that I last saw the deceased alive on* 6-25-52, *and that death occurred at* 3:02 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph R. Wilson M.D. — **23b. ADDRESS**: Moscow, Idaho — **23c. DATE SIGNED**: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 28, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7/1/52 — REGISTRAR'S SIGNATURE: Lois E. Boyd

25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2004
Local Reg. No. 70
Reg. Dist. No. 200

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 919 E 6th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 919 E 6th

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) c. (Last) Draper

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Sept 28 1885	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Tractor
11. BIRTHPLACE (State or foreign country): Ortonville Mich
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Major A Draper BIRTHPLACE: Ortonville Mich
14. MOTHER'S MAIDEN NAME: Martha Perry BIRTHPLACE: Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-5402
17. INFORMANT'S OWN SIGNATURE: Melvin Martin ADDRESS: Pullman Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertensive Cardio-Vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Cardiac decompensation
DUE TO (c) and Chronic Nephritis with albuminuria

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Terminal Uremia
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9-43 *to* 6-29-52, *that I last saw the deceased alive on* 6-27-52 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Wilson MD (Degree or title)
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/2/52
24c. NAME OF CEMETERY OR CREMATORY: Wilbur Wash Cemetery
24d. LOCATION (City, town, or county) (State): Wilbur Washington

DATE REC'D BY LOCAL REG.: 7/2/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR ADDRESS: K.L. BALL FUNERAL HOME PULLMAN WN.
Dale E Kimball

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 20[illegible]
Local Reg. No. 63
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Route 3
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Route 3
d. STREET ADDRESS (If rural, give location): near Viola, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Lowell	Hazeltine	June	5	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Nov 27, 1950	1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lowell Hazeltine — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Velma Marshall — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lowell Hazeltine — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

927.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	at home	Moscow Rt. 3	Latah	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June	5	1952	9a.m.		fell into water trough at his home

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Doyle M Evelsizer MD	Moscow, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	6-7-1952	Viola Cemetery	Viola	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/18/52	Lois E. Angel	J R Swart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Authority: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as known only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2956
Local Reg. No. 65
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John Bateson home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
d. STREET ADDRESS (If rural, give location): John Bateson home

3. NAME OF DECEASED (Type or Print): a. (First) Delores b. (Middle) Elaine c. (Last) Petrich

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct 2, 1937

9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 7

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Snoqualamie, Wn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin C. Petrich — BIRTHPLACE: Wash.

14. MOTHER'S MAIDEN NAME: Florence E. Bateson — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. M. E. Petrich — ADDRESS: Auburn, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-inflicted gunshot wound in left temple — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Harvard, Latah, Idaho

21d. TIME OF INJURY (Month) June (Day) 13 (Year) 1952 (Hour) 1a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: .22 cal. rifle shot in left temple

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Short — (Degree or title): Coroner, Latah

23b. ADDRESS: Moscow

23c. DATE SIGNED: 6/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-16-1952

24c. NAME OF CEMETERY OR CREMATORY: Enumclaw Cemetery

24d. LOCATION (City, town, or county) (State): Enumclaw, Wash.

DATE REC'D BY LOCAL REG.: 6/18/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 66
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 1½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Lynn
c. (Last): Swanson

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 28, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Melvin Swanson — BIRTHPLACE: Troy, Idaho
14. MOTHER'S MAIDEN NAME: Adeline Phelan — BIRTHPLACE: Omak, Wn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Melvin Swanson — ADDRESS: Troy

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interventricular septal defect. — INTERVAL BETWEEN ONSET AND DEATH: congenital

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* death, 19__, *that I last saw the deceased alive on* 6-14, 1952, *and that death occurred at* 3:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Omer H Drury MD.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Latah Co. (State): Idaho

DATE REC'D BY LOCAL REG.: 6/23/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: [illegible] Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2936
Local Reg. No. 690
Reg. Dist. No.

111-52-7531 RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Calvin b. (Middle) Kirk c. (Last) Evarts

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 6/5/52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours 9 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None infinte 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Calvin Evarts BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Katherine Day BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Keith Evarts ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurely — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1952, *to* June 6, 1952, *that I last saw the deceased alive on* June 6, 1952, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy H. Sundin 578 Emc
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/7/52
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 6-12-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-60021

State File No. 2239
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hodpital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cobalt
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Forrest
b. (Middle): Dexter
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): June 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Ma rried
8. DATE OF BIRTH: Aug. 19, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dexter Jones — BIRTHPLACE: IOwa
14. MOTHER'S MAIDEN NAME: Josephine — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Edith M. Jones. — ADDRESS: Cobalt Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cerebro-
DUE TO (c): vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* June 17 1952, *that I last saw the deceased alive on* June 17 1952 *and that death occurred at* 6:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. W. Blackadar MD 031 (Degree or title)
23b. ADDRESS: Salmon, Ida ho
23c. DATE SIGNED: 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buria l
24b. DATE: 6/2 0/52
24c. NAME OF CEMETERY OR CREMATORY: Sal on, Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-1-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2240
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry		Delaney	6	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Feb. 14, 1869	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 57
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jefferson, Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Delaney	unknown	Adelia Hennery	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Taken from Public Assistance records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4432X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio — 5 years
DUE TO (c) vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 – , 19 50 *to* 6-20 , 1952, *that I last saw the deceased alive on* 6-19 , 1952 *and that death occurred at* 4 30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Blackadar M.D. 031	Salmon, Idaho	6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/23/52	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-52	Viola C. Johnson	Delbert C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2211
Local Reg. No. 692
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUN 16 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tendoy
c. LENGTH OF STAY (in this place) 76 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tendoy
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Seth b. (Middle) Atwood c. (Last) Ball

4. DATE OF DEATH (Month) June (Day) 1, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Apr. 15, 1869	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pleasant Hill, Minnesota
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Henderson Ball — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Melinda Ann Manfull — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Margaret B. Morphey ADDRESS Tendoy, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4437

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* June 1, 1952, *that I last saw the deceased alive on* May 28, 1952, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jack W. Clarke, M. D.
23b. ADDRESS Salmon Idaho
23c. DATE SIGNED 6-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-5-52
24c. NAME OF CEMETERY OR CREMATORY Salmon
24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. 6-12-52
REGISTRAR'S SIGNATURE Viola E. Johnson
25. FUNERAL DIRECTOR Delbert C. Jones ADDRESS Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2016
Local Reg. No.
Reg. Dist. No. 230

BIRTH NO. JUL 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEZ PERCE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEZ PERCE
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print): a. (First) BRYAN b. (Middle) W c. (Last) SNYDER

4. DATE OF DEATH: (Month) JUNE (Day) 18 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 4, 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ROARING CR., PENN.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JEREMIAH SNYDER
BIRTHPLACE: PENN.

14. MOTHER'S MAIDEN NAME: CHRISTINA LONGENBURGER
BIRTHPLACE: PENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X [signature]
ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): suicide by firearm

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) Nezperce Rural **(COUNTY)** Lewis **(STATE)** Idaho

21d. TIME OF INJURY (Month) June (Day) 14 (Year) 1952 (Hour) 7A

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: self inflicted - firearm

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert Huff Coroner

23b. ADDRESS: Nezperce Idaho

23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: JUNE 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: NORMAL HILL

24d. LOCATION (City, town, or county) LEWISTON (State) IDA.

DATE REC'D BY LOCAL REG.: 6-16-52

REGISTRAR'S SIGNATURE: Albert Huff

25. FUNERAL DIRECTOR: Brower-Wann Co — Lewiston, Ida
ADDRESS: Kermit H. Maleng, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2216
Local Reg. No. 5
Reg. Dist. No. 232

BIRTH NO.

RECEIVED
JUL 3 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont, Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) A. c. (Last) PAIGE

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 3 1882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Moscow, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Horace G. Paige, Indiana

14. MOTHER'S MAIDEN NAME: Martha C. Boe, Oslo, Norway

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Manford A. Paige ADDRESS: Kellog Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) due to Ill Health — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suicide - shot with 22

DUE TO (c) Rifle. Self Inflicted

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E76X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Craigmont, Rural, Lewis Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* ✓, 19___, *to* ✓, 19___, *that I last saw the deceased alive on* ✓, 19___, *and that death occurred at* ✓ m., *from the causes and on the date stated above.* ✓

23a. SIGNATURE: Albert Huff (Degree or title) Coroner

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-27-1952

24c. NAME OF CEMETERY OR CREMATORY: Craigmont, I.O.O.F.

24d. LOCATION (City, town, or county) (State): Craigmont, Lewis Co., Ida.

DATE REC'D BY LOCAL REG.: 6-25-52

REGISTRAR'S SIGNATURE: C. E. Clowes

25. FUNERAL DIRECTOR: C. E. Clowes ADDRESS: Craigmont, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 346
Reg. Dist. No. 430

RECEIVED
JUL 1 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gravel Pit - East of Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Cambler

4. DATE OF DEATH: (Month) June (Day) 1 (Year) -1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Mar. 29-1879 ?

9. AGE (In years last birthday): 73 (?) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): ? Nebraska

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? BIRTHPLACE: Cambler ?

14. MOTHER'S MAIDEN NAME: Sarah - ? - BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joseph T. Love
ADDRESS: Shoshone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure. — INTERVAL BETWEEN ONSET AND DEATH: Dust.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

782.4

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): did not m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Myrtle C. Burdett — (Degree or title): Coroner

23b. ADDRESS: Shoshone

23c. DATE SIGNED: June 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 3-52

24c. NAME OF CEMETERY OR CREMATORY: Shoshone

24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: June 3-52

REGISTRAR'S SIGNATURE: Myrtle C. Burdett

25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 1 ... DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2245
Local Reg. No. 34
Reg Dist. No. 43

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Daughters Home

2 USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a STATE Illinois COUNTY Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chicago Ill
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ellen c. (Last) Peyton

4. DATE OF DEATH (Month) June (Day) 29 (Year) 32

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Apr. 8 1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11 BIRTHPLACE (State or foreign country) Rensselaer Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Weathers BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Cynthia J. Stackhouse BIRTHPLACE Ohio

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grace M. Pollard ADDRESS Shoshone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1932 to June 29, 1932 that I last saw the deceased alive on May 1, 1932 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE T. O. Barrett (Degree or title) M.D.
23b. ADDRESS Gooding Ida.
23c. DATE SIGNED 7/1/32

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 30
24c. NAME OF CEMETERY OR CREMATORY Weston Cemetery
24d. LOCATION (City, town, or county) Rensselaer (State) Indiana

DATE REC'D BY LOCAL REG. June 30 32
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 23
Reg. Dist. No. 630

BIRTH NO. 52-75-19

1. PLACE OF DEATH JUN 11 1952
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City R 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Keith c. (Last) Pocock

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 3, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ray L. Pocock — BIRTHPLACE: Tooele, Utah

14. MOTHER'S MAIDEN NAME: Laurine Richman — BIRTHPLACE: Teton City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ray L. Pocock — ADDRESS: Sugar City R1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature, Stillborn

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarction, Placenta
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-4-, 1952, *to* 6-5-, 1952, *that I last saw the deceased alive on* 6-5-, 1952, *and that death occurred at* 2:04 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Rigby M.D.
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-9-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR ADDRESS: Kenneth B. Thomas Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended Mar. 31, 1953

Certificate of Death

STATE OF IDAHO

State File No. 2247
Local Reg. No. 25
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): ROGER

b. (Middle): GERBER

c. (Last): THOMPSON

4. DATE OF DEATH: (Month) JUNE (Day) 19, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child

8. DATE OF BIRTH: Nov. 7, 1947

9. AGE (In years last birthday): 4

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank F. Thompson

BIRTHPLACE: Rexburg, Idaho

14. MOTHER'S MAIDEN NAME: Eleanor Woodmansee

BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Irving Woodmansee

ADDRESS: Rexburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Symphatic Leukemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. B. Rigby

(Degree or title): M.D.

23b. ADDRESS: Rexburg, Ida.

23c. DATE SIGNED: 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/23/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 6-19-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russel Flamm

ADDRESS: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 52-2247
Date Filed death

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Roger B. Thompson (Name on Original Certificate) who died (Was Born or Died) on June 19, 1952 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roger B. Thompson	Roger Gerber Thompson

Subscribed and sworn to before me this 27th day of March, 1953

Dick L. Powell
Notary Public, residing at Rexburg, Idaho
My commission expires April 23, 1956
(Seal)

Signed Kenneth G. Thamm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1953

Dick L. Powell
Notary Public, residing at Rexburg, Idaho
My commission expires April 23, 1956
(Seal)

Signed Russell G. Thamm
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

DPH 52.155

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 25
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexbur
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roger	B.	Thompson	June 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Child	Nov. 7, 1947	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Rexburg, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank F. Thompson	Rexburg, Idaho	Eleanor Woodmansee	Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Irving Woodmansee	Rexburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 19, 1952, *and that death occurred at* 9:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. B. Ripley M.D.	Rexburg Ida	6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/23/52	Rexburg	Rexburg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-19-52	Leona Hamm	Russell Hamm	Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 630

111-52-7[illegible] JUL 11 1952
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby; b. (Middle); c. (Last) Skelton

4. DATE OF DEATH: (Month) June (Day) 21, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W.		June 20, 1952			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Skelton — BIRTHPLACE: Rexburg, Idaho
14. MOTHER'S MAIDEN NAME: Irene Shirley — BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John J. Skelton — ADDRESS: Rexburg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Undetermined — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/20, 1952 *to* 6/21, 1952, *that I last saw the deceased alive on* 6/21, 1952 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M J Rigby (Degree or title) MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 6/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 6-21-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2249
Local Reg. No. 28
Reg. Dist. No. 630

BIRTH NO. JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle) Boyd; c. (Last) Cole

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 20, 1887

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Cole
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fay Cole
ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 1 year
~~DUE TO~~ (c): cirrhosis of liver — 5-6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 5, 1952, *to* 6-25-, 1952, *that I last saw the deceased alive on* 6-19-, 1952, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Rigby

23b. ADDRESS: Replum

23c. DATE SIGNED: 6-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/28/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 6-28-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth Flamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 29
Reg. Dist. No. 630

BIRTH NO. JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Godfrey	C.	Klingler	June	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 22, 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick L. Klingler — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Marie Bauer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred Spaulding — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Prostate
DUE TO (c) C Metastasis

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 months (b) one-year (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* June 30, 1952, *that I last saw the deceased alive on* June 30, 1952, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. F. Rigby	MD	Rexburg Idaho	July 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/3/52	Fielding Memorial	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-2-52	Leona Hamm	Russell Adamson	Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 24
Reg. Dist. No. 630

BIRTH NO.

JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Koller	June	6	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	Widowed	May 17, 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hartford Wisc.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Conrad Koller — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: W. C. Roberts — ADDRESS: Sugar City Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3318 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1, 1952 *to* June 6, 1952 *that I last saw the deceased alive on* June 4, 1952 *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H B Rigby	M.D.	Rexburg Ida.	6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/10/52	Salt Lake	Salt Lake City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-9-52	Leona Flamm	Kenneth Flamm	Rexburg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2252
Local Reg. No. 252
Reg. Dist. No. 630

BIRTH NO. JUL 11 1952 Amended 9-29-80

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Rt. 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Rosa b. (Middle) Leah c. (Last) Young Nelson

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 30, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Archer, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm. J. Young
BIRTHPLACE: Jersey Island

14. MOTHER'S MAIDEN NAME: Zilpha Rebbecca Archer
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Zona N. Hatch
ADDRESS: Idaho Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

19a. DATE OF OPERATION: May 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon & metastasis.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1950, *to* June 17, 1952; 19___, *that I last saw the deceased alive on* May 21, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Steven Hatch, M.D.
23b. ADDRESS: Hatch Clinic, Idaho Falls
23c. DATE SIGNED: June 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/52
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 6-20-52
REGISTRAR'S SIGNATURE: Leona Hamm
25. FUNERAL DIRECTOR: Kenneth Hamm
ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 16 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 52-2252
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Rosa Leah Young Nelson (Name on Original Certificate) who died (Was Born, Died, etc.) on June 18, 1952 (Date of Event)

in Rexburg (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Item 4 date of death	June 18, 1952	June 17, 1952

Subscribed and sworn to before me this 12th day of September, 1980.

Notary Public, [signature]
Residing at [illegible]
My commission expires 5-2-87
(Seal)

Mrs Turrell G Hatch
Signature of Applicant

Rt 8 Box 30 Idaho Falls Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

General Corresp. 9-3-80 (Hatch)

State File No. 2[illegible]
Local Reg. No. 32
Reg. Dist. No. 450

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minidoka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Magdelene
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): June 10 1952

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 19 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sapara Colorado
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Hunt — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Mary Weems — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Grace Boothe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 540.0 ~~Heart failure Cardiac decompensation~~ 9 3D
ANTECEDENT CAUSES (a) Cerebral vascular accident
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) shock following perforation — INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO (c) of a gastric ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular disease — Unknown

19a. DATE OF OPERATION: June 3, 1952
19b. MAJOR FINDINGS OF OPERATION: Perforated Gastric Ulcer with Chemical Peritonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1952, *to* June 10, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 10:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Walley (Degree or title): MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: June 11, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-13-52
24c. NAME OF CEMETERY OR CREMATORY: Albion Cemetery
24d. LOCATION (City, town, or county) (State): Albion Idaho

DATE REC'D BY LOCAL REG.: 6-12-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2054
Local Reg. No. 34
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print): a. (First) Don b. (Middle) D c. (Last) Wilkinson

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 14 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomington Ill.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alexander C Wilkinson — BIRTHPLACE: unknown.

14. MOTHER'S MAIDEN NAME: Susie [illegible] Warlaw — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs D D Wilkinson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-19, 1952, *to* 6-25, 1952, *that I last saw the deceased alive on* 6-25, 1952, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 30

24c. NAME OF CEMETERY OR CREMATORY: Heyburn Cem

24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 7-7-1952

REGISTRAR'S SIGNATURE: C M Elmore

25. FUNERAL DIRECTOR: Adam Goodman — ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 702 3rd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	Benton	McFarlin	June 25 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Nov 9 1896	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warehouseman		Stillwater Oklahoma	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry B McFarlin Sr	Iowa	[redacted],	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War I 4-20-1	518-14-8197	John C. McFarlin	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 2 weeks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-11, 1952, *to* 6-25, 1952, *that I last saw the deceased alive on* 6-25, 1952, *and that death occurred at* 9:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carroll M. Elmore M.D.	Rupert, Idaho	6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 28 52	Twin Falls	Twin Falls Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-1952	E M Elmore	Alan Goodman	Rupert Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 33
Reg. Dist. No. 5-52

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Camp Farm
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burstow
d. STREET ADDRESS (If rural, give location) 122 Victory Homes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Terry	Cook	June 22 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	unknown	oct 31 1901	50	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE From Drivers License — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fire in Bunk House.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident		Minidoka Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Smoke from Bad fire in Camp.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alan Goodman	Coroner	Rupert Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6-25-52		Fort Smith Arkansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-26-1952	Nell Edmore	Alan Goodman	Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2257
Local Reg. No. 118
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 519 - 3rd St. (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 519 - 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Isabelle
c. (Last) Leeper

4. DATE OF DEATH (Month) June (Day) 2, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 18, 1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Doiphan Co., Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. P. Garner — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Mary M. Harness — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE C. E. Leeper — ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable pulmonary embolus. 420.0 — INTERVAL BETWEEN ONSET AND DEATH ~~[illegible]~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart dis, in failure. — 2-3 weeks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1952, *to* ——, 19—, *that I last saw the deceased alive on* May 31, 1952, *and that death occurred at* 6 38 *m., from the causes and on the date stated above.*

23a. SIGNATURE B R Stein 383 MD. (Degree or title)
23b. ADDRESS 307-St Johns Way.
23c. DATE SIGNED 6-3-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 5, 1952 01
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. June 5, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Mann Co., By-K. H. Malcom — ADDRESS Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021 Stein

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2258
Local Reg. No. 111
Reg. Dist. No. 220

RECEIVED JUN 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 503 Delsol Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Helen
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Concordia, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Throlstrup — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Lena Christensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Esther Biegert — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Respiratory and circulatory failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dyskexia
DUE TO (c) Cerebral vascular accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1952 *to* June 2, 1952 *that I last saw the deceased alive on* June 1, 1952 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W. Eastwood M.D. 114
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 5, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Gilbert Cemetery
24d. LOCATION (City, town, or county) (State): Clearwater Co., Idaho

DATE REC'D BY LOCAL REG.: June 5 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Mann Co., By- H. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Eastwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL

State File No. .....
Local Reg. No. 114
Reg. Dist. No. 220

BIRTH NO. 52-6255

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchard
d. STREET ADDRESS (If rural, give location): 716- Linden Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Jacklyne
b. (Middle): Cay
c. (Last): Nesheim

4. DATE OF DEATH (Month) (Day) (Year): June 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 31, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 9 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Neil W. Nesheim — BIRTHPLACE: Orofino, Idaho.
14. MOTHER'S MAIDEN NAME: Erma Langdon — BIRTHPLACE: Kendrick, Idaho.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ann V. Nesheim — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 2 pounds — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Lewiston — (COUNTY): Nez Perce — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30-, 1952, *to* 6-8, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 251 (Degree or title): MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June, 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 11, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2260
Local Reg. No. 113
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 5 1952 DIVISION OF VITA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Clearwater Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) Carlos c. (Last) Downing

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Mar. 31, 1897

9. AGE (In years last birthday): 55
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumber grader 09

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Guthrie Center, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lester M. Downing
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nellie Reed
BIRTHPLACE: Guthrie Center, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518-07-3444

17. INFORMANT'S OWN SIGNATURE: Nellie Downing
ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lobar Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1952, *to* June 9, 1952, *that I last saw the deceased alive on* June 8, 1952, *and that death occurred at* 4:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. M. Mackey, M.D.
(Degree or title)
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: June 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021 Mackey

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2261
Local Reg. No. 175
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston (Rural)
d. STREET ADDRESS (If rural, give location): Upper Asotin Road

3. NAME OF DECEASED (Type or Print): a. (First) Ezra; b. (Middle) Densmore; c. (Last) Sennett

4. DATE OF DEATH: (Month) (Day) (Year): June 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Paint

11. BIRTHPLACE (State or foreign country): Concord, New Hampshire

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Sennett
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: (Unknown) Crane
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Beatrice Sennett
ADDRESS: Clarkston.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Duod Ulcer

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Post Gastrectomy Hemorrhage

DUE TO (c) from Pancreatic Duct Injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 May, 1952 *to* 13 June, 1952, *that I last saw the deceased alive on* 15 June, 1952, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 14 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6/17/52

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: June 16 1952

REGISTRAR'S SIGNATURE: Jean Wagelius

25. FUNERAL DIRECTOR: W. C. Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2066
Local Reg. No. 4282
Reg. Dist. No. 220

RECEIVED
JUL 5 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1303 - 3rd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1303 - 3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Newton; c. (Last) Alley

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor 14

10b. KIND OF BUSINESS OR INDUSTRY: MEDICINE

11. BIRTHPLACE (State or foreign country): Delano, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John N. Alley
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs John N Alley
ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201 I

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS — 10 YRS.

DUE TO (c) HYPERTENTION — 10 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA of PROSTATE — 4 YEARS

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN, 1945, *to* June 14, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 7:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Braddock M.D. 039
23b. ADDRESS: 707-11th St Lewiston
23c. DATE SIGNED: 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 17 19
REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Brower-Wann Funeral Home
By - Kermit H. Malcom
ADDRESS: Lewiston, Ida.

Dr. John Braddock

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

State File No. 2268
Local Reg. No. 120
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 502 Warner Ave.

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTOPHER b. (Middle) JOHN c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 6, 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 17
10b. KIND OF BUSINESS OR INDUSTRY: Machinest
11. BIRTHPLACE (State or foreign country): Birmingham, England
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Hill — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Killicent ? — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 546-09-5338A
17. INFORMANT'S OWN SIGNATURE: Marjorie E. Empey — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosus — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover M.D. 408
23b. ADDRESS: 527 Burrell ave. LEWISTON, IDAHO
23c. DATE SIGNED: 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 20 1952
REGISTRAR'S SIGNATURE: Jean Wegdins
25. FUNERAL DIRECTOR: Brower-Mann by K.H. Malcom — ADDRESS: Lewiston,

Dr. R. M. Stover

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2264
Local Reg. No. 124
Reg. Dist. No. 220

BIRTH NO.

REC'D JUL 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 222-4 St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): J.
c. (Last): Terlson

4. DATE OF DEATH (Month) (Day) (Year): 6-23-52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 4-20-1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crosby, North Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Terl Terlson — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Twiton — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 537-16-4933
17. INFORMANT'S OWN SIGNATURE: Alfred O. Terlson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

571.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Left ilio femoral phlebitis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 d.
DUE TO (c): Gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH: 4-5 d.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 15+ yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1948, *to* June, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 3 15/a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein M.D. 3/3
23b. ADDRESS: 307 St Johns Way, Lewiston
23c. DATE SIGNED: June 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-25-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 6-24-52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2265
Local Reg. No. 122
Reg. Dist. No. 220

RECEIVED 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): one month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1323 9th. Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Everett	Paris	6	25	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	7-14-1889	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Clothing	Marion, Kentucky	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
O'Bioian E. Paris	Marion Kentucky	Sarrah E. Hall	Marion Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. One	519-09-3216	Mrs C. E. Paris	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic Cancer of Lungs	6 weeks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Probable Carcinoma of head of Pancreas.	6+ weeks.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

157X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 25, 1952, *to* June 25, 1952, *that I last saw the deceased alive on* June 25, 1952, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stein M D	307-5th St John Way, Lewiston Ida	6-25-52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/27/1952	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-26-52	Jean Wegelin	E. S. Powell	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2266
Local Reg. No. 125
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1617 - 9th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ann; b. (Middle) Scott; c. (Last) Cole

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 12, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexandria Wallace
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Jane Bows
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Tom Wallace ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho- pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Aretrial hypertention Myocardial degeneration — 5 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* March 26, 1947, *to* June 25, 1952, *that I last saw the deceased alive on* June 25, 1952, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.O. Douglas 092 (Degree or title): MD

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 28,1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 28 1952

REGISTRAR'S SIGNATURE: Jean Hopkins

25. FUNERAL DIRECTOR: Brower-Mann Co., by- K.H. Malcom ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021 Dr. Douglas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 5 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 22 C 7
Local Reg. No. 129
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 - 6th Ave. (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 603-6th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carry	L	Rukgaber	June	25,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 18, 1879	73	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lincoln, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Burges Ward — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Amelia Grund — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Rukgaber — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 yrs
DUE TO (c) Myocardial fibrosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-25, 1952, *to* 6-25, 1952, *that I last saw the deceased alive on* 6-25, 1952, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Newton MD	Lewiston, Ida	6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 28, 1952	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 28 1952	Jean Wegelin	Brower-Wann Co., by- K. H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Newton

NON-RESIDENT

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2226
Local Reg. No. 123
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2-4-51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockford,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HANS
b. (Middle): HENRICH
c. (Last): DAGEFOERDE

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 12, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 61
10b. KIND OF BUSINESS OR INDUSTRY: Luth Minister & farmer
11. BIRTHPLACE (State or foreign country): Bleckmare, Germany
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Jurgen H. Dagefoerde — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Margartha Marquardt — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Germany
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Paul H. Dagefoerde — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

353.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): anoxemia following

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): epileptiform Convulsion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

DUE TO (c): Epilepsy — 30 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1951, *to* 6-26, 1952, *that I last saw the deceased alive on* 6-26, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-26-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Fairfield, Washington,

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 126
Reg. Dist. No. 220

RECEIVED JUL 3 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Spainhoward

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 10, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Warrens Co, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don Spainhoward
BIRTHPLACE: Ill

14. MOTHER'S MAIDEN NAME: Elizabeth Basley
BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ora Volz
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 24, 1952 *to* June 27, 1952 *that I last saw the deceased alive on* June 27, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Eastman M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 30, 52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive
24d. LOCATION (City, town, or county) (State): Pittsburg, Kansas.

DATE REC'D BY LOCAL REG.: June 30 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. H. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2270
Local Reg. No. 127
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-7658

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 9th & Vista (Orchards)

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) MOE

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 29, 1952

9. AGE (In years last birthday): - - - - | IF UNDER 1 YEAR Months - | Days - | IF UNDER 24 HRS. Hours 18 | Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willie Moe — BIRTHPLACE: So. Dakato

14. MOTHER'S MAIDEN NAME: Renee Marshall — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Willie Moe — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatrum — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary edema.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

7620

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 31° W. D. Pierce Md

23b. ADDRESS: 307 St. John's Way, Lewiston

23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 2 1952

REGISTRAR'S SIGNATURE: Jean Wyckoff

25. FUNERAL DIRECTOR: Brower-Wann Co., ADDRESS: Lewiston, Idaho

by - H. H. Malcom

Federal Security Agency
United States Public Health Service

Form DPH-48021

Pierce

NON-RESIDENT
Certificate of Death

State File No. [illegible]
Local Reg. No. 116
Reg. Dist. No. 220

BIRTH NO.

JUL 12 1952 RECEIVED STATE OF IDAHO
JUL 5 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Clearwater River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Drowned in Clearwater river, 3 miles west of Kamiah, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakesdale
d. STREET ADDRESS (If rural, give location): Rural Town

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NORMAN	CARROL	JONES	April 26,1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 4,1930	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
College Student	Student	Colfax, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Y.Glenn Jones	Oakesdale, Washington	Lola Woodring	Oakesdale, Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Y. Glenn Jones	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Drowning	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auto accident	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Clearwater River	Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 26,52 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car went into River

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew F. Vassar Coroner	Lewiston, Idaho	June 16,52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 12,1952	Oakesdale	Oakesdale, Whitman, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 16,1952	Jean Wegelius	L.L.BRUNING FUNERAL HOME	Colfax, Washington
		W.R. Goodrich, mgr.	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2[illegible]
Local Reg. No. 419
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUL 5 1952
DIVISION OF VITAL

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Miles N E Reubens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford P.O.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NETTIE b. (Middle) BELLE c. (Last) RUCKMAN

4. DATE OF DEATH (Month) (Day) (Year): May 29 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: HENRY STEEL, MISSOURI — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: ---------- REDFORD, ILLINOIS — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James E Ruckman — ADDRESS: 1414-10th Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

784.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Hemorrhage — 2 wks.
DUE TO (c) Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1951, *to* May 26, 1952, *that I last saw the deceased alive on* May 26, 1952, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E Corsson M.D. (Degree or title) 055
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-52 01
24c. NAME OF CEMETERY OR CREMATORY: Reubens
24d. LOCATION (City, town, or county) (State): Reubens, Idaho.

DATE REC'D BY LOCAL REG.: June 19, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Craigmont, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 728
Reg. Dist. No. 220

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck-Rural
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck-rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Josephine	Elizabeth	Benscoter	6-28-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	2-19-1866	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lowell Mich.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Scott	Scotland	Harriet Gibson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	x Harriet Kayler	Peck

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/16, 1952, *to* 6/30, 1952, *that I last saw the deceased alive on* 6/27, 1952, *and that death occurred at* 9:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Hopkins	Orofino Ida.	6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-burial	6-28-52	American Ridge	Kendrick Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 3 1952	Jean Wegelius	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 5
Reg. Dist. No. 530

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 570 N.6th West

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle) Dredge; c. (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: December 7 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse R.Dredge
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ellen Rhees
BIRTHPLACE: England

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L.L.Dredge Thomas
ADDRESS: Malad Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis & Mitral regurgitation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: general debility,

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1924 *to* June 5 1952, *that I last saw the deceased alive on* June 5, 1952, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. H. Mahy

23b. ADDRESS: Malad Idaho

23c. DATE SIGNED: 6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 9 1951

24c. NAME OF CEMETERY OR CREMATORY: Malad City

24d. LOCATION (City, town, or county) (State): Malad.Oneida,Idaho

DATE REC'D BY LOCAL REG.: June 9. 1952

REGISTRAR'S SIGNATURE: J. Guy Benson

25. FUNERAL DIRECTOR: J. Guy Benson
ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 14
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 55 South 180 East St.

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Lamont c. (Last) Yearsley

4. DATE OF DEATH (Month) (Day) (Year): June 12 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 1 1907

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nathan David Yearsley- BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Julia Ann Gibbs BIRTHPLACE: Portage Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Julia A Yearsley ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

345X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 41 *to* June 12, 1952 *that I last saw the deceased alive on* 6-10, 1952 *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Maby M.D.

23b. ADDRESS: Malad Idaho

23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 14 52

24c. NAME OF CEMETERY OR CREMATORY: Portage

24d. LOCATION (City, town, or county) (State): Portage, Box Elder, Utah

DATE REC'D BY LOCAL REG.: June 13 1952

REGISTRAR'S SIGNATURE: J. Guy Kenan

25. FUNERAL DIRECTOR: J. Guy Kenan ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]C
Local Reg. No. 17
Reg. Dist. No. 520

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Malad Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) E. c. (Last) SHIPLEY

4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb., 20, 1886
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Woodruff Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Orson Shipley BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME Mary S. Dixon BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Martha Shipley ADDRESS Bancroft Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Failure — INTERVAL BETWEEN ONSET AND DEATH 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 Months
DUE TO (c) and Coronary Decompensation — 8 years
Hypertension (Malignant Type)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION O
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) C
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1952 to 6/20, 1952 that I last saw the deceased alive on 6/19, 1952 and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [illegible] MD
23b. ADDRESS Malad City Idaho
23c. DATE SIGNED 6/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-23-52
24c. NAME OF CEMETERY OR CREMATORY Chesterfield
24d. LOCATION (City, town, or county) (State) Chesterfield Idaho

DATE REC'D BY LOCAL REG. June 21-1952
REGISTRAR'S SIGNATURE [illegible]
25 FUNERAL DIRECTOR Byron B. Dunard
ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-7668 RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2...
Local Reg. No. 18
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle) Fred
c. (Last) Christophersen

4. DATE OF DEATH (Month) (Day) (Year) June 30 1952

5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH June 27 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Grant V. Christophersen BIRTHPLACE Logan Utah
14. MOTHER'S MAIDEN NAME Nellie Sweeten BIRTHPLACE Holbrook Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grant Christophersen ADDRESS Malad Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7768

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5 weeks premature

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27, 1952 *to* 6-30, 1952, *that I last saw the deceased alive on* 6-30, 1952, *and that death occurred at* 12:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE O. [signature] (Degree or title)
23b. ADDRESS Malad
23c. DATE SIGNED 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 2 1952
24c. NAME OF CEMETERY OR CREMATORY Malad City
24d. LOCATION (City, town, or county) (State) Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG. July 2-1952
REGISTRAR'S SIGNATURE J. Guy Hensar
25. FUNERAL DIRECTOR J. Guy Hensar ADDRESS Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 19
Reg. Dist. No. 530

RECEIVED JUL 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Virgil	Thomas	June 30 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 26 1909	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 29	Tavern	Malad Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willie H. Thomas	Malad Idaho	Sarah Jane Williams	Samaria Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-1559	Samuel Thomas	Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arterio-sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from _____, 19 46 to June 30 19 52, that I last saw the deceased alive on June 29, 19 52, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O D Mabey	Malad	7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 3 1952	Malad City	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
July 2. 1952	J. Guy Hansen	J. Guy Hansen	Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S.W. of Homedale
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 4 miles S.W. Homedale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 4 miles S.W.

3. NAME OF DECEASED (Type or Print)
a. (First): Elton
b. (Middle): Barker
c. (Last): Curtis

4. DATE OF DEATH (Month) (Day) (Year): June 6-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20-1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 10, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 34
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Charles W. Curtis, St. Martins, Maryland
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Katherine M. Barker, North Hampton, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes in peace time 1941
16. SOCIAL SECURITY NO.: 519-20-6513
17. INFORMANT'S OWN SIGNATURE: X Mrs Elton Curtis — ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Shot in heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Suspendacaly
DUE TO (c): Hurt in Hay derrick

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: when a Boy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rauch - Barn
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Homedale Owyhee Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. S. Allen M D Coroner
23b. ADDRESS: Marsing Idaho
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: June 13-52
REGISTRAR'S SIGNATURE: Mrs Nina Frosig
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dokan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4280
Local Reg. No. 480
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grassmere
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Small Resoivoir

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) DALE c. (Last) JEWETT

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 13, 1942
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grandview Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Buster Theodore Jewett — BIRTHPLACE: Boise Idaho
14. MOTHER'S MAIDEN NAME: Grace V. Smith Goodnight — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Buster Theodore Jewett — ADDRESS: Bruneau

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned in water suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10 miles from Grassmere
21c. (CITY, TOWN, OR TOWNSHIP) on Mountain City Road (COUNTY) Owyhee (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Allen M.D. (Degree or title) Coroner Owyhee Co
23b. ADDRESS: Marsing Idaho
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery
24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 99
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oreana
c. LENGTH OF STAY (in this place): 19 mons
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oreana (rural)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oreana (rural)
d. STREET ADDRESS (If rural, give location): Oreana

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Blair
c. (Last): Deary

4. DATE OF DEATH (Month) (Day) (Year): June 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 13 1950
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 5, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Ida.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matthew Deary — BIRTHPLACE: Jordan Valley, Oregon.
14. MOTHER'S MAIDEN NAME: Dorethea Reinhart — BIRTHPLACE: Boise Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: X Matthew J Deary — ADDRESS: Oreana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Downed - in Water

ANTECEDENT CAUSES — Suffocation

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oreana R D Owyhee Co Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Allen M D 472 (Degree or title) Coroner Owyhee Co
23b. ADDRESS: Marsing
23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise.
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 2 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2282
Local Reg. No. 105
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver City
c. LENGTH OF STAY (in this place): 77 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At His Home. Silver City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Grete

4. DATE OF DEATH: (Month) June (Day) 10. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct. 18. 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortician Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silver City Idaho

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Grete
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Koruman.
BIRTHPLACE: N.Y. City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-16-0364

17. INFORMANT'S OWN SIGNATURE: Hans V. Butler
ADDRESS: Hammon Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senile age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 min?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Silver City (COUNTY) Owyhee (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.* (approx)

23a. SIGNATURE: C. L. Allen M.D. 470
(Degree or title): Coroner
23b. ADDRESS: Marsing Idaho
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14.1952
24c. NAME OF CEMETERY OR CREMATORY: Mtn. Home
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 19
Reg. Dist. No. 386

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Elko
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owyhee
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Cavanaugh
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 64
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Austin Nevada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Lida Cavanaugh — ADDRESS: Owyhee Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): not enbalmed
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip F. Green Coroner 470
23b. ADDRESS: Mountain Home, Ida
23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Owyhee Cemetery
24d. LOCATION (City, town, or county) (State): Owyhee Nevada

DATE REC'D BY LOCAL REG.: June 17, 1952
REGISTRAR'S SIGNATURE: A. F. Anderson
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1039 — 1st Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1039 — 1st Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) James; c. (Last) Huffman

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: February 18, 1866

9. AGE (In years last birthday): 86-3-22 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired) 04

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Finleyville, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis B. Huffman — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Eliza McChain — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Ellen White — ADDRESS: Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with kidney, cardiac, renal and pulmonary embolic manifestations

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis, indeterminate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 mo (b) [illegible] (c) [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 8, 1951, *to* June 10, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Walter S. Kotas, M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-13-1952

24c. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery

24d. LOCATION (City, town, or county) (State): Vale, Oregon

DATE REC'D BY LOCAL REG.: 6-12-52

REGISTRAR'S SIGNATURE: Robert E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2[illegible]
Local Reg. No. 42
Reg. Dist. No. 330

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 538 N. 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): LAURA
c. (Last): BICKNESE

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1925
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months – Days – — IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New Plymouth, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Fisher — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Laura K. Stocker — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): – – –
16. SOCIAL SECURITY NO.: – – – –
17. INFORMANT'S OWN SIGNATURE: Laura M. Bicknese — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, pulmonary (& probably cerebral) — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tetanic uterine contractions, spontaneous, severe — 8 hrs.
DUE TO (c) Phlebothrombosis, uterine, secondary to (b) — few hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): – – – –
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): – – – – – – – –
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): –
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – – – – – – – – – m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: –

22. *I hereby certify that I attended the deceased from* June 26, 1948, *to* June 14, 1952, *that I last saw the deceased alive on* June 14, 1952, *and that death occurred at* 9:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter S. Kotas (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: June 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: June 16, 1952
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]C
Local Reg. No. 43
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 2nd Ave. South and 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) C. c. (Last) CHESS

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Dec. 14, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm labor

11. BIRTHPLACE (State or foreign country): Rogersville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — —

16. SOCIAL SECURITY NO.: 518-24-6874

17. INFORMANT'S OWN SIGNATURE: Payette County Welfare Records
ADDRESS: Payette, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Carcinoma — 9,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — — — —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — — —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — — — — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: — — — —

22. *I hereby certify that I attended the deceased from* 1951, 19—, *to* June 14, 19 52, *that I last saw the deceased alive on* June 14, 19 52, *and that death occurred at* 8:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Carico (Degree or title) M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: June 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1952

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 22[illegible]
Local Reg. No. 44
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUL 2 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 723 North 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 723 North 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) Zelma b. (Middle) Elizabeth c. (Last) Dougherty

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 4, 1905

9. AGE (In years last birthday): 46 years — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Midvale, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Willis Hayes — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Julia Ann Brooks — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vivian L Graham — ADDRESS: Payette Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis — unk.
DUE TO (c): Hypertension, Arterial — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure — 6 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* June 25, 1952, *that I last saw the deceased alive on* June 25, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James T Flanagan — (Degree or title): M.D.

23b. ADDRESS: Ontario, Oregon

23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-28-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: June 26, 1952

REGISTRAR'S SIGNATURE: Roberta E Hoffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — **ADDRESS**: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]5
Local Reg. No. 41
Reg. Dist. No. 330

BIRTH NO. DIVI.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Plymouth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): New Plymouth

3. NAME OF DECEASED (Type or Print): a. (First) EZEKIEL b. (Middle) LaFAYETTE c. (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year): June 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Gatewood, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathaniel Martin Smith
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Lucy Crim
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 535-12-3920

17. INFORMANT'S OWN SIGNATURE: Edith Mae Smith
ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and Myocardial insufficiency — Several yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1951, *to* June 16, 1952, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Geo E. Davis M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: June 11, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 6-12-52
REGISTRAR'S SIGNATURE: Robert E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2289
Local Reg. No. 15
Reg. Dist. No. 230

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette Rt. 1
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. #1

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette Rural
d. STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) Sylvester c. (Last) Rogers

4. DATE OF DEATH (Month) (Day) (Year) 6 29 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 6 1883
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Shawnee Town Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Warren L. Rogers BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Lucy Isham BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-32-835
17. INFORMANT'S OWN SIGNATURE Herbert T. Rogers ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 19 52, *to* June 29, 19 52, *that I last saw the deceased alive on* June 20, 19 52, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles R. Palmer (Degree or title) M.D.
23b. ADDRESS Ontario, Oregon
23c. DATE SIGNED July 1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 2 1952
24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery
24d. LOCATION (City, town, or county) (State) New Plymouth Idaho

DATE REC'D BY LOCAL REG. July 2, 1952
REGISTRAR'S SIGNATURE Robert E. Shaffer
25. FUNERAL DIRECTOR Beechley Funeral Home
ADDRESS Ontario, Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2290
Local Reg. No. 15
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: POWER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
c. LENGTH OF STAY (in this place): 30 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AMERICAN FALLS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1445 SOUTH 5TH.

3. NAME OF DECEASED (Type or Print)
a. (First): IRVING
b. (Middle): NEWIL
c. (Last): CHRISTIANSEN

4. DATE OF DEATH (Month) (Day) (Year): JUNE 17, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 10, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BOILERMAKER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): GEORGETOWN, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HANS CHRISTIANSEN — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: ROSETTA BLACK — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elmer Christiansen — ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) D.O.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (probable acute myocardial
DUE TO (c) infarction)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): N —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.* 6-17-52

23a. SIGNATURE (Degree or title): L. Garr Sherrill, MD 274
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: 6-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: June 20-1952
REGISTRAR'S SIGNATURE: Irene Daling
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 45
Reg. Dist. No. 142

BIRTH NO. JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 729 McKinley Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 729 McKinley Ave

3. NAME OF DECEASED (Type or Print)
a. (First): FOREST
b. (Middle): C
c. (Last): MILES

4. DATE OF DEATH (Month) (Day) (Year): June 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 19, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mine Foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Miles — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Alice Mullan — BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-7296
17. INFORMANT'S OWN SIGNATURE: Anna G. Miles — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17, 52, *to* 6-17-, 52, *that I last saw the deceased alive on* 6-17, 52, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Stoen (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 6-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 6/26/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 46 [illegible]
Reg. Dist. No. 142

BIRTH NO. JUL 11 1952

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lem[illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARIAN b. (Middle) FRANCES c. (Last) SATER

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oakdale, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Addison Wellsmore — BIRTHPLACE: Wash.
14. MOTHER'S MAIDEN NAME: Alta Gregory — BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 537-14-0125
17. INFORMANT'S OWN SIGNATURE: Chester W. Sater — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic of major

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pelvic Vessel.
DUE TO (c) Ca of Cervix c metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950 *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* 6-18, 1952, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Sater 3x2
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg (State): Idaho

DATE REC'D BY LOCAL REG.: 6/26/52
REGISTRAR'S SIGNATURE: Joe Levine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 20[illegible]6
Local Reg. No. 47[illegible]
Reg. Dist. No. 142

BIRTH NO.

JUL 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural give location): 138 E. Riverside

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) PENNEY c. (Last) ELLIOTT

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1898

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months 8 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper ob

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Pittsburg, Penn.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: M. L. Penney
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Christine Sedquist
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-22-9843

17. INFORMANT'S OWN SIGNATURE
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture Ruptured Uterus
DUE TO (c) Breech for Ca at Missoula

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1 mo pregnancy

19a. DATE OF OPERATION: 6-18

19b. MAJOR FINDINGS OF OPERATION: Ca of Breast

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-18, 52, *to* 6-19, 52, *that I last saw the deceased alive on* 6-19, 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Staley

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 22 1952

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 6/26/52

REGISTRAR'S SIGNATURE: Joe Simms

25. FUNERAL DIRECTOR: Gordon Flood

ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

1 - Certificate

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2664
Local Reg. No. 492
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 162 McKinley ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 162 McKinley ave.

3. NAME OF DECEASED (Type or Print) a. (First) Tillie b. (Middle) S c. (Last) Holzendorf

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Dec. 23, 1873

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 5 Days 29
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME No Record
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Madeline Thompson
ADDRESS Kellogg Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Diabetes 3-4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 1949, to 22 June, 1952, that I last saw the deceased alive on 22 June, 1952 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Glen M. Whitesel (Degree or title) M.D.
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 29 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 24 52
24c. NAME OF CEMETERY OR CREMATORY Hunts
24d. LOCATION (City, town, or county) Kingston (State) Idaho

DATE REC'D BY LOCAL REG. 7-10-52
REGISTRAR'S SIGNATURE Joe Lavine

25. FUNERAL DIRECTOR Gunter & Lloyd
ADDRESS Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 51
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Vernon	J.	Nelson	May 31 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 27, 1910	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. W. W. Water Power Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nels J. Nelson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ida Charlotte — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W.W.Two
16. SOCIAL SECURITY NO.: 533-01-8249
17. INFORMANT'S OWN SIGNATURE: Rudolph F. Hilgen — ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 16 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 31, 1952 *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. E. Burbake	M.D.	Wallace Idaho	6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 31, 1952	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 4 1952	Dale L Cornell	Don English	Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2296
Local Reg. No. 47
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) SARAH c. (Last) SCOTT

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 22 1890
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 0 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Phone Operator
10b. KIND OF BUSINESS OR INDUSTRY City of Wallace
11. BIRTHPLACE (State or foreign country) Spokane Wash
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE 24
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 53701-2470 180X
17. INFORMANT'S OWN SIGNATURE Mrs. H. B. Vickerman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Sarcoma Liver Stomach
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Had Sarcoma Kidney removed
DUE TO (c) Several years previously

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to June 4, 1952, that I last saw the deceased alive on May 31, 1952 and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE [illegible] (Degree or title) 270
23b. ADDRESS Wallace Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 4-1952
24c. NAME OF CEMETERY OR CREMATORY Riverside Park
24d. LOCATION (City, town, or county) Spokane Wash (State)

DATE REC'D BY LOCAL REG. June 4-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2297
Local Reg. No. 48
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): Star Hotel

3. NAME OF DECEASED (Type or Print): a. (First) ALONZO b. (Middle) CARL c. (Last) PRUTER

4. DATE OF DEATH (Month) (Day) (Year): June 1-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 23-1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Oxford Cafe
11. BIRTHPLACE (State or foreign country): Natoma Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Pruter — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Minnie Robinson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1919-1923
16. SOCIAL SECURITY NO.: 532-18-7534
17. INFORMANT'S OWN SIGNATURE: Alonzo S. Pruter — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart failure — INTERVAL BETWEEN ONSET AND DEATH: few mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead [illegible]
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 5/31, 1952 *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5-1952
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: June 5-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2006
Local Reg. No. 53
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) c. (Last) McGEEHIN

4. DATE OF DEATH (Month) (Day) (Year) June 22-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Hercules Mine
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Charles A Telford ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, cerebral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injury to skull from fall.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wallace, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 16-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell striking head on stove.

22. *I hereby certify that I attended the deceased from* June 16, 1952 *to* 6-22, 1952, *that I last saw the deceased alive on* 6-21, 1952, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. F. Burrell M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 25-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. June 27-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible] 54
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JUNE b. (Middle) MARIA c. (Last) CAPPARELLI

4. DATE OF DEATH (Month) (Day) (Year) JUNE 24-52

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Apr 5-1948
9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wallace
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Louis Capparelli BIRTHPLACE Billings Mont.
14. MOTHER'S MAIDEN NAME Edna Bailey BIRTHPLACE Rose Lake Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Charles Louis Capparelli ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

510.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Retrollation, + Failure — INTERVAL BETWEEN ONSET AND DEATH 1.55 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anesthesia — 10 min
DUE TO (c) Tonsillectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1952, *to* 6-24, 1952 *that I last saw the deceased alive on* 6-24, 1952 *and that death occurred at* 11 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE Pauline Ellis MD (Degree or title)
23b. ADDRESS Wallace Ida.
23c. DATE SIGNED 6-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 25, 1952
24c. NAME OF CEMETERY OR CREMATORY Missoula
24d. LOCATION (City, town, or county) Missoula Montana (State)

DATE REC'D BY LOCAL REG. June 27-1952
REGISTRAR'S SIGNATURE Dale S Cornell
25. FUNERAL DIRECTOR Dale S Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2306
Local Reg. No. 50
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 1 Miles
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West of Mullan #10 Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Big Creek
d. STREET ADDRESS (If rural, give location) Sunshine Mine

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) MONROE

4. DATE OF DEATH (Month) (Day) (Year) April 21-1952

5. SEX Male
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 1903-11-22
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

983X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead by Road Side Dealer to death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) in a fight

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Mullan
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mullan Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 21 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Dealer to death by W. Pardon

22. *I hereby certify that I attended the deceased from _____, 19__, to _____ 19__ that I last saw the deceased alive on 4-21, 1952, and that death occurred at 9 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 4/22

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 28-1952
24c. NAME OF CEMETERY OR CREMATORY Browning
24d. LOCATION (City, town, or county) (State) Browning Montana

DATE REC'D BY LOCAL REG. June 28-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell
ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2201
Local Reg. No. 52
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Almiron
b. (Middle):
c. (Last): Doggett

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-26-1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waitsburg Wash
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Almiron Doggett — BIRTHPLACE: Ills
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norma J. Stoszalovich — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — several mo.
DUE TO (c) Asthma Cardiac

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis — several

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1952, *to* _____, 19__, *that I last saw the deceased alive on* 6/6, 1952, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 260
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Waitsburg
24d. LOCATION (City, town, or county) (State): Waitsburg Wash

DATE REC'D BY LOCAL REG.: June 7-1952
REGISTRAR'S SIGNATURE: Dale L. Cornell
FUNERAL DIRECTOR: [signature]
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2302
Local Reg. No. 44
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinehurst Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location) Pinehurst Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) O c. (Last) Newsom

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 14, 1923

9. AGE (If over 1 year last birthday) 29 | IF UNDER 1 YEAR Months 4 Days 27 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Cove Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Hamock BIRTHPLACE Arkansas

14. MOTHER'S MAIDEN NAME Ada Bell BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Delbert Newsom ADDRESS Pinehurst

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Edema Coronary of throat — 1½ yrs.

DUE TO (c) Osteomyelitis of Mandible — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1948, to 11 June, 1952, that I last saw the deceased alive on 9 June, 1952, and that death occurred at 3:37 m., from the causes and on the date stated above.

23a. SIGNATURE Ben M. Whitsell (Degree or title) M.D.

23b. ADDRESS Kellogg, Idaho

23c. DATE SIGNED 12 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/14/52

24c. NAME OF CEMETERY OR CREMATORY Forrest

24d. LOCATION (City, town, or county) (State) Coeur D Alene Idaho

DATE REC'D BY LOCAL REG. 6/14/52

REGISTRAR'S SIGNATURE Joe Owens

25. FUNERAL DIRECTOR Gordon Poole ADDRESS Kellogg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2303
Local Reg. No. 49
Reg. Dist. No. 140

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hecla Mine.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Richard (Bill) b. (Middle) c. (Last) MAYO

4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 9 1921
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 6 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Joplin Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Palm Mayo. BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Bertha Lynn Morris BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) #2 910.2
16. SOCIAL SECURITY NO. 488-26-6720
17. INFORMANT'S OWN SIGNATURE Frank E. Carrico ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Head Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Daughter under Slab Rock
DUE TO (c) in Star mine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Star mine
21c. (CITY, TOWN, OR TOWNSHIP) Burke (COUNTY) Shoshone (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-12-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 4/12, 1952 *and that death occurred at* 1:30 P.m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] Mowery Coroner 470 (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.
24b. DATE June-14-52
24c. NAME OF CEMETERY OR CREMATORY Joplin.
24d. LOCATION (City, town, or county) Joplin. Jasper Co. (State) Mo.

DATE REC'D BY LOCAL REG. June 13-52
REGISTRAR'S SIGNATURE John A Bever
25. FUNERAL DIRECTOR John A Bever ADDRESS Wallace Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. No 5
Reg. Dist. No. 620

BIRTH NO. 52-6344

1. PLACE OF DEATH
a. COUNTY: Teton.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs.
c. LENGTH OF STAY (in this place): 5 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
d. STREET ADDRESS (If rural, give location): "one

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert.	-	Huntsman	June 1st 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	-------	May 31st 1952.				5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Driggs Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lemar Huntsman.	Idaho Falls Idaho.	Lucy. Jones.	N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-	-	-	LaMar Huntsman	Ashton Id aho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 31, 1952, *to* June 1, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 1:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
La Grand C Larsen M.D	Driggs Idaho	6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June. 2th 1952.	Pineview	Ashton Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 10 - 52	Stella Griggs.	Innis Kier	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2305
Local Reg. No. 6
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Outside Driggs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salt Lake City
d. STREET ADDRESS (If rural, give location) 2207 South 22 East

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) c. (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year) June 4 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH April 9, 1874
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Assessor 19
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Wright BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Elizabeth Westwood BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 528-01-5032
17. INFORMANT'S OWN SIGNATURE Ernest Lynn Wright ADDRESS 764 Hawthorne

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 10 min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~June 4 1952~~ 5:00 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never saw pt. alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) La Grande C Larsen, M.D. 234
23b. ADDRESS Driggs Idaho
23c. DATE SIGNED 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE June 09 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State) Salt Lake City Utah

DATE REC'D BY LOCAL REG. June 27-52
REGISTRAR'S SIGNATURE Stella Griggs
25. FUNERAL DIRECTOR A Bert Riddington ADDRESS White Chapel-124-4 East · Salt Lake City, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2206
Local Reg. No. 121
Reg. Dist. No. 460

JUN 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Eden
d. STREET ADDRESS (If rural, give location): Rural - Eden

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): MRS. DOROTHEA EMMA CLARA REHWALT

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Deshler, Nebraska
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Wm. Lierman — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Emily Smith — BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x John C. Rehwalt — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 31, 1952, *and that death occurred at* 9 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen A Vogler 435 (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6-5-52 01
24c. NAME OF CEMETERY OR CREMATORY: Eden Cem
24d. LOCATION (City, town, or county) (State): Eden, Idaho

DATE REC'D BY LOCAL REG.: 6-4-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2267
Local Reg. No. 158
Reg. Dist. No. 460

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): R. Spencer
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bouton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joseph Spencer — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Lida Morris — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert E. Parks — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma (Metastatic) Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma Right Breast — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Right Breast and Axillae
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:24P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ivan A. Anderson MD 003
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 6-5-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-52 01
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 6-10-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2...
Local Reg. No. 132
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
JUN 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Murtaugh
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin; b. (Middle) Franklin; c. (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 30, 1885

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John K. Smith 37
BIRTHPLACE: Mississippi

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 463-26-9665

17. INFORMANT'S OWN SIGNATURE: Vesta Bennett
ADDRESS: Lubbock, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ceberal Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1952, *to* June 2, 1952 *that I last saw the deceased alive on* June 2, 1952 *and that death occurred at* 10:18 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Reynolds Funeral Home-Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2306
Local Reg. No. 124
Reg. Dist. No. 460

Certificate of Death

RECEIVED JUN 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO. 52-6439

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Twin Falls
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 173 Filmore Street

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Christensen

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 31, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Bernard R. Christensen, BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Nadine Hunt, BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: B. R. Christensen, ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Anomalies - multiple

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): (1) Imperforate anus

DUE TO (c): (2) Interventricular cardiac septal defect

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(3) Solitary cystic Kidney
(4) Fistula Congenital between rectum & urinary Bladder

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Messman M.D. 273
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal. 3
24b. DATE: 6-4-52
24c. NAME OF CEMETERY OR CREMATORY: Burley Cemetary
24d. LOCATION (City, town, or county) (State): Burley, Wa.

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Donna Frack
25. FUNERAL DIRECTOR: S. C. Phillips, ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2316
Local Reg. No. 138
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): L.
c. (Last): FULLMIGHTER

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Shine Man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hot Springs, Arkansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Fullmighter — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mattie L. Johnson — BIRTHPLACE: Maury City, Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-49-3159
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — 332X
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~left~~ right middle cerebral artery
DUE TO (c): L. Ventricular cardiac hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D. 073
23b. ADDRESS: County Coroner, Twin Falls, Idaho
23c. DATE SIGNED: June 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/19/52
24c. NAME OF CEMETERY OR CREMATORY: Filer Cem.
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Donna Frank
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2311
Local Reg. No. 129
Reg. Dist. No. 460

BIRTH NO. JUN 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): Levi
b. (Middle): J.
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 4, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 61
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LaGrange County, Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joe Miller — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Christina Kauffman — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John Miller — ADDRESS: Twin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Adeno-Carcinoma of Prostate

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 8 May 52
19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of Prostate Gland Grade IV
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 May, 1952, *to* 6 June, 1952, *that I last saw the deceased alive on* 5 June, 1952, *and that death occurred at* 3:22P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George T Davis M. D. 105
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-10-52
24c. NAME OF CEMETERY OR CREMATORY: Yoder Cem.
24d. LOCATION (City, town, or county) (State): Hutchinson, Kansas

DATE REC'D BY LOCAL REG.: 6-10-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECF JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2432
Local Reg. No. 2432
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 198 Sydney Street

3. NAME OF DECEASED (Type or Print): a. (First) Demetrius b. (Middle) D. c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Bldging. Foreman

10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad

11. BIRTHPLACE (State or foreign country): Freedom, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Tom Stevens
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Frances Ooley
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 712-07-6944

17. INFORMANT'S OWN SIGNATURE: Irene Stevens
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-diaphragmatic abscess

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Disruption of gastro-esophageal anastomotic ~~suture~~ wound

DUE TO (c) Leiomyo sarcoma stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infarct heart muscle

INTERVAL BETWEEN ONSET AND DEATH: 1 week unknown

19a. DATE OF OPERATION: June 1, 1952

19b. MAJOR FINDINGS OF OPERATION: Leiomyo sarcoma stomach near esophagus,

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* 6/8/, 1952, *that I last saw the deceased alive on* June 8, 1952, *and that death occurred at* 7:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harwood P. Howe, M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/11/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-24-52

REGISTRAR'S SIGNATURE: Donna Hunt

25. FUNERAL DIRECTOR: Reynolds Funeral Home James C. Reynolds

ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2315
Local Reg. No. 130
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 287 Madison

3. NAME OF DECEASED (Type or Print)
a. (First): Deanna
b. (Middle): Marie
c. (Last): Davidson

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 6, 1940
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Ezra E. Davidson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Marie Arrington — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ezra E. Davidson — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage left interventricular — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Etiology - ~~not~~ undetermined at autopsy gravity.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

B31X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7:30 PM. 6-10, 1952, *to* death - 10:45 6-10, 1952, *that I last saw the deceased alive on* 6-10, 1952, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Sichles MD 418
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2314
Local Reg. No. 139
Reg. Dist. No. 460

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 2nd Street East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 516 2nd Street East

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): B.
c. (Last): PARRETT

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 9, 1899
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 61
10b. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): Crawfordsville, Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edgar Parrett — BIRTHPLACE: Crawfordsville, Ind.
14. MOTHER'S MAIDEN NAME: Alice Beisel — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Albert B. Parrett — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 201X Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9, 1948, *to* June 12, 1952, *that I last saw the deceased alive on* Jun. 12, 1952, *and that death occurred at* 6.35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck 013
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Donna Kiaid
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED
JUN 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2315
Local Reg. No. 732
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Elko
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wells
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Horace (H.A.)	Albert	Agee	June 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 19, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Rancher	Cattle	Valley, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James W. Agee	Tenn.	Elizabeth Hurst	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs. H. A. Agee	Wells, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 48 hrs.
DUE TO (c) Hypertensive Cardio Vascular Disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June, 1951, *to* June. 13, 1952, *that I last saw the deceased alive on* 6-13, 1952, *and that death occurred at* 9:27 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McCrisky MD	Twin Falls Ida.	6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/16/52	Wells City Cemetery	Wells, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-16-52	Donna Risch	Reynolds Funeral Home James E. Reynolds	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

State File No. 2315
Local Reg. No. 340
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 247 Jackson

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) HATTIE NEVADA c. (Last) ROPER

4. DATE OF DEATH: (Month) (Day) (Year) June 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 23, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pollock, Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Burr Dennis
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Crouch
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Ruben B. Madsen
ADDRESS: T. F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Parenchymatous
DUE TO (c) Nephritis; Chronic Pylonephyritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

591X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/26, 19 51, *to* 6/14, 19 52, *that I last saw the deceased alive on* June 14, 1952, *and that death occurred at* 10:57 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-24-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary
Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 26 1952 DIVISION OF VITAL STATISTICS

State File No. 2317
Local Reg. No.
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 619 3rd Ave East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	THOMAS	WRIGHT	June 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 21, 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Arkansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
none	none	[illegible]	Nampa, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 Min

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 14th, 1952, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Twin Falls, Idaho	6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-19-52	Twin Falls Cem	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
6-24-52	[illegible]	[illegible]	White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2318
Local Reg. No. 131
Reg. Dist. No. 460

111-52-7812
BIRTH NO.

RECEIVED
JUN 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
d. STREET ADDRESS (If rural, give location): Hollister

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) c. (Last) WOLF

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 14, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frank H. Wolf
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Marie Heffele
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Frank H Wolf
ADDRESS: Hollister, I.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Delivery by Cesarean section — 26 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-14, 1952 *to* 6-15, 1952, *that I last saw the deceased alive on* 6-15, 1952 *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C. Halley, MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/16/52
24c. NAME OF CEMETERY OR CREMATORY: Mountain Lake, Minn.
24d. LOCATION (City, town, or county) (State): Mountain Lake, Minn.

DATE REC'D BY LOCAL REG.: 6-16-52
REGISTRAR'S SIGNATURE: Thomas Lund
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 23 1952
DIVISION OF VITAL

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 2319
Local Reg. No. 1319
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 366 North Elm St.

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) S.; c. (Last) Thietten

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Loraine, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Henry Thietten
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Payne
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Wayne Thietten
ADDRESS: Reno, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Progressive arteriosclerosis
DUE TO (c): chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: with decomposition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16-51, 19___, *to* 6/16-52, 19___, *that I last saw the deceased alive on* 6/15-52, 19___, *and that death occurred at* 4:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: Kimberly, Idaho

23c. DATE SIGNED: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-19-1952

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-18-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2320
Local Reg. No. 146
Reg. Dist. No. 46.0

BIRTH NO. 111-52-7820 RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): T.F. County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 5 Mi. Rural

3. NAME OF DECEASED (Type or Print): a. (First) Dale b. (Middle) Richard c. (Last) Suhr

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 16- 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: Premature

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 22

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Arthur Suhr — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Norma — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Arthur Suhr — ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia neonatorum — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity - 6 wk. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO (c) Single footling breech c Cervix contracting on aftercoming head. — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Toxemia of mother c hydramnios

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Valde B Juendeling, MD
23b. ADDRESS: 519 Main Ave W. Twin Falls
23c. DATE SIGNED: 6-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 18 52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 6-28-52
REGISTRAR'S SIGNATURE: Alonna Lewis

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2321
Local Reg. No. 137
Reg. Dist. No. 460

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Justamere Inn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Justamere Inn

3. NAME OF DECEASED (Type or Print)
a. (First): BIRDIE
b. (Middle): LAURA
c. (Last): WAITE

4. DATE OF DEATH (Month) (Day) (Year): June 17th, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Weyauwega, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dwight H. Phillips — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Acute myocardial infarct ~~Chronic myocarditis~~ — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis — years
DUE TO (c) Chronic Myocarditis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls — Twin Falls — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-31, 1947, *to* 4-21, 1952, *that I last saw the deceased alive on* 4-21, 1952, *and that death occurred at* 9 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD 013
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-21-52 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: Dwight H. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2322
Local Reg. No. 136
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Albert	E.	Larsen	June 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 2, 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Water Tender	Magic Dam	Spring City, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lourtz Larsen	Denmark	Louise Jefferson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-12-2280 518-09-8110	Wallace Larsen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-30, 1951, *to* 6-19, 1952, *that I last saw the deceased alive on* 6-19, 1952, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Offlick M.D.	Twin Falls, Idaho	6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-23-52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-20-52	Donna Lisch	[illegible]	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2323
Local Reg. No. 149
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Hudson
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gilmore, Ohio
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Albert M. Hudson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Almeda Rogers — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x J. C. Baker — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Lung & Pleura Rt. — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Rt. Breast — 2 yrs.
Carcinoma Stomach — 1 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: March 20, 1952
19b. MAJOR FINDINGS OF OPERATION: Pleural Effusion - Thickened Pleura
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1949, *to* 26 June, 1952, *that I last saw the deceased alive on* 26 June, 1952, *and that death occurred at* 11.53P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer 024 M.D.
23b. ADDRESS: TwinFalls, Idaho
23c. DATE SIGNED: 6/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 01 7/1/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Canton, Ohio

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2324 355
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) T Murtaugh
d. STREET ADDRESS (If rural, give location) Murtaugh

3. NAME OF DECEASED (Type or Print) a. (First) DELLA b. (Middle) HILDRETH c. (Last) MARSHALL

4. DATE OF DEATH (Month) (Day) (Year) June 27th 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Apr. 24, 1870
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Hildreth
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Elizabeth Hildreth
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mitchell Donahue
ADDRESS Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral - Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — 15 yrs -

DUE TO (c) Retro-orbital brain tumor - right — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10.30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph W. Marshall 243
23b. ADDRESS Twin Falls, Ida Twin Falls Clinic
23c. DATE SIGNED 6/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/30/52
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-3-52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR
ADDRESS WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-49021

Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2325
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 703 2nd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First) Jess
b. (Middle) L.
c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 11, 1878
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mount Hamill, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John King — BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Eliza Cade — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ray King — ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerotic heart disease — 3 years
Chronic lymphatic leukemia — 2 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1950, *to* 6-28, 1952, *that I last saw the deceased alive on* 6-28, 1952, *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Brown, MD FACP 476 (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-1-1952
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 6-30-52
REGISTRAR'S SIGNATURE Donna Rack
25. FUNERAL DIRECTOR S. C. Phillips — ADDRESS Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2326
Local Reg. No. 544
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home (Buhl)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): B.
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of King's Cafe
10b. KIND OF BUSINESS OR INDUSTRY: Resturant Operator
11. BIRTHPLACE (State or foreign country): Rogersville, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas King — BIRTHPLACE: Tennesee
35
14. MOTHER'S MAIDEN NAME: Rosanna Bussell — BIRTHPLACE: Tennesee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: X Edward Ross — ADDRESS: Ft. Ord, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Rhabdomyosarcoma of lungs, from rt. axillary tumor
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Coronary Thrombosis — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952, *to* June 9, 1952, *that I last saw the deceased alive on* June 9, 1952, *and that death occurred at* 7:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern Henderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: June 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12, 1952 11
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: G. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2327
Local Reg. No. 135
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Engineer on U.P.R.R. (Roundhouse)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Rufus; b. (Middle) H.; c. (Last) Crisp

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 5, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad engineer

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): Bertrand, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Crisp
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): xxxxxxxxxxxx

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE. X Margaret Crisp
ADDRESS: Glenns Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see alive, 19—, to —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D. 093

23b. ADDRESS: Buhl Ida

23c. DATE SIGNED: 6-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 5/15/1952

24c. NAME OF CEMETERY OR CREMATORY: Bet Funeral Home

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 6-20-52

REGISTRAR'S SIGNATURE: Lorna Lucas

25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2328
Local Reg. No. 148
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Labor Camp in Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mexico
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nacimento
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Miguel
b. (Middle): Oscar
c. (Last): Trebino

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1952

5. SEX: Male
6. COLOR OR RACE: Kickapoo Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb. 6, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 14; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Nacimento, Mexico
12. CITIZEN OF WHAT COUNTRY? Mexico
13. FATHER'S NAME: Palo Oscar Trebino — BIRTHPLACE: Miscies Caho, Mexico
14. MOTHER'S MAIDEN NAME: Sapopa Garza — BIRTHPLACE: Nacimento, Mexico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: KILLA LA, KIKAPOO — ADDRESS: Mexico

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

085.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Measles — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1952, *to* _____, 19__, *that I last saw the deceased alive on* 6-20-, 1952, *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D. 593
23b. ADDRESS: Buhl, Ida
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Donna Frack
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2329
Local Reg. No. 7245
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer R.R.#2
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Curry Crossing- Filer R.R.#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer R.R.#2
d. STREET ADDRESS (If rural, give location): R.R.#2

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): A.
c. (Last): Bonwell

4. DATE OF DEATH (Month) (Day) (Year): June 12,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 12,1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butler Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Julius Temple — BIRTHPLACE: Mass.
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Miner — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Johnson B Parker — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial failure — 2 months
DUE TO (c): Senility Generalized Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1944, *to* June 12, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-24-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Idaho
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

McKinsey T.F. Cl. Surg

RECEIVED
JUN 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [redacted] 2230
Local Reg. No. 460
Reg. Dist. No. 46.0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 3,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELLERY	M.	PATTERSON	June 14th, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 19, 1885	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant Store		Elizabeth Town, Ky	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
none			Agnes M. Patterson By [illegible]	Ida TwinFalls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Artery Disease c Angina Pectoris — Several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6/14, 1952, *to* 6/14, 1952, *that I last saw the deceased alive on* 6/14, 1952, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McKinsey MD	Twin Falls Clinic TwinFalls	6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-18-52	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-24-52	Alonna Lind	[illegible]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2231
Local Reg. No. 440
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2¼ East & 1mi. So. of Murtaugh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Murtaugh
d. STREET ADDRESS (If rural, give location): Rural - Murtaugh

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLIE
b. (Middle): VICTOR
c. (Last): SAMPLES

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 5, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Irrigator 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Ottumwa, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George B. Samples — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Rue Clawson — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mrs C. V. Samples — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion secondary to marked progressive

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) atheromatous stenosis - involving ant. descending +
DUE TO (c) circumflex branches of L. coronary artery

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *, 19___, to _____, 19___, that I last saw the deceased alive on* Did not see alive *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/27/52 62
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-25-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Hugh N. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED JUL 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2322
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): NEWTON
c. (Last): MODLIN

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burr Oak, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Isaac Modlin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Liza Jane McNall — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X [illegible] — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary sclerosis — 10 years.
DUE TO (c): Diabetes mellitus — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1949, *to* June 29, 1952, *that I last saw the deceased alive on* July 8, 1950, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Garner M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/2/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-3-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

State File No. 2333
Local Reg. No. 9
Reg. Dist. No. 3/8

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 40 Miles North of Cascade

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RONALD	DEAN	NEWSOM	June 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	July 24, 1949	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
XXXXXXXX 02	XXXXXXXX	Ontario, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Avery Newsom		Elsie Hargett	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No XXXXXXXXX	XXXXXX	Irene Dawson	Weiser, Idaho

82514

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning — 3or4 Mins.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	T 17 N R 8 E Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June17 52 5:00 pm		Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 1952, *and that death occurred at* 5:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Bailly	Coronor	Cascade, Idaho	7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 11 1952	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-14-52	Myrtle M. Gardner	C. L. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2334
Local Reg. No. 6
Reg. Dist. No. 3/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 Miles N. Cascade, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TERRY	ANN	NEWSOM	June 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Jan. 26, 1952		4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
######	#########	Pendleton, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Avery Newsom	Malta [illegible]. Idaho	Elsie Harget	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
######	########	########	[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Auto Accident — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 Minutes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	on road	T 17 N R 8 E Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 17, 52 5:00 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Bailey	Coronor	Cascade, Idaho	June 23, 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 20, 1952	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/20/52	Myrtle M. Gardner	C. S. Jones	

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

N
#
80

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of ..... Lic. No. ..... at ..... on .....

ADDITIONAL REMARKS by Physician Death WAS AT Approximatly 5:00 P.M. ON JUNE 17, 1952

Jack B Colby coroner

Certificate of Death

STATE OF IDAHO

State File No. 2335
Local Reg. No. 6
Reg. Dist. No. 3/0

RECEIVED JUN 25 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 miles N. Cascade, Ida

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) AVERY b. (Middle) ARNOLD c. (Last) NEWSOM

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11-17-47

9. AGE (In years last birthday): 4 IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ##########

10b. KIND OF BUSINESS OR INDUSTRY: ##########

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Avery Newsom, BIRTHPLACE: Malta, Idaho

14. MOTHER'S MAIDEN NAME: Elsie Harget, BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ######

(If yes, give war or dates of service): ########

16. SOCIAL SECURITY NO.: ########

17. INFORMANT'S OWN SIGNATURE: Irene Irwin ADDRESS:

8254

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c) Bodliey injuries — 2 or 3 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road

21c. (CITY, TOWN, OR TOWNSHIP) T 17 n R 8 E (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 17, (Year) 52 (Hour) 5:00 pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack L. Bodley (Degree or title) Coronor

23b. ADDRESS: Cascade, Idaho

23c. DATE SIGNED: 23June52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-26-52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6/26/52

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: C. S. Jones ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2336
Local Reg. No. 8
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Clyde	Smith	6	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	widowed	Aug. 22, 1886	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Katie Clemons — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: 518-30-0710
17. INFORMANT'S OWN SIGNATURE: Mary E. Ketchum — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1952 *to* June 20, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Patterson 313 (Degree or title): MD
23b. ADDRESS: Cascade
23c. DATE SIGNED: 6-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/52
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: June 30-1952
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Russell A. Kelyea — ADDRESS: P.O. 29

Relyea Memory Chapel, 318 No. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2337
Local Reg. No. 18
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location) P. O. Box 513

3. NAME OF DECEASED (Type or Print)
a. (First) RHODA
b. (Middle) MELVINA
c. (Last) STEPHENS

4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 9, 1886
9. AGE (In years last birthday) 66-2-21 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-28-1198
17. INFORMANT'S OWN SIGNATURE E. A. Stephens ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis ~~hemorrhage~~ — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hemiparalytic
DUE TO (c) since 1947 — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN OR TOWNSHIP) McCall (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* June 30, 1952, *that I last saw the deceased alive on* June 30 1952 *and that death occurred at* 3:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE S. J. Iannelle (Degree or title) MD
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/3/52 01
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. July 10 1952
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2338
Local Reg. No. 43
Reg. Dist. No. 520

BIRTH NO. JUL 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY b. (Middle) SUSAN c. (Last) CONNER

4. DATE OF DEATH: (Month) (Day) (Year): June 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 7, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Hopper
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Flow Crowell
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X D S Conner
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Endocarditis with Myocardial Degeneration: Probably of Rheumatic Origin

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown / Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 27 Aug, 1946 *to* 2 June, 1952, *that I last saw the deceased alive on* 1 June, 1952 *and that death occurred at* 2:50 AM. *from the causes and on the date stated above.*

23a. SIGNATURE: Hyden Hancher 146 (Degree or title): M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/52 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6/6/52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: R Lee Romaine
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2339
Local Reg. No. 98
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 323 West Court Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CAROLINE	LOCKMAN	SEARS	June	3	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 21 1878	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife of	Own Home	Drakeville, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John B. Lockman	Don't Know	Nancy M. Drake	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John L. Sears	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 33 X Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 2nd, 1952 *to* June 3rd, 1952 *that I last saw the deceased alive on* June 3rd, 1952 *and that death occurred at* 2:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Weiser, Idaho.	6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	6/7/52	Portland Crematory	Portland Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/6/52	Marie Dauthorn	A. L. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2340
Local Reg. No. 47
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washingt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 808 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) c. (Last) SYME

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct. 10 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Ret'd)

10b. KIND OF BUSINESS OR INDUSTRY: Genl Farming

11. BIRTHPLACE (State or foreign country): Keirmains Scotland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Syme

BIRTHPLACE: 54 Fifshire, Scotland

14. MOTHER'S MAIDEN NAME: Catherine Stuart

BIRTHPLACE: Graystone, Scotlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bob Syme
ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia Prostate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 3 1951 *to* June 9th 1952, *that I last saw the deceased alive on* June 9th 1952 *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McGrath MD

23b. ADDRESS: Weiser, Idaho.

23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 61

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 6-10-52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Dr. Schmitz

Certificate of Death

STATE OF IDAHO

State File No. 2341
Local Reg. No. 39
Reg. Dist. No. 320

RECEIVED JUN 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1003 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) JASPER c. (Last) BOSTICK

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 28 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant (Ret'd)

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Store

11. BIRTHPLACE (State or foreign country): Gate City, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: 35 BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Sarah Lawson BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Bonny Gant ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1808 Sarcoma of right kidney.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10 *, 1952, to* 6-10 *, 1952 that I last saw the deceased alive on* 6-9 *, 1952, and that death occurred at* 1:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/12/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6/12/52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: C. L. Jones ADDRESS: Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 3 1952 DIVISION OF VITAL STATISTICS

State File No. 2342
Local Reg. No. 420
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) FRANKLIN b. (Middle) GREEN c. (Last) BAKER

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 7 1883

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Grand Rond# Valley, Ore.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franklin E. Baker — BIRTHPLACE: St. Louis, Mo.

14. MOTHER'S MAIDEN NAME: Fannie E. Lanniger — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dr. Myocarditis - C — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 20th, 1952, *to* June 17, 1952, *that I last saw the deceased alive on* June 17, 1952, *and that death occurred at* 4:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McCutcheon M.D. — **23b. ADDRESS**: Weiser, Idaho — **23c. DATE SIGNED**: 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 6/20/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Cambridge — **24d. LOCATION** (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 6/20/52 — **REGISTRAR'S SIGNATURE**: Maree Hawthorn — **25. FUNERAL DIRECTOR**: C. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40081

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2343
Local Reg. No. 420
Reg. Dist. No. 820

BIRTH NO.

RECEIVED JUN 28 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On U.P. R.R. Pass. Train.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 1731 W. Burnside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PATRICK	BARTLEY	MC DONOUGH	June 18 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widower	March 17 1897	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill operator	Mining Industry	Park City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bartlett McDonough	Cork Co. Ireland	Don't Know. Powers	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes W.W. #1	130-01-3156	Ray M Hautzinger	Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject suffered what is presumed — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) to have been a heart attack while enroute on train
DUE TO (c) Family advises subject had been suffering with heart disorder for past several years.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Jones 479 Coroner	Weiser, Washington Co., Ida.	6/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/18/52	Kohlerlawn Cemetery	Nampa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/18/52	Marie Hautzinger	C. L. Jones	Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2344
Local Reg. No. 236
Reg. Dist. No. 370

BIRTH NO.

JUL 12 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HENRY
c. (Last): WEGMAN

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1886
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 4, Days 13
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): St. Charles Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Wegman
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Rose Schott
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Hamdale Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4434

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis - Right pulmonary atelectasis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* June 25, 1952, *that I last saw the deceased alive on* June 27, 1952, *and that death occurred at* 2 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6-31-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Grandview Idaho

DATE REC'D BY LOCAL REG.: 7-15-52
REGISTRAR'S SIGNATURE: ✓ Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bey
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Cross Call 506

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2345
Local Reg. No. 234
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 447 O'Farrel

3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD b. (Middle) LORENZO c. (Last) HICKS

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 20, 1886
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY 54
11. BIRTHPLACE (State or foreign country) Mindoro, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Hicks BIRTHPLACE Burns, Wis.
14. MOTHER'S MAIDEN NAME Katherine Barcley BIRTHPLACE Galesville, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Mrs C L Hicks ADDRESS 447 O'Farrel Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Pulmonary Emphysema — 4 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intrinsic Bronchial Asthma — 4 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 19 52, *to* July 1, 19 52, *that I last saw the deceased alive on* July 1, 19 52, *and that death occurred at* 6:55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Ray C. Crosby (Degree or title) M.D.
23b. ADDRESS 1320 Vista Ave. Boise
23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 3, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-7-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR C. E. Alden ADDRESS Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021
McBratney-Alden

Certificate of Death

STATE OF IDAHO

State File No. 2346
Local Reg. No. 342
Reg. Dist. No. 310

BIRTH NO.

REC'D JUL 17 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1216 14th St. No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1216 14th St. No

3. NAME OF DECEASED (Type or Print): a. (First) Rose b. (Middle) Atta c. (Last) Good

4. DATE OF DEATH (Month) (Day) (Year): July 1 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 4, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Cass County, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Peden — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sidney Fogelson — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: John A Good — ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of cervix & metastases — 3 yrs ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* 7 1, 1952, *that I last saw the deceased alive on* 6/30, 1952, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: 267 John A Mather MD (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/5/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 7-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: John Alsip — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2347
Local Reg. No. 235
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ather Home 2521 No 28th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2521 No. 28th St

3. NAME OF DECEASED (Type or Print): a. (First) Florence; b. (Middle); c. (Last) Albert

4. DATE OF DEATH (Month) (Day) (Year): July 4. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 23. 1862

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: A.M. Wray
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: Mary Travis
BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs L Jay Parker
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia and Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 4 years

DUE TO (c) Essential Hypertension — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to July 4, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Ralph L Jones 194 (Degree or title): M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 7/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 6th 52.

24c. NAME OF CEMETERY OR CREMATORY: American Falls.

24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

State File No. 2348
Local Reg. No. 215
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2800. Overland Road.

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ELIZABETH c. (Last) WATERS.

4. DATE OF DEATH: (Month) July. (Day) 6. (Year) 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: March. 27. 1881.

9. AGE (In years last birthday): 71-3-9. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aurora, Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Winfield Scott Waters. BIRTHPLACE: Indiana.

14. MOTHER'S MAIDEN NAME: Anna Marie Fry. BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: 2800 Overland Road Boise Idaho. Winnie A. Waters

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Mesenteric thrombosis (not proven) — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic debility — 14 years
DUE TO (c) Rheumatoid arthritis — 14 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 5, 1952 *to* July 6, 1952, *that I last saw the deceased alive on* July 6, 1952, *and that death occurred at* 4:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier, M.D.

23b. ADDRESS: 500 Eastman Bldg - Boise, Ida.

23c. DATE SIGNED: July 7, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: July. 9. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 7-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2349
Local Reg. No. 249
Reg. Dist. No. 870

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Jean; c. (Last) Dixon

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: August 12-1948
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nyssa, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: William C. Dixon, Bellville, Kansas
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Laura Belle Duncan, Naponee, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William C Dixon — ADDRESS: Parma, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thermal burns, 3° - 60% B.S. — INTERVAL BETWEEN ONSET AND DEATH: 4½ wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Infection and gangrene of skin — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Parma Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gasoline ignited

22. *I hereby certify that I attended the deceased from* 6/27/52, 19___, *to* 7/7/52, 19___, *that I last saw the deceased alive on* 7/7/52, 19___, *and that death occurred at* 8:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul R. Shanks, 647 (Degree or title): M.D.
23b. ADDRESS: 302 W. Idaho St. Boise
23c. DATE SIGNED: 7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Franklin Cemetery
24d. LOCATION (City, town, or county) (State): Franklin, Nebraska

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR (ADDRESS): Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2350
Local Reg. No. 244
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1620 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Caroline
c. (Last): Breyen

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 11, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Watervliet, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ~~XXXXXX~~ Ed Wight — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT'S OWN SIGNATURE: Carl Waggoner — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension & Cerebro Arteriosclerosis ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 6, 1952, *to* July 8, 1952, *that I last saw the deceased alive on* July 8, 1952, *and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vann T. Floyd, M.D.
23b. ADDRESS: 500 Eastman Bldg. Boise Ida
23c. DATE SIGNED: 7-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2251
Local Reg. No. 116
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 607. Kootenai Street.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PHILLIP	SHAFFER	WHITSELL.	July. 10. 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male.	White.	Widower.	May. 6. 1879.	73-2-4.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Wholesale Hardware Salesman.		Centerville, Iowa.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Shively Whitsell.	Beaver Rock, Penn.	Almira Phillips,	Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		Wm E Whitsell	Emmett Idaho R.F.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolus & Pneumonitis	1wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Heart Disease	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchiectasis & Intrinsic Asthma	3 yrs.
	Widespread metastatic Prostatic Carcinoma	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1950, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 4 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Crosby	M.D.	1320 Vista Ave. Boise	7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial.	July. 12. 1952.	Morris Hill Cemetery.	Boise, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-22-52	Myrtle Palmer	Clyde E. Summers	Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2352
Local Reg. No. 253
Reg. Dist. No. 370

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OREGON
b. COUNTY: MALHEUR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ONTARIO
d. STREET ADDRESS (If rural, give location): 495 S.E. 7th AVE.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	EDGAR	DERRICK	7	11	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	2-2-1885	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MINISTER	CHURCH	HEPPNER, ORE.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JEROME SUMMERFIELD DERRICK	TENNESSEE	MARY WATTS	OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	O H L Derrick	Ontario Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Nephropathy, Diabetic	6 Mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes Mellitus	2 yrs
DUE TO (c)	?	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic H.D. Cong Failure	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1·31, 19 50, *to* 6·24, 19 52, *that I last saw the deceased alive on* 6·24, 19 52, *and that death occurred at* 6⁰⁰ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James T. Flanagan 5/3	M.D.	Ontario Oregon	7-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JULY 24 1952	EVERGREEN CEMETERY	ONTARIO ORE.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-22-52	Myrtle Palmer	Martha E. Beeckler	Ontario, Ore.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2353
Local Reg. No. 254
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2309 Pleasanton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SIBYL
b. (Middle): A.
c. (Last): GRAZIER

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 13, 1894
9. AGE (In years last birthday): 57-8-28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lander, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sherman Thomas Major — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Ann Shere — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Margaret Nathalie Overton — ADDRESS: 2309 Pleasanton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 550.1 (1) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES: Auricular fibrillation

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (2) DUE TO: Peritonitis from Rupture of cecum - Ileus — 5 days

DUE TO: Hemiplegia — June 26 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Autopsy St Lukes Hosp.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 11:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Chalaupka MD 056
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: MD

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2254
Local Reg. No. 250
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1902 Washington

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) ROBERTS c. (Last) SORENSEN

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1912

9. AGE (In years last birthday): 40-5-0
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boise Police Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Roberts — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Bertha Beery — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-7469

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Nella M. Sorensen, 1902 Washington, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Calculi, Secondary Pyelo Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Scleosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: June 1952 / 1945

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 46 *to* July 11, 19 52, *that I last saw the deceased alive on* July 11, 19 52, *and that death occurred at* 11:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Swindell 393 (Degree or title): M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2355
Local Reg. No. 251
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 224½ E. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): ALEXANDER
b. (Middle): CULBERTSON
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 30, 1875
9. AGE (In years last birthday): 76-7-12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agency
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Orleans, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Roberts — BIRTHPLACE: Philadelphia, Pa.
14. MOTHER'S MAIDEN NAME: Julia Culbertson — BIRTHPLACE: Fort Benton, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: G.H.R. Taylor — ADDRESS: 1011 E. State St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular disease and uremia ?
DUE TO (c): Prostatic obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June 26, 1952, *to* July 12, 1952 *that I last saw the deceased alive on* July 12, 1952 *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2356
Local Reg. No. 232
Reg. Dist. No. 370

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City.
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Vivian
b. (Middle): Arthur
c. (Last): Thorne

4. DATE OF DEATH (Month) (Day) (Year): July 12. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept. 18th 1863
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mine Operator 74
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hayes. Kent. England
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Thorne — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Christine Woodford — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rupert Thorne — ADDRESS: Idaho City Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 3 years.
DUE TO (c) Auricular fibrillation — 3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1949, *to* July 12, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roscoe C Ward M.D. 437 (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Idaho City Cemetery.
24d. LOCATION (City, town, or county) (State): Idaho City Idaho

DATE REC'D BY LOCAL REG.: 7-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2357
Local Reg. No. 256
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.i.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SHIRLEY	JEAN	CALLENDER	July 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Feb. 20, 1935	17-4-13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77		Lakefork, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Callender	Emmett, Idaho	Signe O. Boller	Roseberry, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs David Callender	Eagle Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull and Multiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) injuries. Was killed in

DUE TO (c) automobile wreck.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	City street-31st & Bella,	Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7/13/52 5:15p.m.		Automobile in which she was a passenger collided with another automobile.

22. *I hereby certify that I attended the deceased from* ~~xxxx

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JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 358
Local Reg. No. 246
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1019 N. 10th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	CALVIN	BELL	July 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 8, 1870	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marietta, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T Bell — BIRTHPLACE: Marietta, Ohio
14. MOTHER'S MAIDEN NAME: Martha M. Broughton — BIRTHPLACE: Marietta, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Mrs J. C. Bell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Post. Coronary occlusion — 36 hrs
DUE TO (c): Gen. Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1932 *to* July 13, 1952, *that I last saw the deceased alive on* July 13, 1952, *and that death occurred at* 10:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. E. Simonton, M.D.	417 Eastman Bldg Boise, Idaho	7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 1952	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-18-52	Myrtle Palmer	A. E. Alden	Boise, Ida.

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2359
Local Reg. No. 245
Reg. Dist. No. 270

BIRTH NO. E.B.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1616 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) Thomas; c. (Last) Barber

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): New Bedford Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David A. Barber
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lavina Louisa McKune
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ina S. Barber
ADDRESS: 1616 Wash. Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary fibrosis
DUE TO (c): Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Renal Insufficiency

INTERVAL BETWEEN ONSET AND DEATH: At least 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* July 13, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* 9:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Munson (Degree or title): M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: July 15 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2360
Local Reg. No. 230
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route #3 - Boise, Idaho
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Daisy
b. (Middle): M.
c. (Last): Pulliam

4. DATE OF DEATH: July 13, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 27, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burlington, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Neff
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Loretta Lowry
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred R Pulliam
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis -
DUE TO (c) Arteriosclerosis -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-11, 1952, *to* 7-13, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X D. M. Thomas M.D.
23b. ADDRESS: 305 Fort St. Boise Ida.
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-52
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 7-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson - Boise
ADDRESS:
F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUL 30 1952
DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 2361
Local Reg. No. 268
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
c. LENGTH OF STAY (in this place) 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) #9 Spruce St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Newel	K.	Whitney, Sr.	July 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 26, 1897	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Brick Industry
11. BIRTHPLACE (State or foreign country) Tolle, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Newel K. Whitney — BIRTHPLACE Mendon, Utah
14. MOTHER'S MAIDEN NAME Mary E. Hickok — BIRTHPLACE Philadelphia, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-12-0046
17. INFORMANT'S OWN SIGNATURE A. E. Alden — ADDRESS Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to pancreas
DUE TO (c) & lungs. Primary unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. anaplastic squamous cell carcinoma.

19a. DATE OF OPERATION 6-27-52
19b. MAJOR FINDINGS OF OPERATION Biopsy of Liver. Walled gall bladder. Nodules of liver & pancreas.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to July 14, 1952, that I last saw the deceased alive on July 13, 1952 and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Spencer M.D. (Degree or title)
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 7-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 17, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-29-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden — ADDRESS Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2362
Local Reg. No. 252
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1709 Jessie Street

3. NAME OF DECEASED (Type or Print)
a. (First): VAUGHAN
b. (Middle): EDWIN
c. (Last): WOLF

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 12, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lomax, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: James Harvey Wolf-Joplin, Mo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Lucinda Edmundson-Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norman E. Wolf — ADDRESS: Br 1216 Lakeview Ore

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Multiple bruises of arms and head

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* autopsy only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beeman MD 045
23b. ADDRESS: Boise
23c. DATE SIGNED: 18 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2363
Local Reg. No. 361
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 413 Grove Street

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE b. (Middle) THOMAS c. (Last) WOOD

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 22, 1862

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretarial Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winthrop, Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Camp Wood-Winthrop, Maine
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Emily Waugh
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Margaret L Peterson
ADDRESS: 413 Grove St. Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* July, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W A Selsch (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2264
Local Reg. No. 247
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 72 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409 E. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 525 S. 14th. St

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): LUCINDA
c. (Last): MATTHEWS

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 24, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Francis M. Joplin — BIRTHPLACE: Joplin, Missouri
14. MOTHER'S MAIDEN NAME: Martha I. Webb — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Clara Noland — ADDRESS: New Meadows Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular fibrillation — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1st, 1952, *to* July 15, 1952, *that I last saw the deceased alive on* July 14, 1952, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C. Grass M.H.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 248
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1115 State St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box #42

3. NAME OF DECEASED (Type or Print): a. (First) Mabel; b. (Middle) Lavina; c. (Last) Rutherford

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert W. Rigdon
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Myrtle Bailey
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-24-6749

17. INFORMANT'S OWN SIGNATURE: Harold D. Rutherford
ADDRESS: McCall Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Biopsy.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: W A Foelsch (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]S
Local Reg. No. 262
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print): a. (First) CATHERINE b. (Middle) ANNA c. (Last) CRONK

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1892
9. AGE (In years last birthday): 59-9-20 (IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iola, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert W. Ihrig-Lancaster, Pa.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Margaret Duncan-Dublin, Ireland
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Eugenia Lemunyon ADDRESS R.D. #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis - Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Jejunal fistula — 10 da

DUE TO (c) Perforated jejunal Ulcer with hemorrhage — 10 da

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Perforating jejunal Ulcer
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (Inside, in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/27, 1949, *to* 7/18, 1952, *that I last saw the deceased alive on* 7/18, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene L. Jones M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum, Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2367
Local Reg. No. 263
Reg. Dist. No. 370

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-7280

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1805 Lamberton Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): GREGORY
b. (Middle): ROBERT
c. (Last): JOHNSON

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 19, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 12 / Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ace L. Johnson-Richmond, Utah

14. MOTHER'S MAIDEN NAME: Bernice Nellie Wilson-Kuna, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Ace L. Johnson 1805 Lamberton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital heart failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24h.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Irene Reynolds 332 MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2268
Local Reg. No. 264
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Melba

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle); c. (Last) Workman

4. DATE OF DEATH (Month) (Day) (Year): July 19 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 22, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Cherry Creek, Nevada

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charles Workman — BIRTHPLACE: Salt Lake Utah

14. MOTHER'S MAIDEN NAME: Minerva DeSpain — BIRTHPLACE: Sydney Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Sarah Workman — ADDRESS: Melba

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. arterial occlusion left leg

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 19 45, *to* death, 19 52, *that I last saw the deceased alive on* July 19, 19 52 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 191 M D

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7/23/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: John F Alsip Jr. — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2369
Local Reg. No. 262
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2018 N. 33rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Lawrence c. (Last) Bates

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7, 1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ibapah, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frances Day Bates — BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank L. Bates — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 12/9, 1946, *to* 7/19, 1952, *that I last saw the deceased alive on* 7/18, 1952, *and that death occurred at* 1:26 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2270
Local Reg. No. 258
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 75 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Ida.
d. STREET ADDRESS (If rural, give location): 1419 N. 11th

3. NAME OF DECEASED (Type or Print): a. (First) Russell; b. (Middle) (none); c. (Last) Bryon

4. DATE OF DEATH: (Month) (Day) (Year) July 21 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: Feb 5 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Bureau of Investigation
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Bryon — BIRTHPLACE: Batavia New York
14. MOTHER'S MAIDEN NAME: Lillias May Russell — BIRTHPLACE: Willis County, Ill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles H Bryon — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Failure — 10 years
DUE TO (c) Senility — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* June, 1945, *to* July 21, 1952, *that I last saw the deceased alive on* 7-20, 1952, *and that death occurred at* 9:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise, Ida.
Warren A. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2271
Local Reg. No. 269
Reg. Dist. No. 270

BIRTH NO. AUG 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3515 Rosehill

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Emma
c. (Last): Labrum

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 4, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Meadow, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Greenhalgh
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Ann Fisher
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Eva Labrum
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rheumatoid Arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1952, *to* 7-22, 1952, *that I last saw the deceased alive on* 7-22, 1952, *and that death occurred at* 6:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: Boise, Idaho
Relyea Mortuary FD 29

Federal Security Agency
United States Public Health Service
Form DPH-48021

Springer

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2372
Local Reg. No. 265
Reg. Dist. No. 370

BIRTH NO. 111-52-[illegible]

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Marvin
b. (Middle): Wesley
c. (Last): Gunder

4. DATE OF DEATH (Month) (Day) (Year): July 22 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never
8. DATE OF BIRTH: March 23 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Casper Gunder
BIRTHPLACE: Bismark N. D.
14. MOTHER'S MAIDEN NAME: Partica Hull
BIRTHPLACE: Boise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: R. C. Ryman
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by aspiration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of stomach content
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho ada
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1952 *to* July 25, 1952, *that I last saw the deceased alive on* Jul 15, 1952, *and that death occurred at* 10 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson--Boise, Ida.
ADDRESS: Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2,273
Local Reg. No. 259
Reg. Dist. No. 370

RECEIVED JUL 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-8004

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Susan b. (Middle) Kaye c. (Last) Parmalee

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 22, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 16 / Min.: 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0-

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wallace Parmalee — BIRTHPLACE: Los Angeles, Cal

14. MOTHER'S MAIDEN NAME: Claire Cornell — BIRTHPLACE: Burns Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Clyde Bonnell — ADDRESS: Kuna, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premeturity (6 mo gestation) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 22, 1952 *to* July 23, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/24/52

24c. NAME OF CEMETERY OR CREMATORY: Kuna

24d. LOCATION (City, town, or county) (State): Kuna Ida.

DATE REC'D BY LOCAL REG.: 7-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bill Robison — ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2374
Local Reg. No. 266
Reg. Dist. No. 370

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2107 N. 32nd Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) E. c. (Last) FISHER

4. DATE OF DEATH: (Month) (Day) (Year) July 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 17, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate 19

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coalville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Joseph Armstrong Fisher — Navoo, Ill.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sarah Lovina Harris — Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs. Florence Fisher — 2107 N. 32nd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 15, 1952, *to* July 23, 1952, *that I last saw the deceased alive on* July 23, 1952, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Munson M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Summers SUMMERS FUNERAL HOME — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2275
Local Reg. No. 272
Reg. Dist. No. 3-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 305 W. Bannock Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) G. c. (Last) JENKINS

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1890

9. AGE (In years last birthday): 62-5-16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Seattle, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur Caseton
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Ida May Page
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-07-1476

17. INFORMANT'S OWN SIGNATURE: Robert A. Jenkins
ADDRESS: 212 Jantone Dr. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c) Arteriosclerotic heart disease 14 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-6, 1952, *to* 7-12, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* 1:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul T. Miner (Degree or title): MD.
23b. ADDRESS: 105 N 8th St. Boise, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: July 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial
24d. LOCATION (City, town, or county) (State): and Crematorium-Portland, Ore.

DATE REC'D BY LOCAL REG.: 8-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Dr. Braxton

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2276
Local Reg. No. 267
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 818 East State

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 818 East State

3. NAME OF DECEASED (Type or Print): a. (First) Grace b. (Middle) Rogers c. (Last) Gray

4. DATE OF DEATH (Month) (Day) (Year): July 25 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Sodus Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Rogers — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Jerusha Rector — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs C. M. Robertson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteria Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 1 year

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* July 25, 1952, *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. N. Braxton MD 025 (Degree or title)
23b. ADDRESS: 411 Eastman Bld
23c. DATE SIGNED: July 28 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson--Boise, Ida. — ADDRESS: Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2377
Local Reg. No. 274
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 30 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Elmore.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): B.
c. (Last): KEATON.

4. DATE OF DEATH (Month) (Day) (Year): July. 26. 1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: April. 171876
9. AGE (In years last birthday): 76-3-9. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner. 07
10b. KIND OF BUSINESS OR INDUSTRY: Mineing.
11. BIRTHPLACE (State or foreign country): Jacksonville, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531-22-3121.
17. INFORMANT'S OWN SIGNATURE: John H. Fairchild ADDRESS: 519 Eastman St Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Obstruction of pyloric stomach	6 weeks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ulcer of pyloric	20 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	atony of urinary bladder	3 weeks

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1952, *to* 7-26, 1952, *that I last saw the deceased alive on* 7-26, 1952, *and that death occurred at* 11.30 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Wallingsworth 163
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: July. 31. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Atlanta Cemetery, Atlanta, Idaho.
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 8-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Jones

Certificate of Death

STATE OF IDAHO

State File No. 2278
Local Reg. No. 270
Reg. Dist. No. 270

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Star

3. NAME OF DECEASED (Type or Print): a. (First) Grover b. (Middle) Cleveland c. (Last) Fetters

4. DATE OF DEATH: (Month) (Day) (Year) July 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Republic County Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Fetters — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Dora Rambo — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Bertha Fetters — ADDRESS: Star

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infarction Lower Bowel — 3 da
DUE TO (c) Infarction Left Leg. — 2 da
Cardiac Arrythmea — Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26, 1952, *to* 7/29, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence A. Jones M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30 1952
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 7-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise, Ida.
David H. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2379
Local Reg. No. 275
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 1 Hour.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 109. East Bannock Street.

3. NAME OF DECEASED (Type or Print)
a. (First) PATRICIA DUFF.
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): July. 27. 1952.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: April. 16. 1927.
9. AGE (In years last birthday): 25-3-11. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretarial Work.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Raymond Wesley Duff. 25
BIRTHPLACE: Minneapolis.
14. MOTHER'S MAIDEN NAME: Minn. Dorothy Hetherington.
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dorothy Duff
ADDRESS: 109 E Bannock St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 825.4 Crushing injury, Chest
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27 1952 8P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident.

22. *I hereby certify that I attended the deceased from* July 27, 1952, *to* July 27, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max L. Bell, MD. 046
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: July. 31.1952.
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park,
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2280
Local Reg. No. 523
Reg. Dist. No. 371

RECEIVED AUG 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6408 Everett

3. NAME OF DECEASED (Type or Print): a. (First) RAYMOND b. (Middle) ELLET c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1892

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 60-3-16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Frankfort, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ELLET MILLER BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: ELIZABETH TURLEY BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-03-3196

17. INFORMANT'S OWN SIGNATURE: Mrs. Myrtle D. Miller ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Th. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial Hypertension — 4 to 5 yrs

DUE TO (c) arteriosclerosis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 2 yrs.
Old. Res. of.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-[illegible], 1949, to 7-28, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE: Carl B. Faulkner 398 (Degree or title): M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

State File No. 2381
Local Reg. No. 271
Reg. Dist. No. 370

BIRTH NO. 506 3-42 RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 41 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 418 N. 5th

3. NAME OF DECEASED (Type or Print): a. (First) Elise b. (Middle) Sproat c. (Last) Meece

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9, 1911

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hugh Sproat — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Ellen Tennell — BIRTHPLACE: Challis, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-07-0266

17. INFORMANT'S OWN SIGNATURE: Elizabeth Sproat Robinson — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MAY, 1952, *to* July 29, 1952, *that I last saw the deceased alive on* July 29, 1952, *and that death occurred at* 10:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rudolph M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Aug. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 8-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2282
Local Reg. No. 115
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital n

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 505 S. 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) Henry; c. (Last) Chandler

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 2, 1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Wellsville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Chandler — BIRTHPLACE: Quincy, Illinoise

14. MOTHER'S MAIDEN NAME: E. L. Colegrove — BIRTHPLACE: Rochester, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-1101

17. INFORMANT'S OWN SIGNATURE: Earl Alden — ADDRESS: 911 State Boise, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Insufficiency — 6 mo

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus — 8 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* July 4, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 6:02 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty MD — **23b. ADDRESS**: Meridian — **23c. DATE SIGNED**: 7-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: July 10, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Memorial Park — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-18-52 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR: E. E. Alden — **ADDRESS**: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2383
Local Reg. No. 114
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): Ada County Hospital.

3. NAME OF DECEASED (Type or Print): a. (First) VALERIA. b. (Middle) O. c. (Last) DAY.

4. DATE OF DEATH (Month) (Day) (Year): July. 4. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: July. 16. 1888.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 63-11-18.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home. 0/

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Addison. E. Smith. Illinois.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Arvilla Smith. Illinois.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Mrs. Grace E. Meitrell Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atero Sclerosis & Hypertension — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rheumatoid Arthritis — unk

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* July 4, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 3.30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 7-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: July. 7. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 7-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

FUNERAL DIRECTOR | **ADDRESS**: Clyde E Summers — Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2324
Local Reg. No. 113
Reg. Dist. No. 371

BIRTH NO. JUL 12 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 192 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): State Soldier's Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	A.	Johnson	July	9	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-14-75	77	4	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Maintenance Foreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Johnson — BIRTHPLACE: Salem Co., Mo.
14. MOTHER'S MAIDEN NAME: Alice Short — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Edema
DUE TO (c) Cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30- , 1951 , *to* 7-9- , 1952 , *that I last saw the deceased alive on* 7-9- , 1952 , *and that death occurred at* 6:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1952	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-11-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2285
Local Reg. No. 117
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): MERLE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manson, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clyde Jesse Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Clara Arnold — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-6712
17. INFORMANT'S OWN SIGNATURE: Virginia Smith — ADDRESS: R. V. Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: about 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural death
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* ——, 19__, *that I last saw the deceased alive on* Dead on arrival, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vann J. Floyd, M.D.
23b. ADDRESS: Eastman Bldg. Boise Ida.
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2236
Local Reg. No. 121
Reg. Dist. No. 271

BIRTH NO. [illegible] OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1104 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): B.
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 5, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own HOme

11. BIRTHPLACE (State or foreign country): Green County, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Stilwell
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H Carter
ADDRESS: 1104 Shoshone Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1950, *to* July 12, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 9:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Rusty (Degree or title) M.D.

23b. ADDRESS: Meridian

23c. DATE SIGNED: 7-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2387
Local Reg. No. 118
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 109 Harrell St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	Wilfred	James	Hartman, Jr.

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11-12-25	26	8	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilfred J. Hartman	Parma, Idaho	Louise J. Raymond	Stillwater, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW II	518220073	Records, VA Hospital,	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — Uremia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral Hydronephrosis and Pyelonephritis — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

601X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 31, *19*52, *to* July 18, *19*52, *that I last saw the deceased alive on* July 18, *19*52, *and that death occurred at* 11:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-22-1952	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-22-52	Myrtle Palmer	Schreiber-McCann-Gibson	Boise, Idaho

Robert A. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2388
Local Reg. No. 119
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gravel pit along Boise River North of Fairview Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2907 Stewart

3. NAME OF DECEASED (Type or Print): a. (First) DEWANE b. (Middle) RAY c. (Last) BYRD

4. DATE OF DEATH (Month) (Day) (Year): JULY 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 23, 1937

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 1 DAY Hours | Min.: 15-1-27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: 77

11. BIRTHPLACE (State or foreign country): Harrisville, West Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME | BIRTHPLACE: Bruce Byrd-Harrisville, W.V.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Dollie Elliott-Glenville, W.V.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE, Date, ADDRESS: Bruce Byrd 2907 Stewart Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning. Apparently was wading

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) in gravel pit and fell into

DUE TO (c) hole. Accidental.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): gravel pit

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/20/52 10:a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Accidental drowning

22. *I hereby certify that ~~I attended the deceased from~~ ~~to~~ ~~I last saw the deceased alive on~~ death occurred at* 10:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho

23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers

ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. 226
Reg. Dist. No. 37

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #9

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	A.	Hochstrasser	7	21	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Widowed	1/9/66	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Hochstrasser	Switzerland	Mary Sutter	Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	794X	X Chase L. Hochstrasser	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes Found

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) dead in bed Senility

DUE TO (c) Nothing of a Criminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nature

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
m.		

22. *I hereby certify that I ~~attended the~~ deceased ~~from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__~~, and that death occurred at about 10 P.M. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Summers, Coroner	Boise, Idaho 1205 Barnard St	July 23, 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/25/52	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-4-52	Myrtle Palmer	Russell W. Kelly F.D. Relyea Mortuary	318 No. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2390
Local Reg. No. 120
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Hwy. 30 3/4 mile West of County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): HOMER
c. (Last): ELMORE

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1952

5. SEX: White
6. COLOR OR RACE: Male
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Elmore — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bess N. Howard — ADDRESS: Rt. #4 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary disease — —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb, 1951, *to* 19th July, 1952, *that I last saw the deceased alive on* 19 July, 1952, *and that death occurred at* 9:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallingsworth 162 MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 124
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 4609 Franklin Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sidney	O.	Goucher	July	28,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	5-6-1881	71	2	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Boone, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney Goucher — BIRTHPLACE: Calhoun Co, Mich.
14. MOTHER'S MAIDEN NAME: Caroline L. Gore — BIRTHPLACE: Clemar Prairie, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4482X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vacular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1952, *to* July 28, 1952, *that I last saw the deceased alive on* July 28, 1952, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND TITLE: C. P. Stevenson, Chief Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/31/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Kelyea, Kelyea Mortuary
ADDRESS: 318 No. Latah, Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1952

AUG 1 1952

Certificate of Death

STATE OF IDAHO

State File No. 2252

Local Reg. No. 122

Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)

a. (First): John

b. (Middle): E.

c. (Last): Phelps

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 12-6-94

9. AGE (In years last birthday): 57

IF UNDER 1 YEAR: Months: 7 Days: 23

IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arbela, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wesley Phelps

BIRTHPLACE: Battle Grove, Mo.

14. MOTHER'S MAIDEN NAME: Ella B. Sawyer

BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): Yes

(If yes, give war or dates of service): XXXX WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4424X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 22, *19* 52, *to* July 29, *19* 52, *that I last saw the deceased alive on* July 29, *19* 52, *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE AND TITLE (Degree or title): E. P. STEVENSON, M. D. Chief Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-31-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 7-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson

ADDRESS: Boise

Robert G. Lyman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2393
Local Reg. No. 125
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada Co. hospital

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Newton; c. (Last) Salisbury

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 13, 1865

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York Mills, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H Salisbury
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar, 1950, *to* July 30, 1952, *that I last saw the deceased alive on* July 29, 1952, *and that death occurred at* 1:30 A., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridan Ida

23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 1st. 1952

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 7-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B. W. Robison
ADDRESS: Meridian, Idaho.
B W Robison

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2394
Local Reg. No. 8
Reg. Dist. No. 300

BIRTH NO. AUG 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
c. LENGTH OF STAY (in this place): 64 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location): Rural Near New Meadows

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) ANDREW; c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): July 28 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 7 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Howland, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John w.Mitchell
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Wear
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Katherine L Johnson
ADDRESS: New Meadows, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of the prostrate
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Malignant melanoma of neck 1 yr ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950 *to* July 28, 1952, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 2:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lemuel P. Straub M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/52
24c. NAME OF CEMETERY OR CREMATORY: New Meadows Cem.
24d. LOCATION (City, town, or county) (State): New Meadows, Idaho

DATE REC'D BY LOCAL REG.: 7/30/52
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2395
Local Reg. No. 9
Reg. Dist. No. 300

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodrich
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): J.
c. (Last): ROEDER

4. DATE OF DEATH (Month) (Day) (Year): 7- 31 -1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Eatonville, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T.C. Van Eaton — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Mary Jane Osborn, — BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ####### 170X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred Roeder — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma A Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 2, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma with metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1951, *to* July 31, 1952, *that I last saw the deceased alive on* 7-31, 1952, *and that death occurred at* 10p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Edwards 113
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 7/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-31-52 01
24c. NAME OF CEMETERY OR CREMATORY: Salubria
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 7-31-52
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2296
Local Reg. No. 234
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 8 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 445 EAST FREMONT.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) E. c. (Last) WATSON

4. DATE OF DEATH: (Month) MAY (Day) 24, (Year) 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	NEGRO	NEVER MARRIED	UNKNOWN	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: HOSPITAL RECORDS — ADDRESS: POCATELLO, IDAHO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 4 2 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal decubitus — 2. Days
DUE TO (c) ulcer — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio - Renal.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT 23, 1951, *to* MAY 24, 19 52, *that I last saw the deceased alive on* MAY 24, 1952, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Hughart M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county): POCATELLO (State): BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 6 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Graves.

Certificate of Death

STATE OF IDAHO

State File No. 2227
Local Reg. No. 221
Reg. Dist. No. 511

BIRTH NO. [illegible] JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): WAYNE
c. (Last): SORENSEN

4. DATE OF DEATH: (Month) JULY (Day) 2, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVERMARRIED

8. DATE OF BIRTH: JUNE 28, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days 4; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): BURLEY, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GENE V. SORENSEN
BIRTHPLACE: AMERICAN FALLS, IDAHO

14. MOTHER'S MAIDEN NAME: MARY KAY ROSKELLEY
BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT'S OWN SIGNATURE: Gene V Sorensen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarction of small intestine
DUE TO (c) Congenital atresia of small intestine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-29-52

19b. MAJOR FINDINGS OF OPERATION: Congenital atresia of small bowel

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29, 19 52, *to* 7-2, 19 52, *that I last saw the deceased alive on* 7-1, 19 52, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25 FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: Hall-Grant Mort. Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2398
Local Reg. No. 208
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 62 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 645 NORTH HAYES

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): NOBLE HARGRAVES
c. (Last): GARR

4. DATE OF DEATH (Month) JULY (Day) 3, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 18, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): PROVIDENCE, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL HARGRAVES — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: AGNES NOBLE — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT'S OWN SIGNATURE: Gladys Garr Merrill — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Uremia acute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* July 2, 1952, *and that death occurred at* 2A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M Day (Degree or title)
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 7/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county): POCATELLO BANNOCK (State): IDAHO

DATE REC'D BY LOCAL REG.: JUL 11 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2399
Local Reg. No. 206
Reg. Dist. No. 510

RECEIVED JUL 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 551 S. Sixth

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) EDITH WRIGHT

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 11, 1885
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Companion
10b. KIND OF BUSINESS OR INDUSTRY Mrs. Walter E. Brown
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wright BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Charlotte Ann Thomas BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Walter E. Brown ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholecystectomy 11 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 6/23/50
19b. MAJOR FINDINGS OF OPERATION Fall-stones
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/21, 1952 *to* 7/4, 1952, *that I last saw the deceased alive on* 7/3, 1952, *and that death occurred at* 6 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE J. C. Roberts (Degree or title)
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED 7/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 7-6-52
24c. NAME OF CEMETERY OR CREMATORY Forest Hill
24d. LOCATION (City, town, or county) (State) Ann Arbor Mich.

DATE REC'D BY LOCAL REG. JUL 9 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 2400
Local Reg. No. 212
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 55
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 950 N. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) A. c. (Last) GILMORE

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 29, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roseburg West Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Timothy Gilmore
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Winifred Kenny
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE:
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 570.2 Dysentery ? Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 30 ds.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c) age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage. — 10 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1952 *to* July 10 1952, *that I last saw the deceased alive on* 7-9, 1952, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 254 (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 12-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 19 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald

25. FUNERAL DIRECTOR: Downard Funeral Home Pocatello
ADDRESS: by J. P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2401
Local Reg. No. 211
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 639 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELLIS
b. (Middle): PAUL
c. (Last): LEFFLER

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Turner Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Paul Leffler — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eliza Black — BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-09-0304
17. INFORMANT'S OWN SIGNATURE: Irene Leffler — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal — INTERVAL BETWEEN ONSET AND DEATH: 18 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 12:20 pm, *from the causes and on the date stated above.*

23a. SIGNATURE: H. H. Hughart (Degree or title): M. D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: July 11, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: July 11, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallinger Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Hughart.

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 235
Local Reg. No. 511
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
d. STREET ADDRESS (If rural, give location): APROX 2 BLOCKS WEST & BLOCK So. ON OLD ROBIN RD.

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) ROBERT c. (Last) HALL

4. DATE OF DEATH: (Month) JULY (Day) 11, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 4, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER & CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): PORTAGE, UTAH

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LeROY HALL
BIRTHPLACE: COUNCIL BLUFFS, IOWA

14. MOTHER'S MAIDEN NAME: JULIA HARRIS [redacted]
BIRTHPLACE: KAYSVILLE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Tom Hall
ADDRESS: Charles City, Iowa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 960X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes — 5 YEARS.

DUE TO (c) Respiratory Paralysis. — Immediate Cause.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 16, 1952, *to* JULY 11, 1952, *that I last saw the deceased alive on* JULY 11, 1952 *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M. D. (Degree or title)

23b. ADDRESS: POCATELLO, IDAHO.

23c. DATE SIGNED: Aug 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: McCAMMON

24d. LOCATION (City, town, or county) (State): McCAMMON BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 8 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning.
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2403
Local Reg. No. 274
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JUL 24 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): many years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 153 South Johnson

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) MABLE c. (Last) CHALMERS

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 5, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Printz — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Martha Ellen Heller — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: H. H. Chalmers — ADDRESS: San Francisco, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Hrt. Disease — 3 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic bronchitis — senile yrs

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 25, 1952 *to* July 13, 1952, *that I last saw the deceased alive on* July 13, 19 52, *and that death occurred at* 10:20 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: July 14, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: July 21, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jones Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2404
Local Reg. No. 215
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 60
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 405 N. Lincoln

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Richard c. (Last) Mooney

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1952

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 30, 1889

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor 75

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) North Platte Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward N. Mooney BIRTHPLACE Ill.

14. MOTHER'S MAIDEN NAME Nola Bryan BIRTHPLACE Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE J. R. Mooney, Jr. ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-Vascular Dis. — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 7-13, 1952, *to* 7-15, 1952, *that I last saw the deceased alive on* 7-15, 1952, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Miller (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 7-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 17-1952

24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG JUL 21 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR ADDRESS Downard Funeral Home Pocatello

by Forrest P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2405
Local Reg. No. 225
Reg. Dist. No. 510

JUL 31 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 124 SOUTH 9TH.

3. NAME OF DECEASED (Type or Print): a. (First) LULU b. (Middle) RICHARDSON c. (Last) BARRETT

4. DATE OF DEATH: (Month) JULY (Day) 16, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 21, 1908
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): HAMER, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS RICHARDSON — BIRTHPLACE: UTAH.
14. MOTHER'S MAIDEN NAME: LOUELLA DALTON — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Mrs Robt. J. Barrett — ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 581.6 Acute yellow atrophy of liver — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of liver. — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 June, 1952, *to* 16 July, 1952, *that I last saw the deceased alive on* 15 July, 1952 *and that death occurred at* 3 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Marshall M.D. (Degree or title): MD
23b. ADDRESS: 804 E. Center Pocatello
23c. DATE SIGNED: 17 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE OF: JULY 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952
REGISTRAR'S SIGNATURE: Eva M. Wallen
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2406
Local Reg. No. 218
Reg. Dist. No. 511

BIRTH NO. 11-5-2[illegible]

RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tyhee (Fort Hall)
d. STREET ADDRESS (If rural, give location): Route 2 North

3. NAME OF DECEASED (Type or Print): a. (First) ANTHONY b. (Middle) c. (Last) POOG

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 7, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 4 Days: 9 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ruben Poog BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Jessie Appaney BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ruben Poog ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Virus dysentery — 3 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 15, 1952, *to* July 16, 1952, *that I last saw the deceased alive on* July 16, 1952, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: July 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Reservation Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall (Tyhee) Idaho

DATE REC'D BY LOCAL REGISTRAR: July 28, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Jack Henderson Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2407
Local Reg. No. 2367
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 1205 SOUTH 3RD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1205 SOUTH 3RD.

3. NAME OF DECEASED (Type or Print): a. (First) WHIT b. (Middle) c. (Last) ROBINSON

4. DATE OF DEATH: (Month) JULY (Day) 17, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEBRUARY 7, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Varied

11. BIRTHPLACE (State or foreign country): KANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHRISTOPHER ROBINSON — BIRTHPLACE: VIRGINIA

14. MOTHER'S MAIDEN NAME: ANNA CATHERINE WILHELM — BIRTHPLACE: PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ola Allen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown (Found dead) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Known Diabetic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 6, 1947, *to* June 27, 1947, *that I last saw the deceased alive on* April 22, 1952, *and that death occurred at* —— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): W. F. Hastings, M. D.
23b. ADDRESS: Pocatello, Ida.
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 6 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Mannuy — ADDRESS: Pocatello, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2408
Local Reg. No 216
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 233 South Lincoln Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 233 South Lincoln Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WAYLAND
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): July 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 31, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Works
11. BIRTHPLACE (State or foreign country): Prairie Center, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Clarence Day — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Minerva R. Mooar — BIRTHPLACE: Earle, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 541-10-9204
17. INFORMANT'S OWN SIGNATURE: Mrs. H. P. Jacobson — ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. myocardial failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1952, *to* July 18, 1952, *that I last saw the deceased alive on* July 18, 1952, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: July 18, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: July 19, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 219
Reg. Dist. No. 510

RECEIVED JUL 30 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-8048

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 654 West Lander Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
J.	BLAINE	SHOEMAKER	July	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	July 1, 1952	0	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Blaine Shoemaker BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Betty Jensen BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: J. Blaine Shoemaker ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

757.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital Malformation Kidney

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, *19* 52, *to* July 20, *19* 52, *that I last saw the deceased alive on* July 20, *19* 52, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Merrill M.D. (Degree or title)

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: July 21, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: July 28, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECE
JUL 25 '52
DIVISION OF VITAL
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Certificate of Death

STATE OF IDAHO

State File No. 2410
Local Reg. No. 217
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1135 N. Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1135 N. Garfield

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) J. c. (Last) RENFRO

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Feb. 15 1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Salem Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Pixley BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Larrissa Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE W H Renfro ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 12 mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* July 20, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. M. Newton M.D. (Degree or title)
23b. ADDRESS 318 W. Center St Pocatello Ida
23c. DATE SIGNED 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 22 1952
24c. NAME OF CEMETERY OR CREMATORY Mountainview cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. July 24 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Downard Funeral Home by John P. Grossman ADDRESS Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. LLOYD CALL

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 2411
Local Reg. No. 226
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 229 COTTAGE AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 229 COTTAGE AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) MYRTLE b. (Middle) LaRUE c. (Last) DUDLEY

4. DATE OF DEATH: (Month) JULY (Day) 21,, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 17, 1920

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ALFRED C. REESE — BIRTHPLACE: SPANISH FORK, UTAH

14. MOTHER'S MAIDEN NAME: EMEREANE PARSONS — BIRTHPLACE: BLACKFOOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Mrs. O. W. Malmberg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-51, 19___, *to* 6-9-52, 19___, *that I last saw the deceased alive on* 6-9-52 *and that death occurred at* 2 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Call, M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK, IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall Funeral Home, Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 2112
Local Reg. No. 227
Reg. Dist. No. 510

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 516 WEST CARSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 516 WEST CARSON

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): KYNASTON
c. (Last): LUKER

4. DATE OF DEATH (Month) (Day) (Year): JULY 22, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 5, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): BOUNTIFUL, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KYNASTON — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: EMILY GARNS — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S OWN SIGNATURE: Lorenzo Luker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Malnutrition — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Sept, 1951, *to* 22 July, 1952, *that I last saw the deceased alive on* 22 July, 1952, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Crandall — (Degree or title): MD
23b. ADDRESS: 804 E Center, Pocatello
23c. DATE SIGNED: 25 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: BOUNTIFUL CEMETERY
24d. LOCATION (City, town, or county): BOUNTIFUL — (State): UTAH

DATE REC'D BY LOCAL REG.: JUL 30 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2413
Local Reg. No. 229
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): ROUTE #2 NORTH Hawthorne Road

3. NAME OF DECEASED (Type or Print)
a. (First): WALLACE
b. (Middle): ALBERT
c. (Last): JENKS

4. DATE OF DEATH (Month) JULY (Day) 24, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 21, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILERMAKER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): NORTH OGDEN, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WALLACE JENKS — BIRTHPLACE: NORTH OGDEN, UTAH
14. MOTHER'S MAIDEN NAME: ANNIE RANDALL — BIRTHPLACE: NORTH OGDEN, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 712-03-4850
17. INFORMANT'S OWN SIGNATURE: Izetta Jenks — ADDRESS: Rt #2 North

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Several Mo's.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) General Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* July 24, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reederred MD (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county): POCATELLO BANNOCK (State): IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

State File No. 2114
Local Reg. No. 230
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 Campus Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Omaha
d. STREET ADDRESS (If rural, give location): 602 No. 33rd Street

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) DILLON c. (Last) ROBERTSON

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1890

9. AGE (In years last birthday): 62 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Moray Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles W. Robertson BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Clara Dillon BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Alice M. Robertson ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) coronary heart disease — Several years

DUE TO (c) ----- arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: ------

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -----

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ----- m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1952, *to* July 24, 1952, *that I* never *saw the deceased alive on* never, 19---, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Lyman, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: July 25, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Crosby Funeral Home

24d. LOCATION (City, town, or county) (State): Omaha Nebraska

DATE REC'D BY LOCAL REG.: AUG 5 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas Henderson ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2415
Local Reg. No. 231
Reg. Dist. No. 511

111-52-8156
BIRTH NO.

RECEIVED
AUG 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Idaho
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R.R.#1 So.

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) c. (Last) Copeland

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 26 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 3 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack D. Copeland BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Nora Soderblom BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Nora Soderblom ADDRESS: Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) non viable infant — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 25 wks gest.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1952, *to* 7-26, 1952, *that I last saw the deceased alive on* 7-26 19 52 *and that death occurred at* 10:26 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph B. Hegstad M.D. 23b. ADDRESS: Pocatello Idaho 23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-28-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG: AUG 5 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25 FUNERAL DIRECTOR ADDRESS: Downard Funeral Home Pocatello Idaho
& John P. Grossman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 246
Local Reg. No. 232
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello –
c. LENGTH OF STAY in this place) 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1531 N. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1531 N. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS b. (Middle) M. c. (Last) CARMODY

4. DATE OF DEATH (Month) (Day) (Year) July 27 1952

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept 28 1869

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Gives kind of work done during most of working life, even if retired) retired conductor

10b. KIND OF BUSINESS OR INDUSTRY UPRR

11. BIRTHPLACE (State or foreign country) Galesburg Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Carmody
BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Mary Torticell
BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Helen Phillips
ADDRESS Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* July 27, 1952, *that I last saw the deceased alive on* 7-27, 1952 *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) David C. Miller, M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-31-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. AUG 5 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Downard Funeral Home
ADDRESS Pocatello Ida
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2417
Local Reg. No. 238
Reg. Dist. No. 510

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 133 Westello Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) H. c. (Last) LOOMIS

4. DATE OF DEATH (Month) (Day) (Year) July 31 1952

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 25 1910
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herbert W. Loomis BIRTHPLACE Colorado
14. MOTHER'S MAIDEN NAME Cleofas Garcia BIRTHPLACE New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ruth Loomis ADDRESS Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymposarcoma — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* complicated by generalized carcinoma — 6 wks

19a. DATE OF OPERATION 1 July 52
19b. MAJOR FINDINGS OF OPERATION abdominal peritoneal abscess
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* 31 July, 1952, *that I last saw the deceased alive on* 31 July, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Torres A. Howard M.D. (Degree or title)
23b. ADDRESS 421 Center Pocatello Ida
23c. DATE SIGNED 1 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8-4-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview cem.
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. AUG 12 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25 FUNERAL DIRECTOR Downard Funeral Home ADDRESS Pocatello Idaho
by John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Harris.

Certificate of Death

STATE OF IDAHO

JUL 31 1952

State File No. 2118
Local Reg. No. 222
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VALLEY VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
d. STREET ADDRESS (If rural, give location): [redacted]

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): MARIAH CARR
c. (Last): BYINGTON

4. DATE OF DEATH (Month) (Day) (Year): JULY 6, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 10, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): PROMONTORY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID ORLANDO CARR — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MELVINA BUTLER — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Roy L Byington — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Inter-Stitial Nephritis. 6 mos.

422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lava Hot Springs, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1952 *to* July 6, 1952, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: David E. Harris, M.D. (Degree or title) 1552
23b. ADDRESS: 303 Kane Bldg Pocatello Idaho
23c. DATE SIGNED: 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: LAVA HOT SPRINGS CEMETERY
24d. LOCATION (City, town, or county) (State): LAVA HOT SPRINGS BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Grant Mortuary Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2419
Local Reg. No. 2319
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUL 24 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LAVA HOT SPRINGS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CARIBOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS, IDAHO
d. STREET ADDRESS (If rural, give location).

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle); c. (Last) WHALEN

4. DATE OF DEATH: (Month) JULY (Day) 11, (Year) 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: MAY 30, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): GRAND RAPIDS, MICH.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: Richard Sublon — ADDRESS: SODA SPGS. IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* June, 1952 *that I last saw the deceased alive on* June, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tigert — (Degree or title) M.D. — **23b. ADDRESS**: Soda Springs, Ida — **23c. DATE SIGNED**: 7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: JULY 14, 52 — **24c. NAME OF CEMETERY OR CREMATORY**: FAIRVIEW — **24d. LOCATION** (City, town, or county) (State): SODA SPRINGS, IDAHO.

DATE REC'D BY LOCAL REG. JUL 21 1952 — REGISTRAR'S SIGNATURE: Eva M. Wallin — **25. FUNERAL DIRECTOR**: O. L. Whitman — ADDRESS: SODA SPRINGS, IDA.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2120
Local Reg. No. 228
Reg. Dist. No. 511

JUL 31 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE — GREEN & WHITE CABINS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS, IDAHO
d. STREET ADDRESS (If rural, give location): GREEN & WHITE CABINS, LAVA.

3. NAME OF DECEASED (Type or Print): a. (First) IRA b. (Middle) F. c. (Last) RICE

4. DATE OF DEATH: (Month) JULY (Day) 23, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MARCH 2, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): NEWLAND NEVADA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES RICE — BIRTHPLACE: FARMINGTON, UTAH
14. MOTHER'S MAIDEN NAME: HANNAH HANSEN — BIRTHPLACE: MINERSVILLE, UTAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR # I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harvey Rice — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myositis — 6 Hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fell off Head of Hay, Injury To Back & Shoulders — 1946

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lava Hot Springs Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1946 m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/4/19, 1952 *to* 6/4 23, 1952 *that I last saw the deceased alive on* 6/4 23, 1952 *and that death occurred at* 2:30 a. m. *from the causes and on the date stated above.*

23a. SIGNATURE: Dwight E. Harris M.D. (Degree or title)
23b. ADDRESS: 302 Kans Bldg Ogden Utah
23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: LAVA HOT SPRINGS CEMETERY
24d. LOCATION (City, town, or county) (State): LAVA HOT SPRINGS, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: JUL 30 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 2421
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avid Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avid Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Sam c. (Last) Olson

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec 2, 1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY Stock Raising
11. BIRTHPLACE (State or foreign country) Avid Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jens C. Olson BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Karron Neilson BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James E. Olson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Hemorrhage with Empiry

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Paralysis Nov 25-1950

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1950, *to* June, 1952, *that I last saw the deceased alive on* June, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 471 [signature] (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED 7-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 3 1951
24c. NAME OF CEMETERY OR CREMATORY Avid Cemetery
24d. LOCATION (City, town, or county) (State) Avid Idaho

DATE REC'D BY LOCAL REG. 7/28/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2122
Local Reg. No. 95
Reg. Dist. No. 130

111-52-8200
BIRTH NO.

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle); c. (Last) Fontaine

4. DATE OF DEATH: (Month) (Day) (Year) July 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 11, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Leonard R. Fontaine — BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Mable Brown — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: R Fontaine — ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11 July, 1952, *to* 12 July, 1952, *that I last saw the deceased alive on* 12 July, 1952, *and that death occurred at* 10:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. J. Sullivan (Degree or title): M. D.
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 7/14/52
REGISTRAR'S SIGNATURE: Esper S. Brehmer
25. FUNERAL DIRECTOR: R. E. Wells — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4523
Local Reg. No. 96
Reg. Dist. No. 130

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): R. R. #1

3. NAME OF DECEASED (Type or Print): a. (First) Lyle; b. (Middle) Jasper; c. (Last) Craner

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1896

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Oakley Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Craner
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Luella Tanner
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-8328

17. INFORMANT'S OWN SIGNATURE: Bill L Craner
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Traumatism — Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed by logging truck

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Logging road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near St. Maries Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 22, 1952 6A.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Runaway logging truck upset on him

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wells
(Degree or title): Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-26-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 7/29/52

REGISTRAR'S SIGNATURE: Esper E. Brebner

25. FUNERAL DIRECTOR: R. E. Wells
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2424
Local Reg. No. 37
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Rural
c. LENGTH OF STAY (in this place): 37 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Renfro Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Russel	Stanley	Gallaher	July 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 10, 1914	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Woods	Emida Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Gallaher	Unknown	Verna Ells	So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-10-9532	Evelyn Gallaher	Santa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

911.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed by wheels of logging truck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Saw mill Near	Santa Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 24, 1952 2:30 P. m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Logging truck ran over him, crushing body against bank

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. E. Wiens	Coroner	St. Maries, Idaho	7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-28-52	Woodlwan	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/29/52	Esper G. Brebner	R. E. Wiens	St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2425
Local Reg. No. 38
Reg. Dist. No. 130

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fernwood
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ryan Tie Co. Landing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fernwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eddie
b. (Middle): Ray
c. (Last): Beach

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 6, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill worker
10b. KIND OF BUSINESS OR INDUSTRY: Scaler
11. BIRTHPLACE (State or foreign country): Clint County Michigan
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Beach — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minnie Bingham — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 479-05-8081
17. INFORMANT'S OWN SIGNATURE: Mrs D. L. McPoland — ADDRESS: Fernwood, Idaho

18. CAUSE OF DEATH 910.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Fractures of Head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body and right leg
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing Ryan Tie Co.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fernwood Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 31,1952 4:30P.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Log fell from top of truck Crushing him

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Wessa 470 Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-2-52 12
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 8/4/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Wessa — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2426
Local Reg. No. 110
Reg. Dist. No. 60-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 135 Topance

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Jess c. (Last) Priest

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 23, 1939

9. AGE (In years last birthday): 13
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jess R. Priest
BIRTHPLACE: Pocatello, Idaho

14. MOTHER'S MAIDEN NAME: Carolyn Carter
BIRTHPLACE: Greenville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jess R. Priest ADDRESS: Pocatello, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion Laceration Scalp — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Auto

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home about Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pingree Bingham Idaho

21d. TIME OF INJURY: (Month) July (Day) 2 (Year) 52 (Hour) 2 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell off truck Trailer bed.

22. *I hereby certify that I attended the deceased from* July 2, 1952, *to* July 4, 1952, *that I last saw the deceased alive on* July 4, 1952, *and that death occurred at* 6:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Tasker M.D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-7-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: July 7, 1952

REGISTRAR'S SIGNATURE: Mrs Walter E Petrie by Margaret Barrett, Dep.

25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form D-11-1951

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2527
Local Reg. No. 112
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ruby Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Ruby Street.

3. NAME OF DECEASED (Type or Print): a. (First) Byron; b. (Middle) Eric; c. (Last) Sterr

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: APRIL 18, 1949

9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Garland G. L. Sterr, American Falls, Ida.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Johanna A. Hansen, Leipzig, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Garland G L Sterr — Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral palsy — INTERVAL BETWEEN ONSET AND DEATH: 3 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Birth injury — 3 yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* July 7, 1952, *that I last saw the deceased alive on* July 7, 1952, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. Merrill Parker M.D. — (Degree or title)

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-10-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: July 10 1952

REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Parmen, Dep.

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2428
Local Reg. No. 113
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 256 Poplar Street

3. NAME OF DECEASED (Type or Print)
a. (First): Melinda
b. (Middle): Elizabeth
c. (Last): Roy

4. DATE OF DEATH (Month) (Day) (Year): July 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 21, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Springville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Williams — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Melinda Rhoades — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jesse E. Roy — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition + Emaciation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1952 *to* July 8, 1952, *that I last saw the deceased alive on* July 8, 1952 *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph G. Goates MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: July 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 10 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Corresen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2429
Local Reg. No. 121
Reg. Dist. No. 600

111-52-8233 JUL 31 1952
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 18 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 941 S. Stout St.

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Ann
c. (Last): Zilk

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 16, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 18 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho,
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy A. Zilk
BIRTHPLACE: Portland, Oregon
14. MOTHER'S MAIDEN NAME: Pearl L. Heer
BIRTHPLACE: Pocatello, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Roy A. Zilk
ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

759.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fetal atelectasis
INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congenital pulmonary defect
DUE TO (c) (malformation rt. main bronchus)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1952, *to* July 17, 1952, *that I last saw the deceased alive on* July 17, 1952, *and that death occurred at* 1:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. V. Zabinski 547 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 7/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho.

DATE REC'D BY LOCAL REG.: July 18 1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Borresen Dep.
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2230
Local Reg. No. 129
Reg. Dist. No. 606

RECEIVED

Certificate of Death

STATE OF IDAHO

AUG 7 1952

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 310 10th St.

3. NAME OF DECEASED (Type or Print): a. (First) Siguard b. (Middle) T c. (Last) Johannesen

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20, 1882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.T. Johannesen BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: ? Jensen BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-09-1044

17. INFORMANT'S OWN SIGNATURE: J.T. Johannesen ADDRESS: Blackfoot, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia Lymphatic — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, 1950, *to* July 20, 1952, *that I last saw the deceased alive on* July 20, 1952, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Earl Packer (Degree or title) MD

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: July 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-22-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 29 1952

REGISTRAR'S SIGNATURE: Mrs. Walter E. Petrie by Margaret Barrett Dep

25. FUNERAL DIRECTOR: Jack R. Wood ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form PHS-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2431
Local Reg. No. 123
Reg. Dist. No. 600

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location): North of Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First): Hans
b. (Middle): A.
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 20, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Ranching
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hans R. Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Amelia Christofferson — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs H. A. Hansen — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/16, 1952, *to* 7/20, 1952, *that I last saw the deceased alive on* 7/20, 1952, *and that death occurred at* 4:30 AM, *from the causes and on the date stated above.*

23a. SIGNATURE: C. V. Zabrinskie (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 22, 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: Howard Pickham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-45021

RECEIVED AUG 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 32
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Thomas, Blf't. Rt. #2
d. STREET ADDRESS (If rural, give location): Rural - Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth; b. (Middle); c. (Last) Merrill

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Apr. 25, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 3 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Dairyman

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Harris Merrill BIRTHPLACE: Smithfield, Utah

14. MOTHER'S MAIDEN NAME: Grace Hale BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Wanda Merrill ADDRESS: Blackfoot, Rt2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Trauma associated with accidental fracture of ribs + vertebrae. — 2 weeks

DUE TO (c) Injured by being thrown against a fence by a bull.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot Rt. #2 Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 13, 1952 4:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Bull rushed him against the corral fence

22. *I hereby certify that I attended the deceased from* July 13, 1952 *to* July 27, 1952, *that I last saw the deceased alive on* July 26, 1952, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. Merrill Packer (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 31 1952

REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Burrell, Dep.

25. FUNERAL DIRECTOR: Howard Packham ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 2433
Local Reg. No. 120
Reg. Dist. No. 601

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY: Rice County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Friboult
d. STREET ADDRESS (If rural, give location): 717 3rd Ave. N. W.

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle):
c. (Last): Sporre

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 26, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ottertail Co., Minnesota
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Per A. Sporre — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Westerlund — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 470-10-5115
17. INFORMANT'S OWN SIGNATURE: Mrs Alfred Sporre — ADDRESS: 717 3rd Ave N W Friboult

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): None.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1952, *to* July 6, 1952, *that I last saw the deceased alive on* July 6, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wendell Petty, M. D. (Degree or title)
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: Jul 6 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-7-52
24c. NAME OF CEMETERY OR CREMATORY: FORT SNELLING
24d. LOCATION (City, town, or county) (State): Minneapolis, Minnesota

DATE REC'D BY LOCAL REG.: 7-7-1952
REGISTRAR'S SIGNATURE: Mrs. Walter St. Petrie by Margaret Barrow, Dep.
25. FUNERAL DIRECTOR: Lloyd M. Nalder — ADDRESS: Shelley, Lloyd M Nalder

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2434
Local Reg. No. 119
Reg. Dist. No. 600

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): ✓ 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1530 N. Harrison

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): IRENE GERTRUDE BEAUCHAMP

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb., 24, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bishop California
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Newton Wheatley — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Melissa Bacchus — BIRTHPLACE: USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 5 6 0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 20 "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Psychotic Reaction to above — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 12, 1951, *to* JULY 3, 1952, *that I last saw the deceased alive on* JULY 3, 1952 *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M. D.
23b. ADDRESS: State Hosp. So. Blackfoot, Ida.
23c. DATE SIGNED: 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-3-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: July 23 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barrison, Dep.
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2125
Local Reg. No. 777
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr, 8mo, 23da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE RT.#2
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFFORD
b. (Middle):
c. (Last): BABCOCK

4. DATE OF DEATH (Month) (Day) (Year): JULY 4 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: JULY 15, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: CARMI WM. BABCOCK — BIRTHPLACE: VERMONT
14. MOTHER'S MAIDEN NAME: MARTHA GILLETTE — BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Vermont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 30 yrs.
DUE TO (c): Psychosis, Arteriosclerotic — 5 "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cancer of Prostate — 3 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 11, 1952, *to* JULY 4, 1952, *that I last saw the deceased alive on* JULY 4, 1952, *and that death occurred at* 3:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.6.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-7-52
24c. NAME OF CEMETERY OR CREMATORY: Boise
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: July 7 1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie
by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2136
Local Reg. No. 116
Reg. Dist. No. 602

BIRTH NO. JUL 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4 M 3 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) Gay c. (Last) TRANMER

4. DATE OF DEATH: (Month) JULY (Day) 10, (Year) 1952

5. SEX: M

6. COLOR OR RACE: WH.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 22, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RANCH HAND

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rock Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William R. Tranmer — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah P. Davis — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W. Tranmer — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 30 yrs.
DUE TO (c) Cerebral apoplexy — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis Arteriosclerotic — 3 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MARCH 7, 1952, *to* JULY 10, 1952, *that I last saw the deceased alive on* JULY 10, 1952, *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Sprague (Degree or title) M.D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 7.14.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 7-12-52 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: July 12 1952 — REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barrean, Dep. — **25. FUNERAL DIRECTOR**: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2427
Local Reg. No. 115
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ~~BINGHAM~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NICHOLIA
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): DUNN

4. DATE OF DEATH (Month) JULY (Day) 12 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: MAY 23, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 19, 1948, *to* JULY 12, 1952, *that I last saw the deceased alive on* JULY 12, 1952 *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 7.14.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: July 14 1952
REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie — Mrs. Margaret Borissen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2438
Local Reg. No. 114
Reg. Dist. No. 6-02

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1mo, 14da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) LEE c. (Last) ROHKAR

4. DATE OF DEATH: (Month) JULY (Day) 12 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: JUNE 12, 1898

9. AGE (In years last birthday): 54 IF UNDER 1 YEAR Months: 1 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: PAINTER

11. BIRTHPLACE (State or foreign country): MORE, IOWA

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: HENRY J. ROHKAR BIRTHPLACE: ILLINOIS

14. MOTHER'S MAIDEN NAME: CARTER BIRTHPLACE: WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis. Toxic — 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 28, 1952, *to* JULY 12, 19 52, *that I last saw the deceased alive on* JULY 11, 19 52, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D. 23b. ADDRESS: State Hosp. So. Blackfoot 23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 24b. DATE: 7/12/52 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho.

DATE REC'D BY LOCAL REG.: July 12 1952 REGISTRAR'S SIGNATURE: [signature] 25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form [illegible]

For White Mortuary, Twin Falls, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 2439
Local Reg. No. 118
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4 mo, 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): BONNER

4. DATE OF DEATH (Month) (Day) (Year): JULY 14 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 78? IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN BONNER — BIRTHPLACE: OHIO ?
14. MOTHER'S MAIDEN NAME: ELIZA — BIRTHPLACE: OHIO ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Arteriosclerotic — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 12, 1952, *to* JULY 14, 1952, *that I last saw the deceased alive on* JULY 14, 1952, *and that death occurred at* 12:50 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spiegner M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.16.52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 7/15/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho.

DATE REC'D BY LOCAL REG.: 7-15-52
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barrett, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 2340
Local Reg. No. 117
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Etta
c. (Last): Hearn

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 22, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Courtney — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Cathleen Carter — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mabel A. Turpin — ADDRESS: Rt. #2, Bla't.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15, 1952 *to* _____, 19__, *that I last saw the deceased alive on* 7-15, 1952 *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 18 1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Barreau, Dep
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2441
Local Reg. No. 8
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Aberdeen~~ Sterling
c. LENGTH OF STAY (in this place): 36
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Olive Oma b. (Middle) Green c. (Last) Johnstone

4. DATE OF DEATH: (Month) (Day) (Year): July 17, 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1873

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR: Months 7 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Wayne Co. Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: E.N. Rutger BIRTHPLACE: Wayne Co. Ill.

14. MOTHER'S MAIDEN NAME: Isabell Campbell BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Blanche Murphy ADDRESS: Sterling, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility due to metastatic — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma to liver
Adenocarcinoma of sigmoid — 7mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

153 X

19a. DATE OF OPERATION: Jan. 7, 1952

19b. MAJOR FINDINGS OF OPERATION: Chlostomy for carcinoma sigmoid metastasis to liver

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. , 1945, *to* July 17 , 1952, *that I last saw the deceased alive on* July 13, 1952 *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Harms M.D.

23b. ADDRESS: Aberdeen, Idaho.

23c. DATE SIGNED: 7-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-52

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho.

DATE REC'D BY LOCAL REG.: 7-17-52

REGISTRAR'S SIGNATURE: H. L. Harms

25. FUNERAL DIRECTOR ADDRESS: W. Dennis Amer. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2442
Local Reg. No. 122
Reg. Dist. No. 600

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5yr, 2mo, 15da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CLARK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DUBOIS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): ETTA
c. (Last): HUMPHREY

4. DATE OF DEATH (Month) (Day) (Year): JULY 18 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 82 ? IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	3 wks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thyroiditis, Chronic	15 yrs.
DUE TO (c)	Arteriosclerosis	20 "
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Senile	15 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 3, 1947, *to* July 18, 1952, *that I last saw the deceased alive on* JULY 18, 1952, *and that death occurred at* 2:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Spragins (Degree or title) M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.19.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois Idaho

DATE REC'D BY LOCAL REG.: July 23/1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Barrett, Dep.
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]13
Local Reg. No. 124
Reg. Dist. No. 600

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): TWINFALLS COUNTY FARM

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): R.
c. (Last): JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): 7- 21 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: NOV. 1, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TYRO, OHIO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 30 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Psychosis, Senile — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 21, 1952, *to* July 21, 1952, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 3:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Spiegel (Degree or title) M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.22.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-22-52
24c. NAME OF CEMETERY OR CREMATORY: Wheatland Cemetery
24d. LOCATION (City, town, or county) (State): Wheatland Wyoming

DATE REC'D BY LOCAL REG.: July 22, 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Borrisen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2444
Local Reg. No. 127
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11yr, 10mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1d BLACKFOOT
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle):
c. (Last): BOLKOVICH

4. DATE OF DEATH (Month) (Day) (Year): JULY 24 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 29, 1894
9. AGE (In years last birthday): 58yrs
IF UNDER 1 YEAR: Months / Days: 25
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): YUGASLAVIA
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: JOHN BOLKOVICH
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MARIE ROSAVITCH
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

002X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 25 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 11, 1952, *to* JULY 24, 1952, *that I last saw the deceased alive on* JULY 24, 1952, *and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-29-52
24c. NAME OF CEMETERY OR CREMATORY: STATE HOSPITAL CEMETERY
24d. LOCATION (City, town, or county) (State): BLACKFOOT, IDAHO

DATE REC'D BY LOCAL REG.: July 31, 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: BLACKFOOT, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021
by Margaret Barrefin, Dep.

RECEIVED
AUG 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 125
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pingree
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. So. Pingree

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pingree
d. STREET ADDRESS (If rural, give location): 2 mi. So. of Pingree

3. NAME OF DECEASED (Type or Print)
a. (First): Andrea
b. (Middle): Jensen
c. (Last): Kolsen

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 15, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Vindun, Denmark
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Peter Duelund Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Meta Marie Nielstetter — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Gurmen P. Kolsen — ADDRESS: Pingree, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1952 *to* 7-26, 1952 *that I last saw the deceased alive on* 7-26, 1952 *and that death occurred at* 1 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Rt. #2, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 28 1952
REGISTRAR'S SIGNATURE: Thos Walter Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2146
Local Reg. No. 126
Reg. Dist. No. 600

RECEIVED AUG 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 yr, 10mo, 28d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): D
c. (Last): GOIN

4. DATE OF DEATH (Month) (Day) (Year): JULY 29, 1952

5. SEX: M
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 1, 1897
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months 10, Days 28
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER 16
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JAMES T. GOIN
BIRTHPLACE: TENN.
14. MOTHER'S MAIDEN NAME: CORA JOHNSON
BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U. Lamont
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

355 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Brain Disease (19.31) — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 1, 1950, *to* JULY 29, 1952, *that I last saw the deceased alive on* JULY 28, 1952, *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague 414 M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: July 30, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: July 30 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: Willard Casper
ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2447
Local Reg. No. 31
Reg. Dist. No. 410

BIRTH NO. JUL 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place): 43 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CATHERINE b. (Middle) J. c. (Last) COLLINS,

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 52

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): CHAS. F.

8. DATE OF BIRTH: 5-9-1869

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARION IND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN MIDDLETON — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: JANE LONG, — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: No.

17. INFORMANT'S OWN SIGNATURE: Mrs John M. Boyle — ADDRESS: Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c) Hypertension heart disease — year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 1952 *to* July 1952, *that I last saw the deceased alive on* 8 July, 19 52 *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Hailey Idaho — **23c. DATE SIGNED**: 7/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): — **24b. DATE**: 7-11-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Bellevue — **24d. LOCATION** (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: July 18-1952 — **REGISTRAR'S SIGNATURE**: Robert A. Wright - per B.V. — **25. FUNERAL DIRECTOR**: Ray McGoldrick — **ADDRESS**: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2148
Local Reg. No. 34
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARGA-RETTA b. (Middle) c. (Last) STEVENSON

4. DATE OF DEATH (Month) (Day) (Year) 7-13-52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WILLIS
8. DATE OF BIRTH 1867
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) MOUNT AYR, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME PRESTON BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME HORNBECK BIRTHPLACE PENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Lena E. Long ADDRESS Cincinnati Ohio

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure due to oldage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not treat this individual or see the individual alive, *19____ to ____ 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE H. A. Hawkins (Degree or title) M.D.
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 25 Jul 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-20-52
24c. NAME OF CEMETERY OR CREMATORY Hailey City
24d. LOCATION (City, town, or county) Hailey Idaho (State)

DATE REC'D BY LOCAL REG. Aug-1-1952
REGISTRAR'S SIGNATURE Robert H. Wright per lel B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2110
Local Reg. No. 29
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 45 DAYS
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location) Green Horn Sheep Camp,

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	DEWEY	MURPHY	7 - 14 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	W.	THELMA	7-13-1897	55	—	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CAMP TENDER	SHEEP CAMP	BRIDGEPORT WASH.	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Squire F. MURPHY	MONMOUTH ORE.	RUTH A. JUDSON	S. DAKOTA.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES.	W.W.I 1918	518-36-6351	Gordon Murphy	Filer Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Committed Suicide - Shot himself through head with 25-35 rifle.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) died instantly - No inquest -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Bacon's Sheep Camp	Greenhorn Ranger Station. Blaine - Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
July 14-1952 3.30 p.m.		Gun shot wound. Self inflicted.

22. *I hereby certify that I attended the deceased from* about *, 19__, to* ✓ *, 19__, that I last saw the deceased alive on* ✓ *, 19__, and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Wright - M.D. Coroner	Blaine County Hailey, Idaho	July 16-1952

24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY ~~OR CREMATORY~~	24d. LOCATION (City, town, or county) (State)
3	7-17-52	TWIN FALLS	TWIN FALLS Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 16-1952.	Robert H. Wright-per	Ray McGoldrick	Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2450
Local Reg. No. 33
Reg. Dist. No. 410

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 15 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SUZANNE b. (Middle) c. (Last) STAATS

4. DATE OF DEATH (Month) (Day) (Year): 7-21-52

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): JOHN, H.
8. DATE OF BIRTH: 1-20-1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Dayton, Ohio.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SPIELMAN — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Elvira Jackson — BIRTHPLACE: Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Mrs. R. L. Cummins — ADDRESS: Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Block — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Died instantly - Found dead -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None Known

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓ *19___, to* ✓ *19___, that I last saw the deceased alive on* ✓ *19___, and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Wright - M.D. Coroner (Degree or title)
23b. ADDRESS: Blaine County Hailey, Idaho
23c. DATE SIGNED: July 28-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 7-26-52
24c. NAME OF CEMETERY OR CREMATORY: S.L. MEM. ASSO CREMATORY
24d. LOCATION (City, town, or county) (State): S.L. City Utah.

DATE REC'D BY LOCAL REG.: July 25-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGowan Hailey — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 25 1952 DIVISION OF VITAL STATISTICS

State File No. 2451
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO. 111-52-5099

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--on Payette river
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Miles N. of Banks, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Walter c. (Last) Kessinger

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 1, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days: 19 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert E. Kessinger
BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Ellen M. Horton
BIRTHPLACE: Melba, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: R. E. Kessinger
ADDRESS: Rt # 1 Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 15 Miles N. of Banks Boise Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* autopsy only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Boise
23c. DATE SIGNED: 20 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-23-'52
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. FUNERAL DIRECTOR: C. E. Allen McBratney-Allden Chapel
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

JUL 13 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 47 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 North 5th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 512 North 5th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Berthold; b. (Middle) Hans; c. (Last) Boeck

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 10, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor & Gardner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Goerlitz, Silesia, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Berthold Boeck
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Henrietta Augusta
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 518-01-9067-A

17. INFORMANT'S OWN SIGNATURE: Mrs. H B Boeck
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular HT Dis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] 1952, to July, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chester H Boeck MD (Degree or title)

23b. ADDRESS: 111 N. 2nd Sandpoint Ida

23c. DATE SIGNED: 7/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/8/1952

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 10 - 1952

REGISTRAR'S SIGNATURE: Marlene H. Miley

25. FUNERAL DIRECTOR: L L Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2453
Local Reg. No. 63
Reg. Dist. No. 110

RECEIVED
JUL 24 1952
DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): North 212 Washington

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): 60 approx. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Last occupation — Cedar Pole Maker

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 539-16-4892

17. INFORMANT'S OWN SIGNATURE: Sandpoint Police Dept Records ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9744

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Hanging — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Sandpoint (COUNTY) Bonner (STATE) Idaho.

21d. TIME OF INJURY (Month) July (Day) 9, (Year) 1952 (Hour) 7 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Hanging by use of necktie.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. G. Moon Coroner

23b. ADDRESS: Sandpoint. Idaho

23c. DATE SIGNED: July 10 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/18/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 22-1952

REGISTRAR'S SIGNATURE: Marlene H. Miley

25. FUNERAL DIRECTOR ADDRESS: L. G. Moon Jr. Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2154
Local Reg. No. 61
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 606 North 4th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Gustav
b. (Middle): E
c. (Last): Tonning

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 5, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman-Engineer 32
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Mankato, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Tonning — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Meta Marie Tonning — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Carrie Tonning — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular accident — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 5:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Franz H Siemsen, M.D. (Degree or title)
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: July 15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/14/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 18-1952
REGISTRAR'S SIGNATURE: Merlene W. Miley
25. FUNERAL DIRECTOR: F. G. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2455
Local Reg. No. 62
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): City Docks

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edward c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roland E. Johnson
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Rosella M. Hunt
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE: L. G. Moon Jr.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 3-4 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐ 4

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Weidle (Degree or title) MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: July 15 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/15/1952

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 18 - 1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25 FUNERAL DIRECTOR: L. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2156
Local Reg. No. 64
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Beach

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 610 Oak Street

3. NAME OF DECEASED (Type or Print): a. (First) Richard; b. (Middle) Allen; c. (Last) Henderson

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 22, 1933

9. AGE (In years last birthday): 18 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Hayden Lake, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E. A. Henderson — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Pearl Henderson — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-34-2005

17. INFORMANT'S OWN SIGNATURE: Pearl E. Henderson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

E929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: drowning
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Beach
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 14 52 8 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 6, 1952, *to* July 14, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Rundle 442 — (Degree or title): M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: July 17 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cem.
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 23-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS: L. G. Moon Jr. — Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

JUL 4 ...

Certificate of Death

STATE OF IDAHO

State File No. 2457
Local Reg. No. 61
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edgemere
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edgemere
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): Sanford
c. (Last): Dawson

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 13, 1939
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Blueslide, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert H. Dawson — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Marjorie Dawson Johnston — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. W. Johnston — ADDRESS: Edgemere Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accident — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Irrigation Sump
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Edgemere Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4th 1952 430pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swimming in cold water

22. *I hereby certify that I attended the deceased from* July 4, 1952, *to* July 4, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 3 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor W. Barbour MD
23b. ADDRESS: 116 N 2nd Sandpoint Idaho
23c. DATE SIGNED: 7/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/9/1952
24c. NAME OF CEMETERY OR CREMATORY: Pines Cemetery
24d. LOCATION (City, town, or county) (State): Opportunity, Washington

DATE REC'D BY LOCAL REG.: July 9-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moore Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

State File No. 2158
Local Reg. No. 65
Reg. Dist. No. 110
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Talache
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 422 Lake Street

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle) Earl; c. (Last) Ulrich

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 25, 1887

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward

10b. KIND OF BUSINESS OR INDUSTRY: Elks Club

11. BIRTHPLACE (State or foreign country): EauClaire, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Ulrich
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Barbara Stoppler
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-1199

17. INFORMANT'S OWN SIGNATURE: Mrs. L. E. Ulrich.
ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): History Three Months,
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: July 23, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 30-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVE Certificate of Death

AUG 8 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2459
Local Reg. No. 67
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 32 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 (Selle)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 1 (Selle)

3. NAME OF DECEASED (Type or Print)
a. (First): Simon
b. (Middle): E.
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Vora, Finland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anders Finman — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Elizabeth Antus — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-05-3387
17. INFORMANT'S OWN SIGNATURE: Adolph Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Attack while driving tractor.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/1952
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug. 6 1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: [signature] Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2160
Local Reg. No. 66
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grouse Creek
c. LENGTH OF STAY (in this place) 2 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Enumclaw
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Willias b. (Middle) William c. (Last) Whitaker

4. DATE OF DEATH (Month) (Day) (Year) July 27, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 15, 1883
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranching-Farming(s)
10b. KIND OF BUSINESS OR INDUSTRY Stock Rancher
11. BIRTHPLACE (State or foreign country) Willard, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Whitaker BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Susan Stokes BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Glen J. Whitaker ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound in left Chest — INTERVAL BETWEEN ONSET AND DEATH 30 Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Self inflicted - Suicide
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

976.X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grouse Creek Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 27, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted Gunshot Wound -

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Laurence D. Moon (Degree or title) Coroner
23b. ADDRESS Sandpoint, Idaho.
23c. DATE SIGNED July 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/30/52
24c. NAME OF CEMETERY OR CREMATORY Penrose Cemetery
24d. LOCATION (City, town, or county) Penrose, Utah (State)

DATE REC'D BY LOCAL REG. July 30-1952
REGISTRAR'S SIGNATURE Merlene H. Miley
25. FUNERAL DIRECTOR L. S. Moon Jr. ADDRESS MOON Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2461
Local Reg. No. 68
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troutcreek
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Pershing; b. (Middle) Clyde; c. (Last) Hawkins

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 17, 1918

9. AGE (In years last birthday): 34 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Noel Hawkins — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Ina Cloe — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — WW II

16. SOCIAL SECURITY NO.: 519-05-9457

17. INFORMANT'S OWN SIGNATURE: ✓ Frances Hawkins — ADDRESS: Sagle, Idaho.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Accidental Traumatism

DUE TO (c): Struck by falling log.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): logging

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Trout Creek, Bonner, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Log fell from truck while binding load.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Koon Coroner

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: Aug 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/2/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug. 6-1952

REGISTRAR'S SIGNATURE: Marlene H. Miley

25. FUNERAL DIRECTOR — ADDRESS: L. S. Moon Jr. Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Corbett

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 220
Reg. Dist. No. 511

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Inkom
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) James Nelson b. (Middle) c. (Last) Downs

4. DATE OF DEATH (Month) (Day) (Year) 4-17-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 13, 1949
9. AGE (In years last birthday) 2 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Elmer M Downs — BIRTHPLACE Argentine, Kansas
14. MOTHER'S MAIDEN NAME Blanche Nelson, Arimo, Idaho — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Elmer M. Downs — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH 18 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1952, *to* _____, 19____, *that I last saw the deceased alive on* 4-17, 1952, *and that death occurred at* _____ P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 19, 1952
NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 30 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR ADDRESS Allen J. Manning Pocatello, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3163
Local Reg. No. 127
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 318 - Lava St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Theo	Nelson	June	16	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 3, 1902	49	9	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Bloomington Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Nelson — BIRTHPLACE: Goshen - Utah
14. MOTHER'S MAIDEN NAME: Esther Stone — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. William Nelson — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1952, *to* June 16, 1952, *that I last saw the deceased alive on* June 16, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Erickson M.D.	Idaho Falls	6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 18, 1952	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 2-1952	Anna Bridges	Geo A. Williams	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1
Local Reg. No. 142
Reg. Dist. No. 610

BIRTH NO.

AUG 12 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 800 1st Street

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) FREDERICK c. (Last) KUNTER

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 14, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, retired

10b. KIND OF BUSINESS OR INDUSTRY: Dry goods

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kunter
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Lohmeyer
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-26-3230

17. INFORMANT'S OWN SIGNATURE: Wallace O. Kunter
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma Urinary bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1952 *to* June 17, 1952 *that I last saw the deceased alive on* June 16, 1952 *and that death occurred at* 6:55A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19,1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 29-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 112
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 218 So. Water Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Small
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DUKE
b. (Middle): S.
c. (Last): VAIL

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: August 31, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Stacy V. Bond — ADDRESS: Small, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion and myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) chronic myocarditis — 3-4 years
DUE TO (c) arteriosclerosis — 10-15 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* cardiac decompensation — 4 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1948, *to* June 20, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A O Truxal M. D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: July 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 24, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Grove City
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: June 24-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Bruce — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 611

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Joseph c. (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 3, 1864

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: uNknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Irma Moran — ADDRESS: Irma Mont.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatism — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 11, 1951, *to* June 23, 1952 *that I last saw the deceased alive on* June 23, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: H Ray Hatch M.D. (Degree or title)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6, 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 5-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: [illegible] Jr.
ADDRESS: Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2467
Local Reg. No. 130
Reg. Dist. No. 6 10

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 374 West 1st No.

3. NAME OF DECEASED (Type or Print)
a. (First): SIMMIE
b. (Middle):
c. (Last): STAHL

4. DATE OF DEATH: (Month) (Day) (Year): June 30, 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 12, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businesswoman

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Keiv, Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Tolstonage. BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Pearl Lipschitz BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obesity

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 19 45, *to* June 30, 1952, *that I last saw the deceased alive on* June 29, 1952, *and that death occurred at* 2:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Idaho Falls M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/5/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: July 8-1952
REGISTRAR'S SIGNATURE: Anna Bingen
25. FUNERAL DIRECTOR: [signature] ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. [illegible]
Local Reg. No. 124
Reg. Dist. No. 6/D

BIRTH NO. AUG 12 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1039 N. Boulevard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY		ACKERMAN	June 30 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 29, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Hardy — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Amanda Samson — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ina Samson — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebro. vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostasis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 30 June, 1952, *that I last saw the deceased alive on* 30 June, 1952, *and that death occurred at* 12:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	July 2-52	Hillcrest	Shelley	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 2-1952	Anna Bridges	Orland LeBeck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 131
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 48 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Sheila

b. (Middle): Katherine

c. (Last): Gordon

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1952

5. SEX: F.M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Babe

8. DATE OF BIRTH: June 30, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: — Days: 2+ | IF UNDER 24 HRS. — Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Fall Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harley Cooper Gordon — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty Mae Cook — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harley Cooper Gordon — ADDRESS: Shelley, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity — 48 hours

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/30, 1952, *to* 7/2, 1952, *that I last saw the deceased alive on* 7/2, 1952, *and that death occurred at* 4:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack R. Carey MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, R#3 Idaho

DATE REC'D BY LOCAL REG.: 7/10-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Lloyd M Nalder — ADDRESS: Shelley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2470
Local Reg. No. 129
Reg. Dist. No. 610

RECEIVED JUL 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1247 S. Emerson

3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) A. c. (Last) West

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 25, 1891
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Education
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME J.W. West — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Jessie Hoggan — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. M W Bitter — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Metastasis
DUE TO (c) Broncho-pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Walter R. Norton (Degree or title) — 23b. ADDRESS Idaho Falls — 23c. DATE SIGNED 7/10 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial
24b. DATE July 9, 1952
24c. NAME OF CEMETERY OR CREMATORY Salt Lake
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. July 7-1952
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack A. Wood, Jr. — ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2271
Local Reg. No. 147
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 805 - 11

3. NAME OF DECEASED (Type or Print)
a. (First): La Verne
b. (Middle): Talbot
c. (Last):

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8a. DATE OF BIRTH: Sept 10, 1911

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months 9, Days 26
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Al Gibby
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Nora Whittier
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vert Talbot
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Disease —
DUE TO (c): pericarditis. (? uremic)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic decompensation.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch 153 (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: July 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 10, 1952 01

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: Aug. 8 1952 Anna Bridges

25. FUNERAL DIRECTOR: Jack Wood
ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2212
Local Reg. No. 148
Reg. Dist. No. 610

BIRTH NO. 111-52-8321 AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1355 Mound

3. NAME OF DECEASED (Type or Print): a. (First) Francis; b. (Middle) Warren; c. (Last) Wheeler

4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 7, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Warren Howard Wheeler — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Donna Anthony — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO No

17. INFORMANT'S OWN SIGNATURE: Warren H. Wheeler — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Defect of Respiratory System
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Premature

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 July, 1952 *to* 8 July, 1952, *that I last saw the deceased alive on* 8 July, 1952, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Welch M D

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 9 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Ririe Cemetery

24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: Aug 8-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack Woodard — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3773
Local Reg. No. 134
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth R#1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle b. (Middle) M. c. (Last) Sarah Olsen

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: F.M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12 1889

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Hyrum Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Fredrick F. Miller
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Cathrine Ann James
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------
(If yes, give war or dates of service): --------

16. SOCIAL SECURITY NO.: 519-22-8016

17. INFORMANT'S OWN SIGNATURE: Vernon E. Olsen
ADDRESS: Firth R#1 Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

385X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bed rest following cataract surgery 35min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: July 1,1952
19b. MAJOR FINDINGS OF OPERATION: Immature senile cataract, right eye
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 5, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 4:15p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred E. Walker M.D.
23b. ADDRESS: Box 1180, Idaho Falls, Ida
23c. DATE SIGNED: July16,52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-52
24c. NAME OF CEMETERY OR CREMATORY: Firth
24d. LOCATION (City, town, or county) (State): Firth Bingham Idaho

DATE REC'D BY LOCAL REG.: July 19-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Lloyd M Walker
ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 149
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 330 Lava

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 330 Lava

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) L. c. (Last) Brandl

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 6, 1876

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Humberland, Engl

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: June Hugan — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane ? — BIRTHPLACE: Englond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. Brandl — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio sclerotic Hypertension N.D. years

DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-9, 1951, *to* 7-12, 1952, *that I last saw the deceased alive on* 16 May, 1952, *and that death occurred at* [illegible] a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland T. Grant MD

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8-'52

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR — ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2475
Local Reg. No. 150
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1460 Willow Street

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Thomas c. (Last) Morgan

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 1, 1869

9. AGE (If under 1 year last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oak City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Morgan — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah West — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Evan Morgan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4438

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-18, 1952, *to* 7-12, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* 8p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Blair Edmunds MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/15/52

24c. NAME OF CEMETERY OR CREMATORY: Shelton-Rose

24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: Aug 9-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Ward — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 12476
Local Reg. No. 19
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 180 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): FRANCES
c. (Last): GARDNER

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 27, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Loomis, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry P. Banning
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Matilda Borne
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. Howard Daugherty
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture, Rt Humerus
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 hr. / 7 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 26, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Slipped & fell in kitchen

22. *I hereby certify that I attended the deceased from* 5-25, 1952, *to* 7-13, 1952, *that I last saw the deceased alive on* July 13, 1952, *and that death occurred at* 10:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Blair Edmunds, M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Bonneville County, Idaho

DATE REC'D BY LOCAL REG.: July 29-52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland Taylor
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2477
Local Reg. No. 144
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howe
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): ✓
c. (Last): Hawley

4. DATE OF DEATH (Month) (Day) (Year): July 13 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 22-1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Howe - Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: D.B. Hawley — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Marion Kay — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Josephine Hawley — ADDRESS: Howe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: June 28

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Degeneration — Many years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1952, *to* July 13, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco Idaho.

DATE REC'D BY LOCAL REG.: July 31-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2178
Local Reg. No. 151
Reg. Dist. No. 616

Certificate of Death

STATE OF IDAHO

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall's Rest Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sidney
b. (Middle):
c. (Last): Whitehead

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 8, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman 62
10b. KIND OF BUSINESS OR INDUSTRY: Law enforcement
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bill Whitehead — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 797X Conditions incident to old age — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hoyt B. Woolley M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8-52
REGISTRAR'S SIGNATURE: Anna Biedgen
25. FUNERAL DIRECTOR: Jack E. Wood, Jr. — ADDRESS: Idaho Falls, Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2179
Local Reg. No. 131
Reg. Dist. No. 6-6

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 143½ 2Nd Street

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Agenten

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Not Known

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sheboygan, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not Known
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-091565

17. INFORMANT'S OWN SIGNATURE: H. W. Veeres
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulated Hernia — 8 hrs.
DUE TO (c) Right Inguinal Hernia — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/13/52

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction. Lymph gland

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 13, 1952, *to* July 13, 1952, *that I last saw the deceased alive on* July 13, 1952, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley Nigel M.D.

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 7/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/15/52

24c. NAME OF CEMETERY OR CREMATORY: Sheboygan

24d. LOCATION (City, town, or county) (State): Sheboygan, Wisconsin

DATE REC'D BY LOCAL REG.: 7-14-52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood

ADDRESS: Idaho Falls, Idah

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT
Certificate of Death

State File No. [illegible]
Local Reg. No. 133
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Ave Between A & B St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 210 West 33rd South

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) HENRY c. (Last) SPENCER

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 15, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ind. Power Equip.

10b. KIND OF BUSINESS OR INDUSTRY: Self, Owner

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles H. Spencer, BIRTHPLACE: Pleasant Grove Utah

14. MOTHER'S MAIDEN NAME: Katherine Park, BIRTHPLACE: Mill Creek, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: A. J. Larkin Jr. ADDRESS: Salt Lake City Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edna Adams Justice of the Peace
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: July 15-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 15, 52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cem.
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: July 15-52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2481
Local Reg. No. 152
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coltman
d. STREET ADDRESS (If rural, give location) Rural Route

3 NAME OF DECEASED (Type or Print) a. (First) Lorenzo b. (Middle) J c. (Last) Ward

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 12, 1894
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Iona, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE U.S.A.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Max Ward ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion of heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Results from old Spinal Fracture

DUE TO (c) Acute nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute gastric indigestion

INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 days.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1952, to July 15, 1952, *that I last saw the deceased alive on* July 14, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John C. Mellor, M.D.
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-18-52
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Aug 8 '52
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack Attwood, Jr. ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 153
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 262 E 16th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): B
c. (Last): Heslop

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 26 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Barsted — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Susan Wiley — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Arthur P. Russell — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral hemorrhage, left — 5 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Rheumatoid Arthritis — years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1952, *to* July 20, 1952, *that I last saw the deceased alive on* July 17, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dandy Nigel, M.D.
23b. ADDRESS: 383 F St. Idaho Falls
23c. DATE SIGNED: 8/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8. 1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack [illegible] — ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 883
Local Reg. No. 154
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 245 Lomax

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) Porter; c. (Last) Payne

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 15, 1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sameul Payne — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lydia Kesley — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Flutter

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): & fibrillation

DUE TO (c): Ruptured ulcer of Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
& adhesions.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: July 14 52

19b. MAJOR FINDINGS OF OPERATION: Ruptured ulcer of Stomach & adhesions

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/14, 1952 *to* 7/20, 1952, *that I last saw the deceased alive on* 7/20, 1952, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin R. Neat

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 7/23 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-23-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8. 1952

REGISTRAR'S SIGNATURE: Anna Bridgen

25. FUNERAL DIRECTOR: Jack E. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2194
Local Reg. No. 135
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Porter Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): New Porter Hotel -

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): July 23 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married -
8. DATE OF BIRTH: March - 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sanborn - Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James A. Clark - BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mae Comstock BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 520-12-2134
17. INFORMANT'S OWN SIGNATURE: Alma M. Clark ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams (Degree or title) (Coroner)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls

DATE REC'D BY LOCAL REG.: July 30-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2485
Local Reg. No. 137
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Oregon

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eugene

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Mary

b. (Middle): Barger

c. (Last): Bertoch

4. DATE OF DEATH (Month) (Day) (Year): July - 24 - 1952

5. SEX: F.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 7, 1879

9. AGE (In years last birthday): 73

IF UNDER 1 YEAR — Months: 6 Days: 17

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oxford Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hbram Barger — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Julia Ellen Hunt — BIRTHPLACE: San Barnidino California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Daisy B. Larson — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken [illegible] Skull — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on the street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 24, 1952 - 8pm m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Was hit by car while walking across street

22. *I hereby certify that I attended the deceased from* July 24 1952 *to* July 24, 19[illegible], *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: [illegible]

23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): B

24b. DATE: July 29-1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Eugene, Oregon

DATE REC'D BY LOCAL REG.: July 28-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Leo A Williams

ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]6
Local Reg. No. 146
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Henderson

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Delight	McConnell	Young	July 27-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec 9, 1877	74	7	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cedar City - Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jehil McConnell	~~Indiana~~ England	Elizabeth Smith	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Persis Young Taylor	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 21, 1952, *to* July 27, 1952, *that I last saw the deceased alive on* July 27, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vere D. McCandless M.D.	1541 So Blvd.	Aug 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 31, 1952	Iona Cemetery	Iona Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 5-1952	Leona Bridges	Leo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2127
Local Reg. No. 145
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 45 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 391 N. Placer Avenue

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 391 N. Placer Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	HENRY	WARNER	July	31	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 11, 1869	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor, retired

10b. KIND OF BUSINESS OR INDUSTRY: Painting & Decorating

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Henry Warner 73

BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Phillips

BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Eda E. Warner ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1952 *to* 7-31, 1952, *that I last saw the deceased alive on* 7-31, 1952, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Eagan D.O.	Blackfoot Ida	8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug. 2, 1952	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
August 4-1952	Anna Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2506
Local Reg. No. 139
Reg. Dist. No. 611

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 5 (1½ miles West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location): Route #5, (1½ miles West)

3. NAME OF DECEASED (Type or Print): a. (First) EVA; b. (Middle) CHRISTINA; c. (Last) MYERS

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 24, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Blomberg
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Emma Hendrickson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs J. Earl Evans
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 1 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 19 52, *to* June 14, 19 52, *that I last saw the deceased alive on* June 14, 19 52, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 29-1952

REGISTRAR'S SIGNATURE: Annie Bridges

25. FUNERAL DIRECTOR: Orland Corbett
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record (typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2429
Local Reg. No. 140
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Irwin
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alpine Hot Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location): 6 miles East of Swan Valley

3. NAME OF DECEASED (Type or Print): a. (First) GRANT; b. (Middle); c. (Last) STOLTENBERG

4. DATE OF DEATH: (Month) July (Day) 20m (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 20, 1946

9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 03

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): San Francisco, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herbert Allen Stoltenberg
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Hazel G. Shaw
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Herbert A. Stoltenberg
ADDRESS: Swan Valley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.4 Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Found dead in pool)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Alpine Resort

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Alpine Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 20 1952 7:45 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Drowned in Resort Pool

22. *I hereby certify that I attended the deceased from* 7-20, 1952, *to* 7-20, 1952, *that I* ~~last saw the deceased~~ did not see *alive on* 7-20, 1952, *and that death occurred at* 7:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. H. Worthen M.D.
(Degree or title)

23b. ADDRESS: Ft Ton, Wyo

23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 28-1952

REGISTRAR'S SIGNATURE: Anna Bridgen

25. FUNERAL DIRECTOR: Orland LeBuck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22-52
Reg. Dist. No. 100

BIRTH NO.

JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Sunset Home

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): none
c. (Last): Gerkey

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov 25, 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 64

10b. KIND OF BUSINESS OR INDUSTRY: framing

11. BIRTHPLACE (State or foreign country): Alma Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Gerkey
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: E. J. East
ADDRESS: Bonners Ferry, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diabetes Mellitus
INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile arteriosclerosis
Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1 *19* 52 *to* July 17 *19* 52, *that I last saw the deceased alive on* July 17 *19* 52, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Bonkel
(Degree or title): M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/19/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 7/19/52
REGISTRAR'S SIGNATURE: C. M. Bonkel

25. FUNERAL DIRECTOR: E. J. Stodwell
ADDRESS: Sandpoint

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 22 1952

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 23-52
Reg. Dist. No. 100

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonnerw Ferry
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Blair; c. (Last) Jeppeson

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 2, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Brigham City Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emil Jeppeson
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-03-7027

17. INFORMANT'S OWN SIGNATURE: Mrs Bonna Jeppeson
ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 18, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* July 18, 19 52, *and that death occurred at* 9 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ken Bowell — (Degree or title): M.D.

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: July 20, 52

24c. NAME OF CEMETERY OR CREMATORY: Felts Funeral Home

24d. LOCATION (City, town, or county) (State): Brigham City Utah

DATE REC'D BY LOCAL REG.: 7-19-52

REGISTRAR'S SIGNATURE: K. M. Bowell

25. FUNERAL DIRECTOR: E. H. Whitney
ADDRESS: Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED JUL 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 24-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New York
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williamsvill
d. STREET ADDRESS (If rural, give location): 476 N. Forrest Road

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Emil
c. (Last): Wagner

4. DATE OF DEATH (Month) (Day) (Year): July 21 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9/4/1883
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Laundry supplies
11. BIRTHPLACE (State or foreign country): Lancaster New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emil Wagner — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Kate Wiber — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Glenn A. Wagner — ADDRESS: 476 N. Forrest Williamsvill NY

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1952, *to* ____, 19__, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Bowell M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 7/21/52
24c. NAME OF CEMETERY OR CREMATORY: Stanley Beach Funeral Home
24d. LOCATION (City, town, or county) (State): Williamsvill N.Y.

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE: Ruth Bowell
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2493
Local Reg. No. 25-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) (Carl) Charles b. (Middle) B. c. (Last) Neumayer

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 21, 1952 ~~1870~~

9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed farmer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Neumayer | BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME unknown | BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Rosyna Neumayer | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis — years
DUE TO (c) Senile Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 19 51, *to* July 28, 19 52, *that I last saw the deceased alive on* July 28, 19 52, *and that death occurred at* 10 17 m., *from the causes and on the date stated above.*

23a. SIGNATURE R. M. Bovell (Degree or title) M.D.

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8/2/52

24c. NAME OF CEMETERY OR CREMATORY Grandview cemetery

24d. LOCATION (City, town, or county) Boundry County (State) Idaho

DATE REC'D BY LOCAL REG. 7-30-52

REGISTRAR'S SIGNATURE R. M. Bovell

25. FUNERAL DIRECTOR E. F. Stidwell ADDRESS Sandpoint

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 26-52
Reg. Dist. No. 100

BIRTH NO.

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S.L. Houk ranch
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Houk Bros. Ranch. Port Hill

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John Alen		Berry	July 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Dec 22, 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Farming-mining
11. BIRTHPLACE (State or foreign country): Creighton Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Newton Berry — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Nancie Ester — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-5714
17. INFORMANT'S OWN SIGNATURE: Arthur L. Berry — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable internal hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 830.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed ribs right side
DUE TO (c) truck accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Farm	Boundary Co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 31, 1952-6pm m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	truck tipped over on him

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Investigated by E.W. Whitney	Bonners Ferry	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 5, 1952	Grandview cemetery	Bonner County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-3-52	Tom Bonner	E.W. Whitney	Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2495
Local Reg. No. 8
Reg. Dist. No. 960

BIRTH NO. JUL 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): North 14th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) Irvin; c. (Last) Graham

4. DATE OF DEATH (Month) (Day) (Year): July 3-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: September 8-1862

9. AGE (In years last birthday): 89 | IF UNDER 1 YEAR Months: 9 | Days: 25 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Muscatine, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harvey Graham — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Ann Smith, — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs C. Swanson — ADDRESS: Odd Fellows Home Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Chronic pyelonephritis — 2 years
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* July, 1952, *that I last saw the deceased alive on* July 2, 1952, *and that death occurred at* 4:05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.R. Peterson 316 — (Degree or title): MD

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 5-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/18/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dahan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952 Certificate of Death

STATE OF IDAHO

State File No. 2196
Local Reg. No. [redacted]4
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1823 "L" St.

3. NAME OF DECEASED (Type or Print): a. (First) Sadie; b. (Middle) Elizabeth; c. (Last) Cooper

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 4-1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 10; Days 1
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Russell Baker
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Laura Elizabeth Tipton
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A B Cooper
ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-3, 1952, *to* 7-3, 1952, *that I last saw the deceased alive on* 7-3, 1952, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23a. SIGNATURE: A R Peterson 316
(Degree or title): MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 7/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Baker Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 2137
Local Reg. No. 3
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 502 Everett St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William		Heard	July 5 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Not Known	1858	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown 05		Van Buren, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not Known	Not Known	Not Known	Not Known

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Cora Bunyan-Kelly	Caldwell

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1952, *to* July 1, 1952, *that I last saw the deceased alive on* July 1, 1952, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. A. Hubler MD	221 E Iowa St Caldwell	7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8-1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/12/52	Agnes M Denman	Beckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible] 6
Local Reg. No. 960
Reg. Dist. No.

BIRTH NO.

JUL 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 915 North 7th

3. NAME OF DECEASED (Type or Print)
a. (First): Mae
b. (Middle): T.
c. (Last): Soper

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): College Springs, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dunn
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Tom Carr
ADDRESS: R.F.D. Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease — 20 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 9, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 9, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester Shuck (Degree or title) M D
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 7/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, '52
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/14/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Davis-Warrick, 422 Blaine
ADDRESS: Caldwell, Idaho
Marvelle D. Davis

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 3-22
Local Reg. No. 3
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1dy.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 341 Parma Idaho

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) W. c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) 7- 11- 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4- 5- 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Hendersonville N. Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unk.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-5820

17. INFORMANT'S OWN SIGNATURE: O C Nichols
ADDRESS: RFD2 Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia and bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c): Senile degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 Feb, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E. Sol M.D.

23b. ADDRESS: Parma, Idaho

23c. DATE SIGNED: 14 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-15-1952

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG.: 7/14/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [illegible]

ADDRESS: Nyssa Oregon

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952 JUL 21 1952

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No. 9
Reg. Dist. No. 960

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1113 Main St.

3. NAME OF DECEASED (Type or Print)
a. (First) Lillian
b. (Middle) Elizabeth
c. (Last) Hanshaw

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 27-1891

9. AGE (In years last birthday) 61
IF UNDER 1 YEAR: Months 1 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Canyon, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hardin S. Benning, BIRTHPLACE Florida, Missouri

14. MOTHER'S MAIDEN NAME Nancy Jane Lewellen, BIRTHPLACE Clark Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Alice Klean, ADDRESS Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Patent Ductus arteriosus — Congenital
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 11 Am., *from the causes and on the date stated above.*

23a. SIGNATURE W. S. Hubler (Degree or title) MD

23b. ADDRESS 221 E Logan, Caldwell, Idaho

23c. DATE SIGNED 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 14-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 7/18/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel, ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 2501
Local Reg. No. 20
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Clarence
c. (Last): Sexton

4. DATE OF DEATH (Month) (Day) (Year): July 22-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25-1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 11, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Merchant 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chickasha, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence Jackson Sexton, Oklahoma — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Delia Bennett — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 519-03-0855
17. INFORMANT'S OWN SIGNATURE: Mrs Mable Sexton — ADDRESS: Wilder, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure and renal failure. — INTERVAL BETWEEN ONSET AND DEATH: about one year.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Rheumatic heart disease with mitral stenosis and regurgitation — 15 or more years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-29, 1952, *to* 7-25, 1952, *that I last saw the deceased alive on* 7-25, 1952, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Jewick (Degree or title): MD
23b. ADDRESS: 220 E Logan
23c. DATE SIGNED: 8-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/6/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2502
Local Reg. No. 16
Reg. Dist. No. 360

BIRTH NO. AUG 2 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 502 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Louie
b. (Middle): Annis
c. (Last): Gustin

4. DATE OF DEATH (Month) (Day) (Year): July 25-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6-1878
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 1 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ringgold County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J.S. Bean
BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wade M. Gustin
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis,

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 30, 1952, *to* July 25, 1952, *that I last saw the deceased alive on* June, 1952, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Hubler MD
23b. ADDRESS: 221 E Logan St Caldwell Idaho
23c. DATE SIGNED: 7-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/30/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2383
Local Reg. No. 17
Reg. Dist. No. 860

BIRTH NO. AUG 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 210 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Minta
b. (Middle): Maria
c. (Last): Witteman

4. DATE OF DEATH: (Month) (Day) (Year): July 26-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: November 23-1893

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR — Months: 8 Days: 3
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Verdon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alonzo A. Witteman,
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Mesler,
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter E. Witteman
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cerebro vascular occlusion
INTERVAL BETWEEN ONSET AND DEATH: 8 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Parkinsonism — 12 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-19, 1952 *to* 7-26, 1952, *that I last saw the deceased alive on* 7-25-, 1952, *and that death occurred at* 2:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: D R Peterson (Degree or title): MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/31/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 2504
Local Reg. No. 19
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 4 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): %Saratoga Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) V.; c. (Last) Rowe

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Febryary 14-1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months 5; Days 13
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Greeley, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T. Elmer Rowe — BIRTHPLACE: Harrisburg, Pennsylvania

14. MOTHER'S MAIDEN NAME: Barbara A. Barry — BIRTHPLACE: Elkhart, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. World War 2

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John A. Rowe — ADDRESS: Greeley, Colo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic alcoholism — 20 yrs
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1952, *to* July 27, 1952, *that I last saw the deceased alive on* July 27, 1952, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 259 M.D.

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 29-1952

24c. NAME OF CEMETERY OR CREMATORY: Linn Grove

24d. LOCATION (City, town, or county) (State): Greeley, Colorado

DATE REC'D BY LOCAL REG.: 8/1/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2585
Local Reg. No. 785
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1701 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) Etta; b. (Middle) Belle; c. (Last) Newhouse

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20-1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR — Months: 4 Days: 7
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotteville, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Capt. Arkillas Sneed, — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Mary Belle Ellis — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Keith A Newhouse — ADDRESS: McCall, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gastroenteritis Acute — 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 26, 1952, *to* July 27, 1952, *that I last saw the deceased alive on* July 26, 1952, *and that death occurred at* 8:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester Sharpe, MD (Degree or title)

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 30-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/31/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Pukan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2506
Local Reg. No. 167
Reg. Dist. No. 362

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903-11th Ave South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903-11th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Ellis
b. (Middle): P
c. (Last): Stirk

4. DATE OF DEATH (Month) (Day) (Year): July 2 - 1952

5. SEX: m
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 24, 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired city employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Palestine, Indiana
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Preston Stirk 62 — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Ellen Clancy — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Joe Benson — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 434.3 Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1945, *to* July 2, 1952, *that I last saw the deceased alive on* June 30, 1952, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche MD 443
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/3/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 17, 1952
REGISTRAR'S SIGNATURE: Mrs Janet Steck
25. FUNERAL DIRECTOR: John F Alsip Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Henry Wesche

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2507
Local Reg. No. 153
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1115 Front Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Sparks Rooms

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle): E.
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 8, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Montgomery Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Sophie White — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self inflicted Gun — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shot wound to — Instant
DUE TO (c): right temple

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: area.

976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 2, 1952 5:45A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 5:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip, Jr 470 Corner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/5/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 9, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr — ADDRESS: Nampa, Ida. Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2508
Local Reg. No. 166
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Norris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 15th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) I. c. (Last) Fraser

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1952

5. SEX: m

6. COLOR OR RACE: w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Jan. 19, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — 450.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* July 4, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 7:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesch M.D (443)

23b. ADDRESS: Nampa - Idaho

23c. DATE SIGNED: 7-9-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/7/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Pawn

24d. LOCATION (City, town, or county) (State): Nampa Ida.

DATE REC'D BY LOCAL REG.: July 17, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR ADDRESS: John T. Alsip, Jr. Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2509
Local Reg. No. 157
Reg. Dist. No. 363

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 0 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordon Valley
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Bruno
b. (Middle): NMI
c. (Last): Gluch

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 3 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Stock Raising
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Gluch — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Robert J Gluch — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilitation of heart — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocarditis, — several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* once only, ~~to~~ July 5th, 1952 *that I last saw the deceased alive on* July 5th, 1952, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. O. A. Kurogy, M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Jordon Valley, Cemetery
24d. LOCATION (City, town, or county) (State): Jordon Valley Oregon

DATE REC'D BY LOCAL REG.: July 14, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home — ADDRESS: 422 Blaine Caldwell Ida.
Merville D. Davis.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

State File No. 2510
Local Reg. No. 763
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Box 636 Mt. Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jayna		Young	July 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
f	w	single	Dec. 6, 1949	2y		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home, infant		Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Oscar Young, Jr.	Nampa, Ida.	Pearl Sparks	Nampa, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs. Jayne Young	Mt. Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

080.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Polio — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 6, 19 49, *to* July 5, 19 52, *that I last saw the deceased alive on* July 5, 19 52, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. A. Koehne 221	M. D.	Nampa, Idaho	7-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 9, 1952	Kohlerdown	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17, 1952	Mrs. Jane Stuck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 2511
Local Reg. No. 172
Reg. Dist. No. 36

BIRTH NO. 111-5-7147

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Gordon c. (Last) Kurtz

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 30, 1952

9. AGE (In years last birthday) | If UNDER 1 YEAR: Months | Days: 6 | If UNDER 24 HRS.: Hours | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph J. Kurtz BIRTHPLACE: Akron, Ohio

14. MOTHER'S MAIDEN NAME: Ruby Gordon BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ralph J. Kurtz ADDRESS: Harsing

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diffuse Atelectasis — 6 days.
DUE TO (c) Sub-arachnoid hemorrhage — 6 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

760.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 July, 1952, *to* 6 July, 1952, *that I last saw the deceased alive on* 6 July, 1952, *and that death occurred at* 9 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Farber (Degree or title): M.D.
23b. ADDRESS: 311 1/2 14th Ave So. Nampa, Idaho
23c. DATE SIGNED: 7 July-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 26, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Glenn W. Beatty ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2512
Local Reg. No. 174
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Fresno
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fresno
d. STREET ADDRESS (If rural, give location): 216 West Atchinson St.

3. NAME OF DECEASED (Type or Print): a. (First) Filix b. (Middle) c. (Last) Moreno

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 1917

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maly Arizona

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jesse Moreno — BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Rosalie Mendoza — BIRTHPLACE: Tucson, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Rita Moreno — ADDRESS: Fresno, Calif.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH: 6 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental amputation of
DUE TO (c) right leg.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

802X

19a. DATE OF OPERATION: 6/6/52

19b. MAJOR FINDINGS OF OPERATION: Rt. leg. amputated.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): By Track

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) June (Day) 6 (Year) 1952 (Hour) 7 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Run over by train

22. *I hereby certify that I attended the deceased from* 6/6, 19 52, *to* 6/7, 19 52, *that I last saw the deceased alive on* 6/7, 19 52, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A Halliday 144 — (Degree or title): M D

23b. ADDRESS: Nampa, Ida

23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/13/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlenbown

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug. 2, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F Alsip — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2513
Local Reg. No. 168
Reg. Dist. No. 363

BIRTH NO. JUL 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Hidalgo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pharr
d. STREET ADDRESS (If rural, give location): 321 West Hawk St.

3. NAME OF DECEASED (Type or Print): a. (First) Porfirio; b. (Middle); c. (Last) Flores

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Single	June 2, 1929	23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Labor 04		Pharr, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alejandro Flores	Mexico	Maria Gusman	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mr. A. Flores	Pharr Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pulmonary atelectasis	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Unknown	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cut left arm on glass (superficial) Death under anesthesia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	As above-Died under anthesia for repair of glass	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Labor Camp	Wilder	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 9, 1952 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Cut arm on glass in window.

22. *I hereby certify that I attended the deceased from* Autopsy Only *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 045	[signature]	9 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 11, 1952 01	Pharr Cemetery	Pharr Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 28 1952	Mrs Jane Steck	John F Alsip	Nampa, Idaho.
		Alsip Funeral Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2514
Local Reg. No. 165
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312 Lake Lowell Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Annie b. (Middle) Jean c. (Last) McKnight

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
f	w	widowed	May 13, 1867	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Linn, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Adam Findley	Scotland	Deborah Ann Honkirk	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs. E. A. Webb.	Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 928.7 Fracture of surgical neck of left humerus — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pain - Shock
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Reynolds Nursing Home	Nampa, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 28, 1952 - 8am m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Patient fell off chair while in own room

22. *I hereby certify that I attended the deceased from* 6/28, 1952, *to* 7/9, 1952, *that I last saw the deceased alive on* 7/9, 1952, *and that death occurred at* 8:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thos E Mangum MD 240	Nampa Idaho	7/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	July 10 01 1952	Casper Cem.	Casper, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17, 1952	Mrs. Jane Stuck	Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2515
Local Reg. No. 136
Reg. Dist. No. 362

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 4½ mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R Nampa
d. STREET ADDRESS (If rural, give location): 1823 - 3rd St. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Veda	Rose	Dobson		July	10	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	6/30/52	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Jackson, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adelbert Relyea — BIRTHPLACE: Albany, N. Y.
14. MOTHER'S MAIDEN NAME: Manda Louisa Keeler — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): -----
(If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: * James L Dobson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Ht. Disease with Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease
DUE TO (c) Cause Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1951, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H R Mangum MD	Nampa, Idaho	July 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/14/52	Park View	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 15 1952	Mrs. Jane Steck	Relyea Mortuary	318 No. Latah Boise, Idaho

Russell A. Relyea F.D. 29

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2516
Local Reg. No. 168
Reg. Dist. No. 362

111-52-8500
BIRTH NO.

RECEIVED
JUL 19 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 724, 18th. Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Judy
b. (Middle): Garlene
c. (Last): Booth

4. DATE OF DEATH (Month) (Day) (Year): July, 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 7/11/52

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: — | Days: 1 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Vernon Booth — BIRTHPLACE: Newman Grove, Nebr.

14. MOTHER'S MAIDEN NAME: Bertie Duvall, — BIRTHPLACE: Purdy, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vernon P. Booth — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature ? Gen

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Insufficiency of Pulmonary Valve ?
DUE TO (c): Lungs not developed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Blue baby

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 11, 19 52, *to* 7-12, 19 52, *that I last saw the deceased alive on* 7-12, 19 ____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Belknap MD — **23b. ADDRESS**: Nampa Ida — **23c. DATE SIGNED**: 7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 7/14/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Kuna — **24d. LOCATION** (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: July 15 1952 — **REGISTRAR'S SIGNATURE**: Mrs James Funk — **25. FUNERAL DIRECTOR**: B. E. Robison — **ADDRESS**: Meridian

Federal Security Agency
United States Public Health Service

Form DPH-48021

REG'D AUG 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2517
Local Reg. No. 175
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 312 13th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Sutter

4. DATE OF DEATH (Month) July (Day) 15, (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH Mar 16, 1868

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Basil, Switzerland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME No record — **BIRTHPLACE** no record

14. MOTHER'S MAIDEN NAME No record — **BIRTHPLACE** No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Donald R. Owens — **ADDRESS** Nampa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injured wrist & neck.
~~DUE TO(c)~~ Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicidal attempt

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nampa Canyon Idaho.

21d. TIME OF INJURY (Month) July (Day) 14 (Year) 52 (Hour) 4 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Cut his neck & wrist w razor blade?

22. *I hereby certify that I attended the deceased from* Dec 7, 19 51 *to* July 15, 1952, *that I last saw the deceased alive on* July 14, 19 52 *and that death occurred at* 5:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche — (Degree or title) M.D

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 7-29-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/31/52

24c. NAME OF CEMETERY OR CREMATORY Valley Cemetery

24d. LOCATION (City, town, or county) Lehi — (State) Idaho

DATE REC'D BY LOCAL REG. Aug 2, 1952

REGISTRAR'S SIGNATURE Mrs. Jane Steele

25. FUNERAL DIRECTOR Olsen Funeral Chapel — **ADDRESS** Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2518
Local Reg. No. 176
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) S. c. (Last) Vahl

4. DATE OF DEATH (Month) (Day) (Year) July 17 1952

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 28, 1886

9. AGE (In years last birthday) 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harris, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Strong BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Ellen Crymon BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE L. E. Vahl ADDRESS Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Parotid Gland — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Causing DUE TO (b) Pathological fracture
DUE TO (c) Rt. Hip.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1952, *to* July 17, 1952, *that I last saw the deceased alive on* July 16, 1952, *and that death occurred at* 4:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum 241 (Degree or title) M.D.

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7/21/52

24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery

24d. LOCATION (City, town, or county) Kuna (State) Idaho

DATE REC'D BY LOCAL REG. Aug 2, 1952

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR John F. Alsip, Jr. ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-43021

NON-RESIDENT
Certificate of Death

JUL 31 1952

STATE OF IDAHO

State File No. 2519
Local Reg. No. 170
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur (Jack)
b. (Middle):
c. (Last): Mumford

4. DATE OF DEATH (Month) (Day) (Year): July 18 -1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 22-1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed on Livestock
10b. KIND OF BUSINESS OR INDUSTRY: Farms
11. BIRTHPLACE (State or foreign country): West of Parma-Mouth of Boise River
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Mumford, BIRTHPLACE: Crawford Co., Pennsylvania
14. MOTHER'S MAIDEN NAME: Mary Josephine Froman, BIRTHPLACE: Marietta, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Ora M. Cramer, ADDRESS: Caldwell Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute dilatation of heart — INTERVAL BETWEEN ONSET AND DEATH: 10 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 30 yrs.
DUE TO (c): Influenza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Enlarged prostate with urinary retention — Not known.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/9/, 1952, *to* 7/18/, 1952, *that I last saw the deceased alive on* 7/18/, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. O. A. Kellogg, M.D. 203
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21-1952 02
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: July 26, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: G. V. Peckham, Peckham-Oakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 2520
Local Reg. No. 17
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Carey

4. DATE OF DEATH (Month) (Day) (Year): July 18-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 6-1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tulsa, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Dunham — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Willis J. Atkins — ADDRESS: Homedale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul 18, 1952, *to* Jul 18, 1952, *that I last saw the deceased alive on* Jul 18, 1952, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Nowoski M.D.
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: Jul 23, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: July 26, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR (ADDRESS): C. F. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2581
Local Reg. No. 177
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell -Rural
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): LeRoy
c. (Last): Frazier

4. DATE OF DEATH (Month) July (Day) 24, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rocks County, Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Frazier — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Malinda Hockett — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Cora Luella Frazier — ADDRESS: Caldwell,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Post Operative shock

DUE TO (c) Previous Coronary Sclerosis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-24-52
19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer-Penetrating Pancreas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* July 24, 1952, *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.R. Mangum MD (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: July 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/52
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho.

DATE REC'D BY LOCAL REG.: Aug 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

'Alsip Funeral' Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 178
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912-9th Ave South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 912-9th Ave South

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Mattson

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grain Buyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Peter, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elias Mattson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Marie Schultz
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-6143

17. INFORMANT'S OWN SIGNATURE: Jack Elias Mattson
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma. Prostate — 6 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 23, 1950, *to* July 26, 1952, *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* 5A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Kaehni (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: July 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/29/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 2, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2523
Local Reg. No. 179
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Wyatts - 211 16th Ave So

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TOM	ONOKICHI	INUKAI	July 29 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Yellow	Widowed	March 13, 1873	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Saschiro Inukai	Japan	Kishi	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes: give war or dates of service): No
16. SOCIAL SECURITY NO. 536-01-5699
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 7-26, 1952, *to* 7-26, 1952, *that I last saw the deceased alive on* 7-26, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Nampa Idaho	8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 52	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 2, 1952	[signature]	[signature] Alsip Funeral Home	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
AUG 6 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2524
Local Reg. No. 180
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404-Holly Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasadena
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rebecca
b. (Middle): Lay
c. (Last): Dean

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 17, 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bender — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mary Cup — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs W W Meenach — ADDRESS: 6801-30th N.E. Seattle Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-carcinoma of Sigmoid-Colon with wide metastasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Age - Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19, 1952 *to* July 29, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:40A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos E. Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: Aug 2, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2525
Local Reg. No. 148
Reg. Dist. No. 367

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 6

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): Rt # 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JAMES	FARMER	June	22	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct. 21, 1905	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rockey Comfort, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Farmer — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Maude May Duncan — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519 01 7020
17. INFORMANT'S OWN SIGNATURE: X S B Farmer — ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Left Ventricle — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarct
DUE TO (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 23 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 25, 52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: July 1, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3506
Local Reg. No. 12
Reg. Dist. No. 361

AUG 2 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): approx 1 Mi East of Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En route to Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rivera
d. STREET ADDRESS (If rural, give location): 9308 Reichling Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Jo Ann
b. (Middle): Smith
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June 29 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: October 18-1944
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Yakima, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Eidrby E. Smith — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lucille Ross — BIRTHPLACE: Ontario Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Lucille Smith — ADDRESS: Ontario, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ingrid held & cause of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): death almost immed. from
DUE TO (c): head & chest injuries.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Parma Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 29 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Neal E. McCarthy M.D.
23b. ADDRESS: Box 586 Vale
23c. DATE SIGNED: 1 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3rd 1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Ontario Oregon

DATE REC'D BY LOCAL REG.: 8/7/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Deeches Funeral Home by [illegible]
ADDRESS: Ontario, Oregon

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 159
Reg. Dist. No. 362

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 yrs. 10 mths.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Russell; b. (Middle); c. (Last) Higgs

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - - - -

8. DATE OF BIRTH: 1/24/82

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: D. P. Higgs
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rachel Bed
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Faye Stafford Legard
ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptic Seizure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Mentally Defective

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 7/1, 1952, *that I last saw the deceased alive on* 7/1, 1952, *and that death occurred at* 12:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Wentworth 475
(Degree or title): M. D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 7/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stark
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1952

BIRTH NO. 111-51-14951

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 154
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1158 River Street

3. NAME OF DECEASED (Type or Print)
a. (First): SHIRLEY
b. (Middle): ANN
c. (Last): RICE

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 52

5. SEX: F
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): BABY
8. DATE OF BIRTH: 12/22/51
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6½ Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: LEE A. RICE
BIRTHPLACE: UNION, S. C.
14. MOTHER'S MAIDEN NAME: BERTHA BERNICE SHINES
BIRTHPLACE: CONWAY, ARKANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - -
(If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen
ADDRESS: Box 531, Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

344 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Due to Extreme Hydrocephalus
DUE TO (c): Mentally Defective

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/21, 1952, *to* 7/7, 1952, *that I last saw the deceased alive on* 7/7, 1952, *and that death occurred at* 8:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H H Ramsay, M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/52
24c. NAME OF CEMETERY OR CREMATORY: Mohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 9, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsin Jr.
ADDRESS: Nampa, Idaho
Alsin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 7
Reg. Dist. No. 36 D

BIRTH NO. JUL 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 13
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 1 1604 N. Ohio Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frances b. (Middle) L. c. (Last) Turnbull

4. DATE OF DEATH (Month) (Day) (Year): July 10 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 30, 1866

9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Piqua, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Bayard Correll BIRTHPLACE: Trenton, N. J.

14. MOTHER'S MAIDEN NAME: Sophia Reynolds Gale BIRTHPLACE: Sodus, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: X George H. Turnbull ADDRESS: 1604 N. Ohio Ave. Caldwell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Hypertensive Heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arterio-Sclerotic disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nodular goiter

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 22 19 52 *to* July 10 19 52 *that I last saw the deceased alive on* July 10 19 ____ *and that death occurred at* ____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Distler M.D.

23b. ADDRESS: Caldwell.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Kimball Cemetery

24d. LOCATION (City, town, or county) (State): Kimball, Nebraska

DATE REC'D BY LOCAL REG.: 7/14/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Davis-Warrick Funeral Home 422 Blaine Merrelle D. Davis Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 23511
Local Reg. No. 17330
Reg. Dist. No. 34

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place): 7yrs.5mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): 1508 South Kimball

3. NAME OF DECEASED (Type or Print)	a. (illegible) 2	b. (illegible) 1	c. (Last)
	JAMES	AMBROSE	WALL III

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	White	--	3/24/39	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-- 28	--	Nampa, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
2 1 JAMES AMBROSE WALL, JR.,	Waukegan, Ill.	REGNA CAMPBELL	Fulton, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Faye Steffenhagen	Box 531, Nampa, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Inanition — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Birth Injury

DUE TO (c) Mentally Deficient

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/1, 1950, *to* 7/12, 1952, *that I last saw the deceased alive on* 7/12, 1952, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Ramsey, M. D.	Box 531, Nampa, Idaho	7/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 1952	Mt. Calvary	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 29, 1952	Mrs. Jane Steck	John F. Clark & Hampton Hall	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3521
Local Reg. No. 14
Reg. Dist. No. 361

BIRTH NO. AUG 2 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ mile south of Notus
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Dixie Road near Notus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Ben
b. (Middle):
c. (Last): Nukida

4. DATE OF DEATH: July 18 1952

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: November 24-1922

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR Months: 7 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nyssa, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: B.U. Nukida,
BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Fumi Yanada,
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War 2

16. SOCIAL SECURITY NO.: 519-22-6562

17. INFORMANT'S OWN SIGNATURE: Ida Nukida
ADDRESS: Parma, Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull on left side.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pick up truck went out of control and landed in ditch.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Notus, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown from 1949 Chev. Pick up truck. ~~West Dixie Road near Notus, Idaho.~~

22. *I hereby certify that I attended the deceased from* about _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Kleiner, Jr. Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 7/29/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 169
Reg. Dist. No. 363

BIRTH NO. JUL 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place): 1yr.9mths.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonner

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint, Idaho

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FERRIS	E.	BROOKS	7	21	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	8/28/03	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Moravia, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JOSEPH G. BROOKS — BIRTHPLACE: BIRMINGHAM, IOWA

14. MOTHER'S MAIDEN NAME: MARY VAN OSDOL — BIRTHPLACE: SHELBYVILLE, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Faye Stiffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia with heart failure — INTERVAL BETWEEN ONSET AND DEATH: July 19

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 7/21, 1952, *that I last saw the deceased alive on* 7/21, 1952, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Wentworth 475	, M.D.	Box 531, Nampa, Idaho	7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/22/52		Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 28, 1952	Mrs. Jane D. Steck	Lewis Edmunds	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Lewis Edmunds Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Relton
b. (Middle): G.
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): July 21 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January 6-1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 25
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salon, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Robinson — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Margaret C. Fegenbush — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred K. Robinson — ADDRESS: Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1951, *to* July 21, 1952, *that I last saw the deceased alive on* July 18, 1952, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John H. Patterson M.D. (Degree or title) 319
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/28/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dukan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 181
Reg. Dist. No. 362

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1802-4th Coeur d'Alene

3. NAME OF DECEASED (Type or Print)
a. (First): CARLA
b. (Middle): JEAN
c. (Last): OSTERBERG

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 52

5. SEX: 7
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 7/21/51
9. AGE (In years last birthday): 1 yr. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: CARL OSTERBERG
BIRTHPLACE: Coeur d'Alene, Ida.
14. MOTHER'S MAIDEN NAME: Evelyn Drennan
BIRTHPLACE: Walla Walla, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - -
(If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen
ADDRESS: Box 531, Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

344X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Extremely defective hydrocephalic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/8, 1952, *to* 7/22, 1952, *that I last saw the deceased alive on* 7/22, 1952, *and that death occurred at* 4:45 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth, M. D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 7/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/22/52
24c. NAME OF CEMETERY OR CREMATORY: Coeur d'Alene, Idaho
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug 7, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 1952

Certificate of Death

STATE OF IDAHO

State File No. 2535
Local Reg. No. 13-
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
c. LENGTH OF STAY (in this place) 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
d. STREET ADDRESS (If rural, give location) In town

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard
b. (Middle) Delos
c. (Last) Hawkins

4. DATE OF DEATH (Month) (Day) (Year) July 22-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH August 12-1873

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 11 | Days 10 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 84

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Green County, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Uriah Hawkins
BIRTHPLACE Holland

14. MOTHER'S MAIDEN NAME Eliza Jane Padelford,
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Elmer D. Hawkins, ADDRESS Middleton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 443 Dissecting aneurysm of aorta — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22 *19* 52, *to* July 22, *19* 52 *that I last saw the deceased alive on* July 22, *19* 52, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE W S Hubler MD (Degree or title)

23b. ADDRESS 221E Logan St. Caldwell

23c. DATE SIGNED 7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE July 25-1952

24c. NAME OF CEMETERY OR CREMATORY Cascade

24d. LOCATION (City, Town, or County) Cascade, Idaho (State)

DATE REC'D BY LOCAL REG. 7/29/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dalan, Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2526
Local Reg. No. 18
Reg. Dist. No. 961

BIRTH NO. AUG 2 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route (Rural)
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell, Route #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 5
d. STREET ADDRESS (If rural, give location): Rural Route 5, Caldwell, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Abbie b. (Middle) H. c. (Last) Hunnicutt

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 22, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Weeping Water Otoe County Nebr.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Robert Gray — BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Isabel Pratt — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Leta I. Stouffer — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~My~~ Cerebral Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 15 yr.
DUE TO (c) Arteriosclerosis — 15 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 19, 19 52, *to* July 28, 19 52, *that I last saw the deceased alive on* July 23, 19 52, *and that death occurred at* 2:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Kachur MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Giltner Cemetery
24d. LOCATION (City, town, or county) (State): Giltner Nebr.

DATE REC'D BY LOCAL REG.: 7/28/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home — **ADDRESS**: 422 Blaine
Merville D. Davis ~~Caldwell, Ida.~~

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2537
Local Reg. No. 3
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CARIBOU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS
c. LENGTH OF STAY (in this place): 35 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CARIBOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FERNANDO
b. (Middle):
c. (Last): MUJICA

4. DATE OF DEATH (Month) (Day) (Year): JULY 28, 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Sept. 2nd 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEEPM FORMAN 27
10b. KIND OF BUSINESS OR INDUSTRY: GROWING SHEEP
11. BIRTHPLACE (State or foreign country): SPAIN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSE MARIA MUJICA — BIRTHPLACE: SPAIN
14. MOTHER'S MAIDEN NAME: HABIERRA IRRIBAREN — BIRTHPLACE: SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 36 6999
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: SODA SPRINGS, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative H. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 July, 1951, *to* 28 July, 1952, *that I last saw the deceased alive on* 23 July, 1952, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert, M.D. 427
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: JULY 31, 52
24c. NAME OF CEMETERY OR CREMATORY: FULLERTON, CALIF.
24d. LOCATION (City, town, or county) (State): CALIF.

DATE REC'D BY LOCAL REG.: 7-29-52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: O. D. Whitman — ADDRESS: SODA SPRINGS IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2528
Local Reg. No. 2
Reg. Dist. No. 520-521

BIRTH NO. 111-52-8561

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lynette
b. (Middle):
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 9, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Heber Allen — BIRTHPLACE: Swan Lake, Ida
14. MOTHER'S MAIDEN NAME: Grace Deveraux — BIRTHPLACE: Driggs, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Grace D. Allen — ADDRESS: Soda Springs

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spontaneous Labor - Breech.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles P. Johnson (Degree or title): M.D.
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: July 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-52
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: O. L. Whitman — ADDRESS: Soda Springs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 2539
Local Reg. No. 5
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle): S.
c. (Last): Sorensen

4. DATE OF DEATH (Month) (Day) (Year): July 25 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Lago, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles T. Sorensen — BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: Emma Anderson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-30-1487
17. INFORMANT'S OWN SIGNATURE: Joseph L. Crismon — ADDRESS: 7225 S. Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer esophagus —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1951, *to* July 25, 1952, *that I last saw the deceased alive on* 8:00 pm July 24, 1952, *and that death occurred at* 3:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C. Johnson, MD 192
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: July 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grace
24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 8-6-52
REGISTRAR'S SIGNATURE: Donna E. Ellis
25. FUNERAL DIRECTOR: Otherwin Webb — ADDRESS: Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 356
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

4 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel		Woolley	June	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Wid wed	Feb 6. 1860	92	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Woolley	England	Sarah Dean	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Walter J. Woolley ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. C. A. of Bladder & Prostate. — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 1952	Irrigating C. A. of Bladder & Prostate. arteriosclerotic Gangrene-rt foot.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
NO m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1-15- 1952, to June 21- 1952, that I last saw the deceased alive on June 20 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Sutton	M. D.	Burley Idaho.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23/52	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-28-1952	D. H. Wilson	J. R. Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2511
Local Reg. No. 63
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 West Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 718 Overland Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) Franklin c. (Last) Powell

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2, 1890

9. AGE (In years last birthday): 62
If UNDER 1 YEAR: Months 4 Days 9
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albion, Idaho

12. CITIZEN OF WHAT COUNTRY? Yes.

13. FATHER'S NAME: Richard Powell - BIRTHPLACE: Rochester, England

14. MOTHER'S MAIDEN NAME: Lillian Mahoney - BIRTHPLACE: Coalville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-4805

17. INFORMANT'S OWN SIGNATURE: Mrs Laona Powell - ADDRESS: 718 Overland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1952, to July 12, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Sutton 391 (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 7-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: July 22 1952

REGISTRAR'S SIGNATURE: B. F. Wilson

25. FUNERAL DIRECTOR: Vern B. McCullach - ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2516
Local Reg. No. 64
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 12 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elba
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Forrest	Dean	Ottley	July 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	July 12, 1952				12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Burley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dean Udy Ottley	Elba, Idaho	Margaret Gardiner	Malta, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	Dean U. Ottley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxemia — INTERVAL BETWEEN ONSET AND DEATH: 12-14 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prem. Severe Hemmorrhage of Mother while in Utero

DUE TO (c) Premature separation of Placenta - "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — Premature - 6½ mo baby.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 12, 52, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Hutton MD.	Burley Idaho	7/23/52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/13/52	Elba, Cemetery	Elba, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 26 1952	B. P. Nielson	J. Garth Payne	Burley

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2543
Local Reg. No. 65
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 752 Second Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Stella
b. (Middle): May
c. (Last): Wood

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 24, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wales, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James H. Horn — BIRTHPLACE: No information
14. MOTHER'S MAIDEN NAME: Christine — BIRTHPLACE: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jas. H. Wood, — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis — 7.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral Vascular-thrombosis E Hemiplegia left — 3 Yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19-, 1952; *to* July 22, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 11:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Hutton 391 — (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 26 1952
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25 11 4
Local Reg. No. 67
Reg. Dist. No. 476

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 633 5th Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) Marshall; b. (Middle) Randolph; c. (Last) Cummings

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 5, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vernon Co., Misourri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin Cummings
BIRTHPLACE: Misourri

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Walter Cummings
ADDRESS: Tieton, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1952, *to* July 22, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 5:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Butler 391 (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7/24/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. Burial
24b. DATE: 7/28/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 28, 1952
REGISTRAR'S SIGNATURE: B. F. Nelson
25. FUNERAL DIRECTOR: Kenneth R. Ballentyne
ADDRESS: Reynolds Funeral Home-Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 15 1952 DIVISION OF VITAL STATISTICS

State File No. 52-15
Local Reg. No. 66
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast of Burley (Goat ranch)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 2051 Normal Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Becky b. (Middle) Louise c. (Last) Nelson

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 2, 1948

9. AGE (In years last birthday): 4 IF UNDER 1 YEAR Months: 4 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Grant Lavern Nelson, BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Vera B. Gibson, BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: Grant L Nelson ADDRESS: 2051 Normal Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxemia — INTERVAL BETWEEN ONSET AND DEATH: 6-8 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Swimming Pool.
21c. (CITY, TOWN, OR TOWNSHIP) Oakley — (COUNTY) Cassia (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Dead on arrival

22. I hereby certify that I attended the deceased from July 22, 1952 to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE: R Sutton (Degree or title) M-D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: B A Nelson
25. FUNERAL DIRECTOR: Tom B. McCulloch
ADDRESS: Burley Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2546
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHNATHAN
b. (Middle): N.
c. (Last): HOOPES

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge
10b. KIND OF BUSINESS OR INDUSTRY: Probate Court
11. BIRTHPLACE (State or foreign country): Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warner Hoopes — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Hannah Nelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-3253
17. INFORMANT'S OWN SIGNATURE: Warner P. Hoopes — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete heart block — INTERVAL BETWEEN ONSET AND DEATH: at once

ANTECEDENT CAUSES — Coronary insufficiency — 2-3 months

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Partial heart block — 3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — 3-4 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. *,* 1948*, to* June 24*,* 1952*, that I last saw the deceased alive on* June 19*,* 1952*, and that death occurred at* 1:15 P.m.*, from the causes and on the date stated above.*

23a. SIGNATURE: A. L. Truxal (Degree or title): M. D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: July 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dubois
24d. LOCATION (City, town, or county): Dubois (State): Idaho

DATE REC'D BY LOCAL REG.: 7-11-52
REGISTRAR'S SIGNATURE: Joan Rasmussen
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 9[illegible]
Local Reg. No.
Reg. Dist. No. 6-60

BIRTH NO. JUL 12 1952

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-Dry Farm
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	S.	Parkinson	July 8, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 15, 1872	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dry Farmer	Agriculture	Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel R. Parkinson	England	Charlotte Smart	St Louis, Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mary Ann Parkinson	Rexburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Farm	Clark Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-8-52 2:00p[illegible]	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fell from tractor beneath plow

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Dubois, Idaho	7-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/8/52	Rexburg	Rexburg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-10-52	[signature]	[signature]	[illegible]

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3545
Local Reg. No. 660
Reg. Dist. No.

RECEIVED AUG 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 11-52-5862

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kilgore
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mi. No. East of Kilgore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) KATHRYN b. (Middle) ANN c. (Last) HECK

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 25, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 14; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gilbert Ray Heck. BIRTHPLACE: Lewisville, Idaho.

14. MOTHER'S MAIDEN NAME: Narlene Simons. BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): x (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Gilbert Ray Heck ADDRESS: Rigby, Ida. Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probably Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition
DUE TO (c): Prem aturity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible] *death occurred at* 4:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: X Ed. Close (Degree or title): Coroner
23b. ADDRESS: Dubois, Idaho
23c. DATE SIGNED: 7/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/11/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 7-12-52
REGISTRAR'S SIGNATURE: John Rasmussen
25. FUNERAL DIRECTOR: C. W. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25 16
Local Reg. No. 44
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (In this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joe; b. (Middle); c. (Last) Kemper

4. DATE OF DEATH: (Month) (Day) (Year): 7-3-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 2-20-1874

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Portland, Ore.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: R. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of mouth & face — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* June 30, 1952, *and that death occurred at* 6:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Hopkins
23b. ADDRESS: Orofino Idaho.
23c. DATE SIGNED: 7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 7-7-52
REGISTRAR'S SIGNATURE: Vernon E. Dailey

25. FUNERAL DIRECTOR: R. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No. 45
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Newton c. (Last) Waggoner

4. DATE OF DEATH (Month) July (Day) 12 (Year) 52

5. SEX M

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH Apr 18 1874

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Ills

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Green C Waggoner BIRTHPLACE Ills

14. MOTHER'S MAIDEN NAME Mary Ann Carter BIRTHPLACE Ills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry MD ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1 yr ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1952, *to* 7-12, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* 5.15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 7-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-13-52

24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. 7-13-52

REGISTRAR'S SIGNATURE Vernon E Dudley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2551
Local Reg. No. 47
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) L. c. (Last) Reed

4. DATE OF DEATH: (Month) (Day) (Year) 7-18-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-6-1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 721142646

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gunshot wound, left temple. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weippe Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-18-1952 Unknown

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot self with shotgun.

22. *I hereby certify that I attended the deceased from* ------- --, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* ???? *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 473 (Degree or title): Coroner

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-1952

24c. NAME OF CEMETERY OR CREMATORY: Hill cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 7-21-52

REGISTRAR'S SIGNATURE: Vernon E. Fawley

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED JUL 28 1952 DIVISION OF VITAL STATISTICS

State File No. 9550
Local Reg. No. 49
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
c. LENGTH OF STAY (in this place): Few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Fork Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carroll
d. STREET ADDRESS (If rural, give location): 1109 N. Court St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Stuart c. (Last) Hoffmann

4. DATE OF DEATH (Month) (Day) (Year): 7-20-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 11-25-1931
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Carroll, Iowa
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Lambert Hoffmann — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Nair — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 478325527
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiation by drowning. — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N.F. Clearwater River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ahsahka Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-20-1952 3:00p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Unable to swim from log in river.

22. *I hereby certify that I attended the deceased from ---------, 19--, to ---------, 19--; that I last saw the deceased alive on ---------, 19--; and that death occurred at 3:05p.m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 (Degree or title): Coroner 4
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 7-21-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-21-1952
24c. NAME OF CEMETERY OR CREMATORY: Olerich Funeral Home
24d. LOCATION (City, town, or county) (State): Carroll Iowa

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE: Vernon E. Farley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 4 yr 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle)
c. (Last) Larson

4. DATE OF DEATH (Month) (Day) (Year) July 28 - 52

5. SEX male
6. COLOR OR RACE wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 24 1870
9. AGE (In years last birthday) 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) New Sweden Wis
12. CITIZEN OF WHAT COUNTRY? us

13. FATHER'S NAME Andrew Larson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME unk BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. E. Barnard ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insuffic — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25, 1947, *to* 7-20, 1952, *that I last saw the deceased alive on* 7-19, 1952, *and that death occurred at* 4.00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. Barnard (Degree or title) MD
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 7-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-28-52
24c. NAME OF CEMETERY OR CREMATORY Stratis Funeral Chapel
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 7-28-52
REGISTRAR'S SIGNATURE Vernon E. Dawley
25. FUNERAL DIRECTOR W. R. Short
ADDRESS Moscow, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 50
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 11 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Stott Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) P.O. Garfield Wn.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lettie
b. (Middle) Frances
c. (Last) Strong

4. DATE OF DEATH (Month) (Day) (Year) July 23-52

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec 14 1870
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Samuel H Garner BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary Jane Price BIRTHPLACE W. Va

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE E. L. Burry MD ADDRESS Orofino Ida

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility with senile dementia — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1951, *to* 7-23, 1952, *that I last saw the deceased alive on* 7-23, 1952, *and that death occurred at* 11 55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-26-52
24c. NAME OF CEMETERY OR CREMATORY Bruce Cemetery
24d. LOCATION (City, town, or county) (State) Latah Co Idaho

DATE REC'D BY LOCAL REG. 7-26-52
REGISTRAR'S SIGNATURE Vernon E Smiley
25. FUNERAL DIRECTOR H E Kimball Palouse Wash ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2555
Local Reg. No. 9
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 45 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Lynn c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year): 7-27-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11-15-1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Bozeman, Mont.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James W. Allen
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Laura B. Hines
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 533034872

17. INFORMANT'S OWN SIGNATURE: X Paul Allen
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar pneumonia left — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): drinker apnea

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-23-52 *to* 7-27-52, 19___, *that I last saw the deceased alive on* 7-27-52, 19___, *and that death occurred at* 5-10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Jaggaeger 304
(Degree or title): M.D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-29-1952

24c. NAME OF CEMETERY OR CREMATORY: Hazen-Jaeger Fun. Home

24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 7-29-52

REGISTRAR'S SIGNATURE: Vernon Dailey

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9556
Local Reg. No. 8
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1117 Everett Lane

3. NAME OF DECEASED (Type or Print) a. (First) Elijah b. (Middle) M. c. (Last) Presnell

4. DATE OF DEATH (Month) July (Day) 27 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 9 1885

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Abner E. Presnell BIRTHPLACE N.C.

14. MOTHER'S MAIDEN NAME Martha E. Gregg BIRTHPLACE N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-21, 1952, *to* 7-27, 1952, *that I last saw the deceased alive on* 7-27, 1952, *and that death occurred at* 12:37 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry M.D. (Degree or title)

23b. ADDRESS Orofino Idaho

23c. DATE SIGNED 7-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 7-30-52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 7-29-52

REGISTRAR'S SIGNATURE Vernon E. Dinley

25. FUNERAL DIRECTOR Andrew H. Vassar ADDRESS Lewiston

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2557
Local Reg. No.
Reg. Dist. No.

AUG 12 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mackay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 978 Hollywood ave.

3. NAME OF DECEASED (Type or Print): a. (First) Gordon b. (Middle) Mack c. (Last) Hepplen

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: May 7-1905

9. AGE (Years last birthday): 47 — IF UNDER 1 YEAR: Months / Days 0 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: salesman

11. BIRTHPLACE (State or foreign country): Bingham - Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. a.

13. FATHER'S NAME: Arthur Lewis Hepplen — BIRTHPLACE: ✓

14. MOTHER'S MAIDEN NAME: Anna May McDonald — BIRTHPLACE: St. George Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 5-28-01-2956

17. INFORMANT'S OWN SIGNATURE: Lewis Hepplen — ADDRESS: Anaconda - Mont. 2012 W. 4th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation from Drowning. — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mackay Lake

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mackay Lake Custer Idaho

21d. TIME OF INJURY (Month) June (Day) 5, (Year) 1952 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell from boat

22. *I hereby certify that I attended the deceased ~~from~~ 28 July, 19 52, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 7 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L B Davidson Coroner

23b. ADDRESS: Challis Ida.

23c. DATE SIGNED: 6 Aug. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: July 29-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 8-9-52 — REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Idaho — F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2558
Local Reg. No. 456
Reg. Dist. No. 68-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 14 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Custer~~ Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Challis~~ Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alma b. (Middle) Ellis c. (Last) Shepard

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1885

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stewart, Nebr.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Melvile — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Margaret Barns — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-28-5276

17. INFORMANT'S OWN SIGNATURE: Edith Shepard — ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 154X Metastatic Carcinoma. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Rectum — 3 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 16, 1950, *to* July 10, 1952, *that I last saw the deceased alive on* July 9, 1952, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Baxter (M.D.)
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 7-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: July 12, 1952
REGISTRAR'S SIGNATURE: Edna McKinney
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 1 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2559
Local Reg. No. 457
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chilly
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NEAR HERD LAKE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARLENA	L.	ANDERSON	7-11-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F.	W.	LOREN	1-31-21	31	5 / 10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	✓	Kimberly Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Savage	GRUNDY CO. TENN	Edith Carlson	Chicago, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No. 420.1	No.	Loren L. Anderson	MURTAUGH, IDA.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Lesion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extreme Exhaustion from
DUE TO (c) 14 mile walk while on fishing trip.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ✓ *19*, to ✓, *19*, *that I last saw the deceased alive on* ✓, *19* ✓, *and that death occurred at* 4:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Wright M.D. Coroner	Blaine County Hailey Idaho	July 16-1952

24a. (BURIAL) CREMATION REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY ~~OR CREMATORY~~	24d. LOCATION (City, town, or county) (State)
3	7-15-52	SUNSET MEMO. PARK	TWIN FALLS IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17 1952	Edna McKenny	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1952

Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mackay
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): James
c. (Last): MacKnight

4. DATE OF DEATH (Month) (Day) (Year): July 13-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 27-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Sweetwater-Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Willard MacKnight — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Ella Rife — BIRTHPLACE: ~~not~~ Ewing-Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Lenna-McKnight — ADDRESS: Heyburn-Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction, massive — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Asthma, chronic — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to July 13, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 9 30/p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Reines M.D.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: July 14 1952
24c. NAME OF CEMETERY OR CREMATORY: Heyburn
24d. LOCATION (City, town, or county) (State): Heyburn - Idaho.

DATE REC'D BY LOCAL REG.: 7-22-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2561
Local Reg. No. 23
Reg. Dist. No. 280

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smith Prairie
c. LENGTH OF STAY (in this place): 2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J. O. Beck Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 418 N. 5th.

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle):
c. (Last): Sproat

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Wool Grower
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland Borgue, Kirkcudbrightshire,
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Sproat — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth McMillan — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 544-07-2561
17. INFORMANT'S OWN SIGNATURE: A. E. Alden — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green Coroner 470
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 7/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 11, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: July 17, 1952
REGISTRAR'S SIGNATURE: H. F. Anderson
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 22
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clayville Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) MELINDA c. (Last) HORNER

4. DATE OF DEATH (Month) (Day) (Year): July 13,1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec.7,1863

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: 7 Days: 8 | IF UNDER 1 HR. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ret.

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hiram Vandermark — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Jane Jones — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Richard J. Clayville — ADDRESS: Mt. Home Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with cerebral stenosis

DUE TO (c) and cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Two days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* July 13, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord W. Boom (Degree or title): M.D.

23b. ADDRESS: Mountain Home

23c. DATE SIGNED: 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 16,1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: July 15,1952

REGISTRAR'S SIGNATURE: A.E. Anderson

25. FUNERAL DIRECTOR: Delig J. Bay — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2568
Local Reg. No. 3
Reg. Dist. No. 3-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 249 West 2nd South

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) AUGUST c. (Last) NUFFER

4. DATE OF DEATH: (Month) (Day) (Year) July 17, 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 18, 1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Nueffen, Wurtenberg, Germany.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Johann C. Nuffer — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katherine Greiner — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jos. C. Nuffer — ADDRESS: Preston Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac dilatation* — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — 10 yrs

DUE TO (c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1946, *to* July 17, 1952, *that I last saw the deceased alive on* July 17 1952, *and that death occurred at* 7:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler — (Degree or title): MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 7-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-52.

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 7-21-52

REGISTRAR'S SIGNATURE: Eggie W. Brower

25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.

Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2564
Local Reg. No. 1
Reg. Dist. No. 140

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah Ann Olive b. (Middle) Tracy c. (Last) Henderson

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 19, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hyrum, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Heleon H. Tracy
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Phoebe Truelove Draper
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Amy H. Cartwright ADDRESS: Preston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* July 6, 1952, *that I last saw the deceased alive on* July 5, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lee R. Hawker M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Clifton

24d. LOCATION (City, town, or county) (State): Clifton, Idaho

DATE REC'D BY LOCAL REG.: 7-7-1952

REGISTRAR'S SIGNATURE: Effie M. Brown

25. FUNERAL DIRECTOR: Atkinson Webb ADDRESS: Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2505
Local Reg. No. 2
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banida
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banida
d. STREET ADDRESS (If rural, give location): Banida, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) JEDDIE b. (Middle) LEROY c. (Last) MILES

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 1, 1881.

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Smithfield, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edwin R. Miles
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Jane Mourtsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Harry Miles
ADDRESS: Banida Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 1952, *to* 7-9, 1952, *that I last saw the deceased alive on* 7-7, 1952, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-18-52

24c. NAME OF CEMETERY OR CREMATORY: Smithfield

24d. LOCATION (City, town, or county) (State): Smithfield, Utah.

DATE REC'D BY LOCAL REG.: 7-11-1952

REGISTRAR'S SIGNATURE: Eppie M. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 0
Local Reg. No. 4
Reg. Dist. No. 340

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hope-Home-Clayton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Providence
d. STREET ADDRESS (If rural, give location): Providence

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) KRESIE

4. DATE OF DEATH (Month) (Day) (Year): July 27 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 30 1875

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Providence, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick Kresie — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Mary Zanner — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Vere Wells — ADDRESS: Idaho Clayton

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis

DUE TO (c): Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 27 July 52

24c. NAME OF CEMETERY OR CREMATORY: Providence Cemetery

24d. LOCATION (City, town, or county) (State): Providence - Utah

DATE REC'D BY LOCAL REG.: 7-28-1952

REGISTRAR'S SIGNATURE: Effie W. Brouwer

25. FUNERAL DIRECTOR: W Loyal Hall — ADDRESS: Logan Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) c. (Last) BELL

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 18, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cedar City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Flander Bell
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sophia Dalton
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Beatrice Fawcett
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* July 1, 1952, *that I last saw the deceased alive on* June 30, 1952, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Rennings, M.D.

23b. ADDRESS: St. Anthony Idaho

23c. DATE SIGNED: July 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cedar Buttes

24d. LOCATION (City, town, or county) (State): Annis, Idaho.

DATE RECD BY LOCAL REG.: 3 July 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 650

BIRTH NO. JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 430 S 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 430 S. 1st East

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH b. (Middle) JANE c. (Last) SOULSBY WELKER

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: December 9, 1864

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR Months: 7 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Yohegany County, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Soulsby — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Dorothy Jane Patterson, — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ehro Welker — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Cerebro-vascular accidents — 7 years
DUE TO (c) Arteriosclerosis, hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 13 July, 1952, *that I last saw the deceased alive on* 13 July, 1952, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Hunter MD
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 17 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 July 52
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 17 July 52
REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 25 [illegible]
Local Reg. No. 42
Reg. Dist. No. 651

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 5- Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Louis.
b. (Middle)
c. (Last) Kandler.

4. DATE OF DEATH (Month) (Day) (Year) July. 14th 1952.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH April 9th 1892.
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Woldeck-Mecklenburg Germany.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Kandler — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Frieda. Peters. — BIRTHPLACE Germany.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Louis Kandler — ADDRESS Ashton Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* On 14 July, 1952, ~~to~~ _____, ~~19~~ ___, *that I last saw the deceased alive on* 14 July, 1952, *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) [illegible]
23b. ADDRESS Ashton-Ida
23c. DATE SIGNED 16 July 52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 17. 1952
NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) Ashton (State) Idaho.

DATE REC'D BY LOCAL REG. July 31 1952
REGISTRAR'S SIGNATURE M. L. Hansen
25. FUNERAL DIRECTOR Lewis Kiser — ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 38
Reg. Dist. No. 651

JUL 22 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrys Lake Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Kern
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield
d. STREET ADDRESS (If rural, give location): 2226 Alta Vista Drive

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) OPAL c. (Last) WILCOXEN

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct., 11, 1911

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Asa Bennett
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Amelia Bueke, Kansas
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Yes Unknown

17. INFORMANT'S OWN SIGNATURE: M. L. Hansen
ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Unable to determine due to body being so badly burned due to airplane accident.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Probably burned to death as body was still in plane.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

866X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing Strip

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Henrys Lake, Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952 4PM.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Airplane turning preparatory to landing- crashing and burning.

22. *I hereby certify that I attended the deceased from* Never attended *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen (Degree or title): Coroner

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 20 Juky 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 20 July 52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Bakersfield, Kern, Calif.

DATE REC'D BY LOCAL REG.: 20 July 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 37
Reg. Dist. No. 651

BIRTH NO. JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrys Lake- Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Kern
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shafter
d. STREET ADDRESS (If rural, give location): 430 Cross Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) ROOSEVELT c. (Last) VANNATTA

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1907

9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Cripple Creek, Colo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry Vannatta — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Mattie Howard — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: M. L. Hansen — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured Skull, Broken, Neck, — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Multiple bruises and abrasions

DUE TO (c): Fractured (compound) left leg

Fractured right and left arm at wrist.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Airplane Accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing Strip

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Henrys Lake, Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952 4PM m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Airplane turning preparatory to landing, crashing and burning.

22. *I hereby certify that I attended the deceased from* Never Attended, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Hansen, Coroner

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 19 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 20 July 52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Shafter, Kern, Calif.

DATE REC'D BY LOCAL REG.: 20 July 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 65

BIRTH NO.

JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrys Lake Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Kern
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield
d. STREET ADDRESS (If rural, give location): 2226 Alta Vista Drive

3. NAME OF DECEASED (Type or Print): a. (First) HERSCHEL b. (Middle) MERLE c. (Last) WILCOXEN

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov., 25, 1911

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chamberlain, S. D.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Wilcoxen
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: M. D. Hansen
ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

866 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Unable to determine due to body being so badly burned due to airplane accident — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probably burned to death as body stayed in plane until removed.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing Strip
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Henrys Lake, Fremont Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952 4PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Airplane turning preparatory to landing- crashing and burning

22. *I hereby certify that I attended the deceased from* Never attended, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Hansen (Degree or title): Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 20 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 20 July 52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bakersfield, Kern, Calif.

DATE REC'D BY LOCAL REG.: 20 July 52
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 651

BIRTH NO. JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrys Lake Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Kern
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield
d. STREET ADDRESS (If rural, give location): 325 Jeffrey Street

3. NAME OF DECEASED (Type or Print): a. (First) LE ROY; b. (Middle); c. (Last) MORRISON

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct., 27, 1933

9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond L. Morrison — BIRTHPLACE: Calif.

14. MOTHER'S MAIDEN NAME: Irene Wallis — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: M. L. Hansen — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Body so badly burned due to airplane crash unable to determine exact cause.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Probably burned to death as body stayed in plane until removed.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing strip

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Henrys Lake, Fremont County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952 4 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Airplane turning preparatory to landing- crashing and burning.

22. *I hereby certify that I attended the deceased from* Never attended, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen (Degree or title): Coroner

23b. ADDRESS: St. Anthony Idaho

23c. DATE SIGNED: July 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 20 July 52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Bakersfield, Kern County, Calif.

DATE REC'D BY LOCAL REG.: 20 July 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — **ADDRESS**: St. Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
AUG 6 1952

Certificate of Death

STATE OF IDAHO

State File No. 25[illegible]
Local Reg. No. 41
Reg. Dist. No. 651

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Sacramento
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Del Paso
d. STREET ADDRESS (If rural, give location): 5016 Robla Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Johnson
c. (Last): Jones

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 20, 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tooele, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Agnes Murray — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joseph W Jones — ADDRESS: Del Paso Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis (apparently) — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart Disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

D.O.A. @ 7:20 PM July 20, 1952

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Spencer Atkinson — (Degree or title): M.D.
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/22/52
24c. NAME OF CEMETERY OR CREMATORY: Del Paso Cemetery
24d. LOCATION (City, town, or county) (State): Del Paso, California

DATE REC'D BY LOCAL REG.: July 24 1952
REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Jack A. Wood — **ADDRESS**: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 44
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place): 2years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Rest Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location):

3 NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) MARIA c. (Last) MILLER PARKER

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept.,28, 1880
9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Edgar Miller BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Julia Etta Rogers BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinson's Disease — 35 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* 25 July, 1952, *that I last saw the deceased alive on* 25 July, 1952, *and that death occurred at* 7 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Brinton (Degree or title) MD
23b. ADDRESS: St Anthony, Idaho
23c. DATE SIGNED: 30 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2576
Local Reg. No. 43
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Park Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): KID Bldg-Apt 209

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): COLE
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 20, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pueblo, Colo
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNknown -Cole — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Mary ? — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 32 5941
17. INFORMANT'S OWN SIGNATURE: Cliff Adams — ADDRESS: Idaho Falls.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown but Natural

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M S Hansen 470 4 Coroner
23b. ADDRESS: St Anthony Ida
23c. DATE SIGNED: 26 July

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 30, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 26 July 52
REGISTRAR'S SIGNATURE: M S Hansen
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1952

Certificate of Death

STATE OF IDAHO

State File No. 2577
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 307 West 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha Ellen
b. (Middle): Gleason
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 31, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Marion, Ind.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John D. Shaver — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Liddia Jane Thomas — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Ethel M. Ruoti — ADDRESS: Emmett

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart & Kidney — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Blood Clot in Rt. Leg.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24 1952, *to* July 9 – 1952, *that I last saw the deceased alive on* July, 1952, *and that death occurred at* 9 a – m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 J. L. Reynolds MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: July 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 14, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 10, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-8690

BIRTH NO.

RECEIVED JUL 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2578
Local Reg. No. 3
Reg. Dist. No. 340-341

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gerald
b. (Middle): Allen
c. (Last): Gatfield

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 16, 1952
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.: 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: child
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Allen E. Gatfield — BIRTHPLACE: Montour, Idaho
14. MOTHER'S MAIDEN NAME: Lolla Marie Kellerman — BIRTHPLACE: Emmett, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Allen E. Gatfield — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - About 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Possibly R.H. Sicrosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1952, *to* to July 17, 1952, *that I last saw the deceased alive on* July 17, 1952, *and that death occurred at* About 7 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J L Reynolds MD 7-19-52
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 19, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2579
Local Reg. No. 5
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frant's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 1024 So. Boise

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Ann
c. (Last): Monroe

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 15, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 0, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harrison Wood — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Samantha Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Robert C Monroe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal bronchopneumonia Carcinoma, primary site undetermined — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* July 26, 1952, *that I last saw the deceased alive on* July 26, 1952, *and that death occurred at* 11:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard, MD 582
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: July 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 29, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 28, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Reynolds

RECEIVED AUG 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2580
Local Reg. No. 6
Reg. Dist. No. 390-391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Jane c. (Last) Clopton

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 27, 1885

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Johnathan Moulton — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Laurcinia Prunty — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE x Martin J Clopton — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Followed with Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1952, *to* July 30, 1952, *that I last saw the deceased alive on* July 30, 1952, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 331 J L Reynolds (Degree or title)

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug. 1, 1952

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1551
Local Reg. No. 420
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LYDIA b. (Middle) A. c. (Last) FROST

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 3, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Odessa, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Austave N. Kunke
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Augusta C. Plonski
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: F.D. Wright ADDRESS: Bliss, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma with Metastasis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952 *to* July 8, 1952, *that I last saw the deceased alive on* July 5, 1952 *and that death occurred at* 11:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L.E. Burritt (Degree or title) M.D.

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 7/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/11/52

24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery

24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 7-11-52

REGISTRAR'S SIGNATURE: J H B [redacted]

25. FUNERAL DIRECTOR: Geo. Jensen ADDRESS: GOODING

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2552
Local Reg. No. 1552
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 517 Oregon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 517 Oregon

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) F.
c. (Last) CASCH

4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 3, 1867
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Heide, Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Casch — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Margaret Harms — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Minnie Casch — ADDRESS Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [redacted] Sudity - Cardio

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular - renal
~~DUE TO (c)~~ syndrome

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 9:00 A. *m, from the causes and on the date stated above.*

23a. SIGNATURE J H Cromwell M D (Degree or title)
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/17/52
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE July 15 1952 J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr. — ADDRESS [illegible] GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

State File No. 2503
Local Reg. No. 1556
Reg. Dist. No. 420

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Orange
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Ana
d. STREET ADDRESS (If rural, give location): 1722 W. 17th

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): T.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector- retired
10b. KIND OF BUSINESS OR INDUSTRY: Pac. Tel & Tel. Co.
11. BIRTHPLACE (State or foreign country): Salinas, California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wilson Smith — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Andrews — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Helen B. Smith — ADDRESS: Santa Ana, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 430.11 Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — Sev. years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1952, *to* July 17, 1952, *that I last saw the deceased alive on* July 16, 1952, *and that death occurred at* 1:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler MD 597
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: July 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/18/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Santa Ana, California

DATE REC'D BY LOCAL REG.: 8/12/52
REGISTRAR'S SIGNATURE: J H Cornwall
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2564
Local Reg. No. 1550
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hagerman
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Upper Malad Power Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) VIRGIL c. (Last) AVERILL

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 5, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper Publisher

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Brownsville, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred Averill 74 — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah E Belieu — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary Pearl Averill — ADDRESS: Lebonan, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occulsion.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unknown.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. ~~HOW DID INJURY OCCUR?~~: I was called to See patient. He was dead on arrival

22. *I ~~hereby certify that I attended the deceased from~~ [illegible], 19[illegible], to [illegible], 19[illegible], ~~that I last saw the deceased alive on~~* July 5, 1952, *and that death occurred at* 10:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Anderson — (Degree or title): M.D.

23b. ADDRESS: Gooding, Ida.

23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/8/52

24c. NAME OF CEMETERY OR CREMATORY: Halsey Cemetery

24d. LOCATION (City, town, or county) (State): Halsey, Oregon

DATE REC'D BY LOCAL REG.: 7-8-52

REGISTRAR'S SIGNATURE: J H Cranwell

25. FUNERAL DIRECTOR: Geo. Jensen Jr. — ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1555
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway East of Gooding

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Augustus; b. (Middle) Monroe; c. (Last) Walker

4. DATE OF DEATH: (Month) (Day) (Year): July 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellington, Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James B. Walker — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Emily Barnes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bedford A. Walker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Instant Death
DUE TO (c) Neck broken - Chest and abdomen Crushed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
fractured skull

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 6 mi east of Gooding, Gooding Co. Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Automobile Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Cornell. Carney & Gooding Co

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/28/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: J. H. Cornell

25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2F 6
Local Reg. No. 1556
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles West of Bliss, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: British Columbia
b. COUNTY: Vancouver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vancouver Canada
d. STREET ADDRESS (If rural, give location): 3272 Parker St.

3. NAME OF DECEASED (Type or Print)
a. (First): HAZEL
b. (Middle):
c. (Last): MALMBERG

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: Canada

13. FATHER'S NAME: John E. Malmberg — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Sannah E. — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Geo. Jerread Jr. — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries from automobile accident + Instant death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 7 Miles W. of Bliss Gooding Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/31/52 4:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile and truck collision

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Cromwell Coroner of Gooding Co.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/2/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Vancouver B.C. Canada

DATE REC'D BY LOCAL REG.: 8-2-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Certificate of Death

STATE OF IDAHO

State File No. 2507
Local Reg. No. 96
Reg. Dist. No. 240

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Mrs. Verna Cash

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Talitha
b. (Middle): Elizabeth
c. (Last): Lamb

4. DATE OF DEATH (Month) (Day) (Year): July 22 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 3, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): The Dalles, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Phar — BIRTHPLACE: Evansville Indiana
14. MOTHER'S MAIDEN NAME: Hannah Leabo — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Glen Lamb — ADDRESS: Stites, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebra - vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 April, 1952, *to* 18 July, 1952, *that I last saw the deceased alive on* 18 July, 1952 *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Ultimus M.D. (Degree or title) 363
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 23 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: July 23, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trivary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 25[illegible]
Local Reg. No. 620
Reg. Dist. No. 244

RECEIVED
JUL 26 1952
DIV. OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - Rural
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 mi. East of Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - Rural
d. STREET ADDRESS (If rural, give location): 24 mi. East of Kooskia

3. NAME OF DECEASED (Type or Print): a. (First) Orvel b. (Middle) c. (Last) Sanford

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan. 1, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Freight office employee	Rail Road	Sundance, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sanford	Unknown	Anna Mills	Sundance, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-16-8469	Orvel Sanford	Kooskia, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	29 Miles East North	Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
April 18 1952 8:30 a.m.		Boat upset

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ruth A. Gould Coroner	Grangeville Idaho	7-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 23, 1952	Kamiah Cem.	Kamiah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 21, 1952	Claude Mowry	Claude Mowry	Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2589
Local Reg. No. 1
Reg. Dist. No. 640

BIRTH NO.

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY ~~Bonneville~~ Jefferson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Same
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Dean b. (Middle) L. c. (Last) Clark

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 27, 1922.

9. AGE (In years last birthday) 30 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - 37

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Menan - Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Howard Clark - BIRTHPLACE Charleston West Virginia

14. MOTHER'S MAIDEN NAME Alice Lawson. BIRTHPLACE Menan - Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War - II

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Joseph Howard Clark ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wounds in Chest and head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lewisville Jefferson Ida

21d. TIME OF INJURY (Month) June (Day) 28 (Year) 1952 (Hour) 9:35 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Shot with 7.2 Automatic Pistol

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner **23b. ADDRESS** Rigby Ida **23c. DATE SIGNED** July 2 - 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** July 1-1952 **24c. NAME OF CEMETERY OR CREMATORY** Cedar Butte Cemetery **24d. LOCATION** (City, town, or county) Menan (State) Idaho

DATE REC'D BY LOCAL REG. July 3/52 **REGISTRAR'S SIGNATURE** Mrs A B Eberhardt

25. FUNERAL DIRECTOR Leo A. Sheerans **ADDRESS** Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2596
Local Reg. No. 3
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lorenzo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): Lorenzo

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) c. (Last) STACEY

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1904

9. AGE (In years last birthday): 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Masonry Contractpr

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Archer, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edwin Worrall Stacey. BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Charlotte Wylie. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: 518-05-1403

17. INFORMANT'S OWN SIGNATURE: Lois B. Stacey ADDRESS: Lorenzo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/2, 1948 *to* July 9, 1952, *that I last saw the deceased alive on* July 7, 1952, *and that death occurred at* 12:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Olson Hall M.D. (Degree or title) 421
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 7/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/14/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 7/16/52
REGISTRAR'S SIGNATURE: Mrs W B Eckwell
25. FUNERAL DIRECTOR: A B Eckwell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2501
Local Reg. No. 4
Reg. Dist. No. 640

BIRTH NO. 52-10272

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hendricks Maternity Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annis
d. STREET ADDRESS (If rural, give location): Rural Annis

3. NAME OF DECEASED (Type or Print)
a. (First): VICKI
b. (Middle): JO
c. (Last): GNEITING

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 18, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Everett Gneiting. BIRTHPLACE: Dubois, Ida
14. MOTHER'S MAIDEN NAME: Jennie Zweifel. BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: John E. Gneiting ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Club foot.

754.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1952, *to* July 19, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* 12:55 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Tall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 7/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/19/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 7/19/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2592
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Lorenzo
c. LENGTH OF STAY (in this place): 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. of Lorenzo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Lorenzo
d. STREET ADDRESS (If rural, give location): So. of Lorenzo

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): NICHLOS
c. (Last): MATSON

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 6, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Matson. BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Sophia Jacobson. BIRTHPLACE: Sweden.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Ethel W. Matson — ADDRESS: Lorenzo, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of stomach — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1952
19b. MAJOR FINDINGS OF OPERATION: Biopsy taken. Revealed adenocarcinoma
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1952, *to* July 21, 1952, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, M.D. (Degree or title) 422
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 7/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/25/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 7/27/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2566
Local Reg. No. 6
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 63 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 174 West Short St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 174 West Short St.

3. NAME OF DECEASED (Type or Print): a. (First) IVA b. (Middle) MAY c. (Last) HANSEN

4. DATE OF DEATH (Month) (Day) (Year): July 30 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 20, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pleasantview, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Eugene Campbell. BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Sarah Brown. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Samuel Hansen ADDRESS: Rigby, Ida. Rtl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 4 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None Performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946, *to* July 30, 1952, *that I last saw the deceased alive on* July 30, 1952, *and that death occurred at* 7:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 7/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/2/52
24c. NAME OF CEMETERY OR CREMATORY: Central
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 7/30/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 640

BIRTH NO.

AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lewisville
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Menan
d. STREET ADDRESS (If rural, give location): 3 Mi. West of Menan

3. NAME OF DECEASED (Type or Print): a. (First) KATHLEEN b. (Middle) c. (Last) CARPENTER

4. DATE OF DEATH: (Month) (Day) (Year) July 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F. M.	White	Never Married	June 7, 1940	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School 03	x	Menan, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Joseph Carpenter. St. George	Utah.	Lila Bell Martin. Rigby, Idaho	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no x	x	A D Carpenter	Roberts, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

819.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Highway	Lewisville Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-31-52 2:55A	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car hit cement abutment.

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 2:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Rigby, Idaho	8/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8/3/52	Little Butte	Annis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
aug/2/52	Mrs A B Eckersell	A B Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8505
Local Reg. No. 18
Reg. Dist. No. 440

BIRTH NO. 7-[illegible]-8503

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 1st Ave E

3. NAME OF DECEASED (Type or Print)
a. (First): BENEDICT
b. (Middle):
c. (Last): Sloat

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 11, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME — BIRTHPLACE: James Sloat, Montpelier, Idaho

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Julia Titus, Evanston, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Malcom Morton Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7768

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature infant - (6mos)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Separation placenta (mother)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-11-52, 19__, *to* 7-11-__, 1952, *that I last saw the deceased alive on* 7-11, 1952, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Ida.
23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12/52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 15, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR — ADDRESS: J.R. Wiley Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3 days ~~[illegible]~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benidicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 116 S. Locust

3. NAME OF DECEASED (Type or Print)
a. (First): Irvin
b. (Middle): Elis
c. (Last): Dawson

4. DATE OF DEATH (Month) (Day) (Year): 7 18 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-22 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm labor of
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Jackson Co. Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Dawson — BIRTHPLACE: Ind
14. MOTHER'S MAIDEN NAME: Ellen Gray Bull — BIRTHPLACE: Ind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-24-4620
17. INFORMANT'S OWN SIGNATURE: Lucinda Peterson — ADDRESS: Jerome

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Decompensation — 6 months
DUE TO (c): Mitral regurgitation — approx 10+ years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* death, 1952, *that I last saw the deceased alive on* July 18, 1952, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D.
23b. ADDRESS: 801 W. Lincoln Jerome, Ida
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 22, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2505
Local Reg. No. 20
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benidicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): North East Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Gesine
c. (Last): Aufderheide

4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 20 1884
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 7 Days 9
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Carlton Nebr
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Carl Elting
BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Christine Schart
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Arnold Aufderheide
ADDRESS: Twin Falls 358 N Locust

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension & obesity — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14, 1952, *to* 7-29, 1952, *that I last saw the deceased alive on* 7-29, 1952, *and that death occurred at* 9 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: Jerome
23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-2 152
24c. NAME OF CEMETERY OR CREMATORY: Clover Luthern
24d. LOCATION (City, town, or county) (State): 3 W-3 S. of Filer Idaho

DATE REC'D BY LOCAL REG.: July 31, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen B Wehler
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2598
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) J; c. (Last) Donnelly

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 4 1879

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months: 5 Days: 26 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rheatown Tennessee

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: R.H.Donnelly
BIRTHPLACE: Tenn

14. MOTHER'S MAIDEN NAME: Elizah Allen
BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs Thomas Pyron
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency — 18 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-25, 1950, *to* 7-30, 1952 *that I last saw the deceased alive on* 7-30, 1950, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson

23b. ADDRESS: Jerome Ida

23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 1.1952

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 31, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: J.R. Wiley
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2599
Local Reg. No. 1229
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1124 Lakeside

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) S. c. (Last) Kendall

4. DATE OF DEATH (Month) (Day) (Year): Jul 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 7, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 41

10b. KIND OF BUSINESS OR INDUSTRY: Logging Camps

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert S. Kendall BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Mary Sinclair BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Eunice Peck ADDRESS: Co'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute decompensation of heart — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis — 10 years

DUE TO (c) Chronic Bronchitis & bronchitis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* July 1, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton H. Greenwood

23b. ADDRESS: Coeur d'Alene, Ida.

23c. DATE SIGNED: July 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jul 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Missoula Cemetery

24d. LOCATION (City, town, or county) (State): Missoula, Montana

DATE REC'D BY LOCAL REG.: 7-3-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 127
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 740 Mil. Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 740 Mil. Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): A.
c. (Last): Parsell

4. DATE OF DEATH (Month) (Day) (Year): Jul 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 26, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Confectionary
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. H. Parsell — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Minnie Barnden — BIRTHPLACE: Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-0987
17. INFORMANT'S OWN SIGNATURE: X Edith Smith — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23, 1945, *to* July 2, 1952, *that I last saw the deceased alive on* June 30 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-3-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. R. Henson RECEIVED

Certificate of Death

STATE OF IDAHO

JUL 17 1952

DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 120
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1411- herman

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Prinzing	July 3 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 10, 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dan Prinzing	Germany	Esplan Miller	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs R. C. Prinzing	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Nephritis — — — — Senility — — — — — — —	4 years —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Henson M.D.	Coeur d'alene Idaho	July 7. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jul. 7, 1952	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-7-52	Lorraine K. Brush	Don English Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2602
Local Reg. No. 118
Reg. Dist. No. 120

BIRTH NO. Moseley

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockford Bay
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	E.	Roberts	July 7 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	April 28, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Denny	Indiana	Louisa Pittman	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Wallace Bucher	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 2 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 6 mo
DUE TO (c) Cardiac decompensation — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7-7-52, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Donnelly, MD.	Coeur d'Alene, Ida.	7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-10-52	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-10-52	Lorraine K Bench	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 125
Reg. Dist. No. 120
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 817 N 11th St

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle):
c. (Last): Satterlee

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 27 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Cyrus Satterlee
BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Jenny Stanley
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. W. T. Taylor
ADDRESS: Dayton Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro vascular accident
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1949, *to* July 9, 1952, *that I last saw the deceased alive on* July 9, 1952 *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 7-12-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2601
Local Reg. No. 119
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene Idaho
d. STREET ADDRESS (If rural, give location): 322 S 11th St

3. NAME OF DECEASED (Type or Print)
a. (First): Opha
b. (Middle): Erl
c. (Last): Buchanan

4. DATE OF DEATH (Month) 7 (Day) 10 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store 35
10b. KIND OF BUSINESS OR INDUSTRY: Own Store
11. BIRTHPLACE (State or foreign country): Rensaeller Ind
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Adair — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Ann Norman — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mr. Hugh Buchanan — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948 *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952 *and that death occurred at* 7:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Ren D. Henson, M.D. (Degree or title)
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 7-14-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2605
Local Reg. No. 128
Reg. Dist. No. 120

RE Certificate of Death

BIRTH NO. AUG 1952 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 W. Harrison Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 511 W. Harrison Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roger	Arthur	Beaver	7	14	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	April 8, 1949	3				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Coeur d'Alene, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Beaver	Arkansas	Lucille Hammock	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Henry Beaver	Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.4 Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7-14-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-16-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-25-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 126
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 30 min.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 327 Forest Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pauline	A.	Johnson	7-15-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Married	Sept. 5, 1905	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Esthonia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Asper	Esthonia	Julia Hammerburg	Esthonia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Philip Johnson	Coeur d'Alene, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute Myocardial Failure	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Lupus Erythematosis	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic Heart Dis.	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/6, 1950, *to* 7/15, 1952, *that I last saw the deceased alive on* 7/15, 1952, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James W. Hawkins	M.D.	Coeur d'Alene, Idaho	7-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-18-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-18-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2697
Local Reg. No. 127
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1009 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1009 6th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nels	F.	Fredrickson	7	22	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	widowed	April 4, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknownn
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jane Blair — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) dehydration & malnutition — 2 wks
DUE TO (c) Cerebrovascular accidents — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21, 1951, *to* 7-21, 1952, *that I last saw the deceased alive on* 7-21, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G Bowlby D.O. M.D.	Coeur d'Alene, Idaho	7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-25-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-25-52	Lorraine K Brush	Gilbert Yates	Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Dr. Husted

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 132
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1415-4th, st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1415-4th, st.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): W.
c. (Last): Thomson

4. DATE OF DEATH (Month) (Day) (Year): July June 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 23, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rufus O. Willard — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary L. Owen — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kathryn Allen — ADDRESS: Seattle Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/9, 1952, *to* 7/24, 1952, *that I last saw the deceased alive on* 7/12, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: O M Husted 175 (Degree or title) MD
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-52 61
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 7-31-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 133
Reg. Dist. No. 120

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' alene
c. LENGTH OF STAY (in this place): 5-months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 929-N-7th, street

3. NAME OF DECEASED (Type or Print)
a. (First): Loudwena
b. (Middle): Catherine
c. (Last): Sullivan

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 8, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Reilly — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Ellen Burns — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: × Alice Roth — ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/20, 1949, *to* 7/25, 1952, *that I last saw the deceased alive on* 4/30, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C M Husted MD
23b. ADDRESS: Coeur d' alene Ida
23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-28-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2610
Local Reg. No. 1720
Reg. Dist. No. 120

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 Miles N Hayden Lake Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #95 2 Miles N Hayden Lake Idaho

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 5708 N Milton

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Dollie		Grant	7	4	52

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Married	July 18 1929	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Ark.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Irons	Unkown	Mrytle Cartwright	Unkown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Records Spokane Funeral Home	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental traumatism, auto accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Skull — Immediate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Auto	Hiway # 95 North	2 Miles N Hayden Lake Kootenai Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	4	52	11:45 P.M.		Head on Collision

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	Corriner M.D.	Coeur d'Alene Idaho	7-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7-8-52	Greenwood	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-8-52	Lorraine K. Brush	Thornton M. Funeral Home By Gilbert Yates	Spokane Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUL 17 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2611
Local Reg. No. 124
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 Miles N Hayden Lake Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #95 2 Miles N Hayden Lake Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Rt #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Clyde	Chauncey	Ahlstedt		7	8	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Divorced	Feb 17 1910	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Laborer 7a	Spokane internation1	Spokane Wash	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustaf Ahlstedt	Sweden	Clara Tullin	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None None	536-07-5874	Mrs. Berniece Greenwald	Athol Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.4 Lower nephron nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 4 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple injuries — 4da
DUE TO (c) accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ruptured urinary bladder — 4 da

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-6-52	ruptured urinary bladder,	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 95	8½ miles North of Coeur d'Alene, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 4, 1952-11:50pm	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile accident, Head-on collision with another automobile.

22. *I hereby certify that I attended the deceased from* 7-5-52, 19___, *to* 7-8-52, 19___, *that I last saw the deceased alive on* 7-7-52, 19___, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (M.D.)	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C Barclay	M.D.	Coeur d'Alene Idaho	7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-12-52	Riverside	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-12-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2612
Local Reg. No. 136
Reg. Dist. No. 120

BIRTH NO. AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles East of Ramsey, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	David	Guier	7-	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Unknown	August 20, 1927	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	North Carolina	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Joined Marines 1945	Unknown	Information from Sheriff's Office	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Accidental Traumatism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Railroad accident.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Decapitated.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	R.R. 3 mi. East Ramsey	Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		unknown.

22. *I hereby certify that I attended the deceased from* did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood. 452 Coroner M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-24-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-24-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT

Certificate of Death

RECEIVED
AUG 2 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2613
Local Reg. No. 130
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
13 miles East Coeur d'Alene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hiway # 10
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway #10 East CdA. Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash
b. COUNTY ~~Spokane~~ Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland Wash
d. STREET ADDRESS (If rural, give location) Hanfordworks

3. NAME OF DECEASED (Type or Print)
a. (First) Terrance
b. (Middle) James
c. (Last) Menkins

4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar 20 1933
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Handford Works
11. BIRTHPLACE (State or foreign country): Chicago Ill
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Menkins — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Mildred Racine — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 535-28-9146
17. INFORMANT'S OWN SIGNATURE: Information found on person — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

816.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 10
21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'alene (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on near auto accident.

22. *I hereby certify that I attended the deceased from* Did Not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood (Degree or title) Cororner M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-23-52
24c. NAME OF CEMETERY OR CREMATORY: Greshan Ore
24d. LOCATION (City, town, or county) (State): Greshan Ore.

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 129
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 13 miles East Coeur d'Alene Hiway #10
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #10 E. CdA.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairchild
d. STREET ADDRESS (If rural, give location): Fairchild Air Base

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	D	Danielson	7	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W							

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: Air Force
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Serving now
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Information from Bildfold

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Traumatism 8/6/47
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 10
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Caeur d'alene Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on auto accident.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood Cororner M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 7-25-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-23-52
24c. NAME OF CEMETERY OR CREMATORY: Ball & Dodd
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur d'Alene Ida

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2615
Local Reg. No. 131
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Al[illegible]
c. LENGTH OF STAY (in this place): 15 [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Thomas	Hough	7	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	Sept. 15, 1875	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Contractor	own buisiness	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark Hough	Wisconsin	Manda George	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	508-03-4999	Mrs. Elzada Hough	Coeur d'Alene, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) art. sclerosis — 15 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-11 *, 19*50*, to* 7-23 *, 19*52*, that I last saw the deceased alive on* 7-11 *, 19*52*, and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Elzada Barclay Jr. 018	M.D.	Coeur d'Alene	7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1952	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-25-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Id

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-43021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2616
Local Reg. No. 135
Reg. Dist. No. 120

BIRTH NO. AUG 11 1952

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles East CdA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Kitsap
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bremerton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Vickie	Lee	Bowers		7	30	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never Married	May 30, 1950	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman C. Bowers	Wisconsin	Irene Adair	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Norman Bowers	Bremerton, Washinton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Hiway 10	East of Coeur d'alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto ran off road into pond

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	Cormorer M.D.	Coeur d'A lene, Ideho	8-1-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-1-52		Bremerton Kitsap, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-1-52	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Ide

Federal Security Agency
United States Public Health Service

Form DPH-49021

G

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2617
Local Reg. No. 127
Reg. Dist. No. 120

BIRTH NO. AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles East CdA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Kitsap
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bremerton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Michail b. (Middle) Duane c. (Last) Bowers

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 12, 1945
9. AGE (In years last birthday): 7 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Norman C. Bowers — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Irene Adair — BIRTHPLACE: Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Norman Bowers — ADDRESS: Bremerton, Washinton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy #10 near
21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'alene (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? auto ran off road into Pond

22. *I hereby certify that I attended the deceased from* Did not ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood (Degree or title): Coroner MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-1-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bremerton, Kitsap, Wash.

DATE REC'D BY LOCAL REG.: 8-1-52
REGISTRAR'S SIGNATURE: Lorraine K Breuch
25. FUNERAL DIRECTOR: Gilbert Yates ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2618
Local Reg. No. 134
Reg. Dist. No. 120

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles East of CdA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Kitsap
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bremerton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Irene
b. (Middle): M.
c. (Last): Bowers

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arthur Henry — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Maude White — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Norman Bowers — ADDRESS: Bremerton, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 823.4 Probable accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. accidental Traumatism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway #10 · East of
21c. (CITY, TOWN, OR TOWNSHIP): Coeur d'alene — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto ran off road into pond

22. *I hereby certify that I attended the deceased from* Did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood — (Degree or title): Coroner MD
23b. ADDRESS: Coeur d'A lene, Idaho
23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-1-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bremerton, Kitsap, Wash.

DATE REC'D BY LOCAL REG.: 8-1-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Idaho

BIRTH NO. JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 74
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 810 East 8th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): William
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 3, 1880
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Sanding
10b. KIND OF BUSINESS OR INDUSTRY: Wood
11. BIRTHPLACE (State or foreign country): Algona, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Martin
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Fabie Hartwell
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [illegible] Martin
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac infarct
INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary occulsion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, *19* 32, *to* July 2, *19* 52, *that I last saw the deceased alive on* July 2, *19* 52, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M Loehr MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho
Short's Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952

Certificate of Death

STATE OF IDAHO

X

State File No. 2000
Local Reg. No. 73
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 625 S. Adams

3. NAME OF DECEASED (Type or Print)
a. (First): Lois
b. (Middle): Jean
c. (Last): Bontrager

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 19, 1929
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Potlatch, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Guy E. Van Buskirk — BIRTHPLACE: Gordon, Neb.
14. MOTHER'S MAIDEN NAME: Clara B. Muhsal — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-28-1676
17. INFORMANT'S OWN SIGNATURE: Gilbert Bontrager — ADDRESS: Moscow Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

675X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Childbirch - Difficult Labor

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1941, *to* July 9, 1952 *that I last saw the deceased alive on* July 9, 1952, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.W. Debree M.D.
23b. ADDRESS: Palouse Wash
23c. DATE SIGNED: 7/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-52
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 7/15/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. E. Kimball — ADDRESS: Palouse Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Ayers

RECEIVED JUL 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 75
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 501 East "E" St.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Dayton
c. (Last): Hites

4. DATE OF DEATH (Month) (Day) (Year): July 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov 1, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Princeton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack H. Hites — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary A. Hites — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H L Hites — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

023X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rupture of aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Syphillis, cardiovascular — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1948, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952 *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: July 14, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-52
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 7/25/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2622
Local Reg. No. 27
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 30 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 47 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 So. Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 213 So. Jackson

3. NAME OF DECEASED (Type or Print): a. (First) Mattie; b. (Middle) J.; c. (Last) Gehrett

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 16, 1858

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shakleyville, Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Coulter
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Mary Orr
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Sam Frei
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 18 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 17 July, 1952, *that I last saw the deceased alive on* 17 July, 1952, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp
(Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/52
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7/22/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 78
Reg. Dist. No. 200

AUG 11 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location): Church St.

3. NAME OF DECEASED (Type or Print): a. (First) Nels; b. (Middle); c. (Last) Smiset

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 1, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 09

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-01-0178

17. INFORMANT'S OWN SIGNATURE: Oscar V. Smiset, Sunnyside Wash
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1941, *to* July 31, 1952, *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* 1:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. DeVree M.D. (Degree or title)

23b. ADDRESS: Palouse Wn

23c. DATE SIGNED: 8/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-2-52

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 8/4/52

REGISTRAR'S SIGNATURE: Lena E. Angell

25. FUNERAL DIRECTOR: [illegible]
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 2624
Local Reg. No. 71
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 3 mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mundell's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Emily
b. (Middle):
c. (Last): Sandquist

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waho, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peterson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. C. Sandquist — ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19 50, to death, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Omer H Drury MD 104
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Latah Co. — (State): Idaho

DATE REC'D BY LOCAL REG.: 7/15/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Shorx — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2665
Local Reg. No. 67
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sibbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Darlington
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	W	Nation	July 11 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	widowed	Aug. 13 1871	80	10	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired rancher	ranching	Sevierville Tenn.	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathaniel G. Nation	Not known	Nancy Elvira	not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Duane Nation	Darlington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-18, 19 50, *to* 7-11, 19 52, *that I last saw the deceased alive on* 7-11, 19 52, *and that death occurred at* 5:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. L. Mueller M.D.	Salmon Ida	7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 13 1952	Lost River	Moore Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-23-52	Viola E. Johnson	Betty J. Marvel F.D. #19	Arco

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2226
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JUL 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ernest	William	Gutzman	July 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 24, 1894	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forest Service 20		Butte, Montana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F. Gutzman	Kansas	Annie Miller	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW 1	519-22-2145	John Gutzman	Salmon, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach & Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Ulcer — 1 Yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951	advanced Carcinoma Stomach & Liver	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 7-12, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
D. L. Miller 262 M.D.	Salmon Ida.	7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-15-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-23-52	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) May c. (Last) Lightfoot

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Longanoxie, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown Mills
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown Freeman
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: B D Lightfoot
ADDRESS: Mackay, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 6 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 19 52, to July 29, 19 52, *that I last saw the deceased alive on* July 29, 19 52, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. K. Miller MD

23b. ADDRESS: Salmon Ida

23c. DATE SIGNED: 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-4-52

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-13-52

REGISTRAR'S SIGNATURE: Viola [illegible]

25. FUNERAL DIRECTOR: Wilbert C Jones

ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]
Local Reg. No. 6[illegible]
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore
c. LENGTH OF STAY (in this place): 48yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 20 miles west Leadore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gustaf
b. (Middle): Adolph
c. (Last): Carlson

4. DATE OF DEATH (Month) (Day) (Year): 7 12 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 5, 1896
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thornton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nels Fredrick Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Clara J. Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 519-34-0032
17. INFORMANT'S OWN SIGNATURE: C A Carlson — ADDRESS: Leadore, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture, Fracture Rib, Fracture Cervical Vertebrae
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): struck by falling tree
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leadore Lemhi Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by falling tree

22. *I hereby certify that I attended the deceased from* about 3P. *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder M.D.
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/16/52
24c. NAME OF CEMETERY OR CREMATORY: Salmon, Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1952

Certificate of Death

STATE OF IDAHO

State File No. 2629
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S. Fork of Iron Creek
c. LENGTH OF STAY (in this place): crash
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Billy
b. (Middle): Don
c. (Last): Smothers

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11, 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat tours 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clayton, New Mexico
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Austin P. Smothers — BIRTHPLACE: Aboline, Tex.
14. MOTHER'S MAIDEN NAME: Florence Shepard — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Austin P. Smothers — ADDRESS: Shoup, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures legs, arms, skull + vertebrae — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

OK Lemhi Co. Coroner Delbert C. Jones

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE HOMICIDE~~ (Specify): Airplane Crash
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): S. Fork Iron Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lemhi Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-14-52 6A m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Airplane Crash

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder MD (Degree or title) 262
23b. ADDRESS: Salmon Ida.
23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-29-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3626
Local Reg. No. 69
Reg. Dist. No.

BIRTH NO. JUL 31 1952

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S Fork of Iron Creek
c. LENGTH OF STAY (in this place): crash
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Smith
b. (Middle): C
c. (Last): Stoddard

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 16, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airpark operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William H. Stoddard — BIRTHPLACE: Richmond, Utah
14. MOTHER'S MAIDEN NAME: Katherine Coffin — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Mrs. Nana Stoddard — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractures of legs, arms, & skull — Vertebrae — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E. H. Lemhi
W. Coroner
Delbert C. Jones

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~: airplane crash
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): S. Fork Iron Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lemhi Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-14-52 6 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: airplane crash.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder M.D.
23b. ADDRESS: Salmon Ida.
23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]4
Local Reg. No. 32
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Leon c. (Last) Davidson

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1952

5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 17, 1906
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Alta, Wyoming
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert H. Davidson BIRTHPLACE Logan, Utah
14. MOTHER'S MAIDEN NAME Nettie L. Stevens BIRTHPLACE Farrin, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-7073
17. INFORMANT'S OWN SIGNATURE Mrs. Ruth Davidson ADDRESS Rexburg, Ida.

18. CAUSE OF DEATH 163X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung Left — INTERVAL BETWEEN ONSET AND DEATH 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10 months ago
19b. MAJOR FINDINGS OF OPERATION Cancer of Lung
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952 to July 16, 1952 that I last saw the deceased alive on 7/17, 1952 and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. L. Rigby 327 (Degree or title) MD
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 7/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/19/52
24c. NAME OF CEMETERY OR CREMATORY Cedar Butte
24d. LOCATION (City, town, or county) Annis, (State) Idaho

DATE REC'D BY LOCAL REG. 7-18-52
REGISTRAR'S SIGNATURE Leona Slamm
25. FUNERAL DIRECTOR Russell Williamson ADDRESS Rexburg, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

JUL 11 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Jane
b. (Middle): Jones
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 18, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairview, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob Jones — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Emma Cox — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J. B. King — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis & myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5-7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary insufficiency — 2-3 months
DUE TO (c): arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic gastritis — unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* July 4, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 2:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. C. Truxal, M.D. (Degree or title) 433
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/52 01
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 7-7-52
REGISTRAR'S SIGNATURE: Leone Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plano
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plano
d. STREET ADDRESS (If rural, give location) Rexburg RFD 2

3. NAME OF DECEASED (Type or Print)
a. (First) Eliza
b. (Middle) Green
c. (Last) Weatherston

4. DATE OF DEATH (Month) July (Day) 14, (Year) 1952

5. SEX Female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 22, 1872
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Plain City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter C. Green BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Elsie Bertelsen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leo G. Weatherston ADDRESS Rexburg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1946

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1947, *to* July 14, 1952, *that I last saw the deceased alive on* July 14, 1952, *and that death occurred at* 6.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. F. Rigby MD (Degree or title)
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED July 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/18/52
24c. NAME OF CEMETERY OR CREMATORY Plano
24d. LOCATION (City, town, or county) (State) Plano, Idaho

DATE REC'D BY LOCAL REG. 7-18-52
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Russel C. Flamm ADDRESS Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

State File No. 2001
Local Reg. No. 37
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christensen Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 590 F 11th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	Clay	Smith Jr.	June 20 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		June 8 1952			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry C Smith	Olympia Wash	Dorothy A Trent	Granby Mo

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H C Smith — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital Heart Disease (non-cyanotic) — INTERVAL BETWEEN ONSET AND DEATH: since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-18, 1952, *to* 6-20, 1952, *that I last saw the deceased alive on* 6-20, 1952, *and that death occurred at* 8:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carroll M. Elmore M.D.	Rupert, Idaho	7/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-22-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7/19/52	C M Elmore	Adam Goodman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2635
Local Reg. No. 40
Reg. Dist. No. 450

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 705 E Street

3. NAME OF DECEASED (Type or Print)
a. (First) Edith
b. (Middle) Mable
c. (Last) Waymire

4. DATE OF DEATH (Month) (Day) (Year) June 25 1952

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec 30 1882

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR: Months 5 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Corning Iowa

12. CITIZEN OF WHAT COUNTRY U S

13. FATHER'S NAME Geo H Sadler
BIRTHPLACE Ill.

14. MOTHER'S MAIDEN NAME Justina Wilt
BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 526-12-5703

17. INFORMANT'S OWN SIGNATURE Edna M Allen
ADDRESS Rupert Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* June 25, 1952, *that I last saw the deceased alive on* June 25, 1952 *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-30-52

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 7-23-1952

REGISTRAR'S SIGNATURE A Belmore

25. FUNERAL DIRECTOR Rodney Boardman
ADDRESS Rupert Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]6
Local Reg. No. 39
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 3.

3. NAME OF DECEASED (Type or Print): (First) Orel b. (Middle) Ernest c. (Last) Belleville

4. DATE OF DEATH: (Month) July (Day) 14. (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	5-3-1886	66.	2	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Grandview Indiana	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clinton Belleville	Grandview Ind.	Ella Shrode	Grandview Ind.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mrs Orel Belleville	Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1952, *to* July 14, 1952, *that I last saw the deceased alive on* July 14, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Rupert Idaho	7-

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-17-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-23-52	E H Elmore	Rodney Boardman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2627
Local Reg. No. 62
Reg. Dist. No. 471

RECEIVED JUL 24 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul - rural
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi. N. 1¾ Mi. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 2 Mi. N. 1¾ Mi. West

3. NAME OF DECEASED (Type or Print)
a. (First): Yoshi
b. (Middle):
c. (Last): Abo

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1952

5. SEX: Female
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 5, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hiroshima, Japan
12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: S. Kobayoshi — BIRTHPLACE: ---- Japan
14. MOTHER'S MAIDEN NAME: Y Kobayoshi — BIRTHPLACE: ---- Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: S. Abo — ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular Renal Disease — 2-3 years
DUE TO (c) Diabetes Mellitus + Arteriosclerosis — Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gangrene + Osteomyelitis Left Foot — 3 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Nov, 1951, *to* 2 July, 1952, *that I last saw the deceased alive on* 1 July, 1952, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas A Tehume — (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley, — (State): Idaho

DATE REC'D BY LOCAL REG.: July 19 1952
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

A.G.

State File No. [illegible]
Local Reg. No. 41
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paul Labor Camp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crown Point
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Irene
b. (Middle):
c. (Last): Largo

4. DATE OF DEATH (Month) (Day) (Year): July 9 1952

5. SEX: Fem
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Apr 7 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crown Point N.M.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Vern Largo — BIRTHPLACE: Crown Point N.M.
14. MOTHER'S MAIDEN NAME: Marlene Begay — BIRTHPLACE: Crown Point N.M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marlene Begay — ADDRESS: Crown Point. N.M.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan Goodman Coroner
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: July 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9 1952
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-23-1952
REGISTRAR'S SIGNATURE: E. Elmore
25. FUNERAL DIRECTOR — ADDRESS: Alan Goodman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2639
Local Reg. No. 36
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place): Traveling
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Car Accident Burley - Paul

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): State Hospital So., Blackfoot, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Hilda
b. (Middle): Fern
c. (Last): Beard

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorded
8. DATE OF BIRTH: April 20, 1920
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: Registered Nurse
11. BIRTHPLACE (State or foreign country): Hagerman, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herbert L. Beard — BIRTHPLACE: Lebonon, Mo.
14. MOTHER'S MAIDEN NAME: Mattie Webb — BIRTHPLACE: Lebonon, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXX
16. SOCIAL SECURITY NO.: 519 10 8283
17. INFORMANT'S OWN SIGNATURE: X Roland Beard — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

822.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured neck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident.
DUE TO (c): Car overturned in making a corner

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): South of Paul Minidoka Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 10 - 52 5A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan Goodman 47D Coroner
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 7-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-19-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2640
Local Reg. No. 117
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 5 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): George
c. (Last): Studebaker

4. DATE OF DEATH (Month) (Day) (Year): 6-14-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-2-1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods man
10b. KIND OF BUSINESS OR INDUSTRY: logging
11. BIRTHPLACE (State or foreign country): Menomonee, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Studebaker — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Adella Johnson — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-05-0056
17. INFORMANT'S OWN SIGNATURE: Gilbert Studebaker — ADDRESS: Pierce, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Coronary~~ Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Thrombosis — 2 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1952, *to* June 14, 1952, *that I last saw the deceased alive on* June 14, 1952, *and that death occurred at* 11 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Roy Grigmore M.D.
23b. ADDRESS: 307 St John's Way Lewiston Idaho
23c. DATE SIGNED: June 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: Orofino, Idaho
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: June 17 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: O. Vasser — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2641
Local Reg. No. 129
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 711 Highland Avenue.,

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) c. (Last) BOYLES

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Apr 2, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR Months: - Days: -
IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 56

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Colton, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Boyles
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Alice Maynard
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 518 22 5289

17. INFORMANT'S OWN SIGNATURE: Alan Boyles
ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew H. Vaarton (Coroner)

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/5/52

24c. NAME OF CEMETERY OR CREMATORY: Crematory - Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: July 7 1952

REGISTRAR'S SIGNATURE: Jean Magelina

25. FUNERAL DIRECTOR: W. C. Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 133
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchard.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Hom

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jim
b. (Middle):
c. (Last): Doolittle

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 52

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Cow Creek Wash

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: no record.
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Catherine Tobaboo
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John Tobaboo
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 470X Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lobar pneumonia — 2 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949, *to* July 11, 1952; *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Casson M.D. (Degree or title)
23b. ADDRESS: 9th & Main Lewiston, Idaho.
23c. DATE SIGNED: 7-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14 52
24c. NAME OF CEMETERY OR CREMATORY: Webb Cemetery
24d. LOCATION (City, town, or county) (State): West Idaho

DATE REC'D BY LOCAL REG.: July 16 1952
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew F. Casson
ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3610
Local Reg. No. 1341
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle); c. (Last) Wallace

4. DATE OF DEATH: (Month) (Day) (Year): 7-10-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-27-1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: 2nd Hand Store
11. BIRTHPLACE (State or foreign country): Elmsvale, Ont. Canada
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Wallace — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Sara Erwin — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518364610
17. INFORMANT'S OWN SIGNATURE: x Mrs E. A. Eller — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 6 days
DUE TO (c) Coronary Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 1:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. Roy Rogers 632 — (Degree or title): M.D.
23b. ADDRESS: 307 So. Johns Way Lewiston
23c. DATE SIGNED: July 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7-10-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: July 16, 1952
REGISTRAR'S SIGNATURE: Jean Wegleitner
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2644
Local Reg. No. 131
Reg. Dist. No. 220

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 520 - 20th Street North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 520 - 20 th Street North

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): H.
c. (Last): Randall

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 17, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dean L Randall — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416X Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Reumatic heart Disease — 10 yr. +
DUE TO (c) Associated - Infectious arthritis — 10 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr., 1952, *to* date, 19__, *that I last saw the deceased alive on* 11 July, 1952, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Salvia A Rogers M.D. 34 — **23b. ADDRESS**: Clarkston, Wash — **23c. DATE SIGNED**: July 12, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 15, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by K. H. Malcom — **ADDRESS**: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Rogers

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dempsey

NON-RESIDENT
Certificate of Death

State File No. 2645
Local Reg. No. 132
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Umatilla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanfield
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): LUDWIG
c. (Last): MONROE

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 8, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months – Days – — IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer 62
10b. KIND OF BUSINESS OR INDUSTRY: Policeman
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard J Monroe — BIRTHPLACE: Florida
14. MOTHER'S MAIDEN NAME: Emma Schweiger — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lulu Monroe — ADDRESS: Stanfield, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: Unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: None.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Unknown.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -

22. *I hereby certify that I attended the deceased from* 7-10-52, 19~~52~~, *to* 7-14-52, 19___, *that I last saw the deceased alive on* 7-13-, 19 52, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. Douglas MD MD
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/16/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 15 1952
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: W C Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2646
Local Reg. No. 136
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 928 - 10th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Eveline
b. (Middle)
c. (Last) Corey

4. DATE OF DEATH (Month) July (Day) 16, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 12, 1878

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Bert Tilton — ADDRESS Spokane, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — more than 6 years.
DUE TO (c) Bronchopneumonia — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1952, *to* 7-16, 1952, *that I last saw the deceased alive on* 7-15, 1952, *and that death occurred at* 10:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jane M. Cox, M.D. (Degree or title)

23b. ADDRESS Lewiston Idaho

23c. DATE SIGNED 7-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 18 1952

24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. July 17 1952

REGISTRAR'S SIGNATURE Jean Wegelin

25. FUNERAL DIRECTOR Brower-Hare Funeral Home — ADDRESS Lewiston, Idaho
By- K.H. Mahon

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2647
Local Reg. No. 137
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1428 - 10th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): Dean
c. (Last): Largent

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 15, 1952
9. AGE (In years last birthday): - - -
IF UNDER 1 YEAR: Months - Days 1
IF UNDER 24 HRS.: Hours 1 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Clarkston, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gary Largent
BIRTHPLACE: Colfax, Washington
14. MOTHER'S MAIDEN NAME: Ardis LaVoy
BIRTHPLACE: Elk River, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Gary Largent W.B.
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atelectasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 419 Walter W. Seibley M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 7/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 18, 1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Frieze
24d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: July 17 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Mann Co., by H. H. Malone W.B.
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Seibley & Shaffer

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 138
Reg. Dist. No. 220

111-52-10538

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) St Joseph's

3. NAME OF DECEASED (Type or Print)
a. (First) Evelyn Mae
b. (Middle)
c. (Last) Hunter

4. DATE OF DEATH (Month) July (Day) 16 (Year) 52

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH July 16-52

9. AGE (In years last birthday) —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours 4 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lewiston Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rosco Hunter
BIRTHPLACE Neb.

14. MOTHER'S MAIDEN NAME Norma Clark
BIRTHPLACE Neb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Rosco Hunter
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776x Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16 *1952, to* 7-16, *1952, that I last saw the deceased alive on* 7-16, *1952, and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Newton MD (Degree or title)

23b. ADDRESS Lewiston Ida

23c. DATE SIGNED 7-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 18,52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. July 18 1952

REGISTRAR'S SIGNATURE Jean Magelina

25. FUNERAL DIRECTOR Andrew H. Vassar

ADDRESS Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2549
Local Reg. No. 139
Reg. Dist. No. 220

BIRTH NO. AUG 1 1952

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0118 - 18th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1411 - 9th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): EMERY
c. (Last): MARLATT

4. DATE OF DEATH (Month) July (Day) 17, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): co-owner gasoline service station
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Uniontown, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph N. Marlatt — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Martha Emery — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-4690
17. INFORMANT'S OWN SIGNATURE: Adeline M. Marlatt — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar (Coroner) — ~~(Degree~~ or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: July 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rosalia Cemetery
24d. LOCATION (City, town, or county) (State): Rosalia, Washington

DATE REC'D BY LOCAL REG.: July 19, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Mann Co., by- H. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2558
Local Reg. No. 20
Reg. Dist. No. 530
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): Jensen Apts. North Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) c. (Last) Mills

4. DATE OF DEATH (Month) (Day) (Year): July 5 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 23 1873

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington-Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marton W. Mills
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Martha Ann Knight
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J Brian Smith
ADDRESS: Holbrook Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584.X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangreen Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General debility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Heart carmay

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Gangreen gall bladder stone

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 7:05 A m., from the causes and on the date stated above.

23a. SIGNATURE: O. H. Maby (Degree or title): Md

23b. ADDRESS: malad Ida

23c. DATE SIGNED: 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Transportation

24b. DATE: July 5 52

24c. NAME OF CEMETERY OR CREMATORY: City Cemetary

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: July 5 1952

REGISTRAR'S SIGNATURE: J. Guy Henson

25. FUNERAL DIRECTOR: J. Guy Henson
ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2651
Local Reg. No. 21
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida Deep Creek Reservoir
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Holbrook Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) Max c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year): July 13 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 15 1910
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Logan Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zephaniah Davis- BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Isabell Izatt- BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Sam L. Davis ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Boat Capsizing
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Deep Creek Reservoir
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malad (Rural) Oneida- Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July- 13- 52- 5:45 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Boat turned over—Occupants Changing Place

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Nephi Lewis (Nephi Lewis County Coroner) (Degree or title): Coroner
23b. ADDRESS: Malad - Idaho
23c. DATE SIGNED: July 15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 16 1952
24c. NAME OF CEMETERY OR CREMATORY: St John
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho, Rural

DATE REC'D BY LOCAL REG.: July 15-1952
REGISTRAR'S SIGNATURE: J. Guy Denson
25. FUNERAL DIRECTOR: J. Guy Denson ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

AUG 11 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Grant
b. (Middle): Edward
c. (Last): Wade

4. DATE OF DEATH (Month) (Day) (Year): July 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov.11 1941
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lawrence B.Wade — BIRTHPLACE: North Ogden Utah
14. MOTHER'S MAIDEN NAME: Florence Pearl Bunderson, Snowville Utah — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lawrence B Wade — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

813.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): fractured skull — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fracture thigh &
DUE TO (c): crushed leg.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: over

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street City
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malad Oneida 7-22-52

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 22 52 9:00 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto ran into bicycle & boy

22. *I hereby certify that I attended the deceased from* accident *, 19___, to* to death *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Malad
23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26 52
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 29. 1952
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: J. Guy Benson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2653
Local Reg. No. 46
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2203 - 1st Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 2203 - 1st Avenue South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACKSON	MONROE	MODRELL	July 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 27, 1875	77	0	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired horse trainer	and farmer	Mulvane, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Washington Modrell	Marysville, Illinois	Christena Garrett	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	- - - -	Matilda B Modrell	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation & arthritis — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - -	- - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - m.		- - - -

22. *I hereby certify that I attended the deceased from* 1925, 19__, *to* July 1, 19 52, *that I last saw the deceased alive on* July 1, 19 52, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L R Woodward	M.D.	Payette, Idaho	July 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 3, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 3, 1952	Roberta E. Shaffer	Giffard R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2654
Local Reg. No. 48
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): RFD Washoe, Payette, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle): GUY
c. (Last): STROUP

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 6, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Washoe District, Payette, Ida.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Stroup — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Susan Draper — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Alta Coughanour — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Not diagnosed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous resection of stomach for obstructive ulcer - 3 yrs ago.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mental confusion some wks prior to death -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* June 5, 1952 *to* July 17, 1952, *that I last saw the deceased alive on* July 17, 1952, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Palmer 520 (Degree or title): M.D.
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: July 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: July 20, 1952
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2055
Local Reg. No. 49
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 64 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 117 N. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 117 N. 9th St.

3. NAME OF DECEASED (Type or Print)
a. (First): CLEORA
b. (Middle): E.
c. (Last): MASONHEIMER

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 16, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Firth, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob E. Clement — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Clement Masonheimer — ADDRESS: Denver, Colorado

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic hypocardial failure — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - -

22. *I hereby certify that I attended the deceased from* July 20, 1952 *to* July 20, 1952, *that I last saw the deceased alive on* July 20, 1952, *and that death occurred at* 1:30p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: July 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: July 21, 1952
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Giffard R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 1 ... DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2656
Local Reg. No. 50
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): River Street — 520

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): E.
c. (Last): Shumaker

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: October 11, 1868
9. AGE (In years last birthday): 83 years — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement finisher—Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Bldg construction & maintenance
11. BIRTHPLACE (State or foreign country): Clinton County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George H. Shumaker
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Arminda Trask
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - - - - - -
16. SOCIAL SECURITY NO.: 519-12-7925
17. INFORMANT'S OWN SIGNATURE: Wilford C. Shumaker
ADDRESS: Payette Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4.50.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: few Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — several years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - -

22. *I hereby certify that I* ~~attended the deceased from~~ made Inquiry *to* July 31, 1952, ~~that I last saw the deceased alive on ..., 1952~~, *and that death occurred at* 10:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer
(Degree or title): Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 7-31-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-52
24c. NAME OF CEMETERY OR CREMATORY: Park View
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Aug 2, 1952
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 47
Reg. Dist. No. 520

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 2, New Plymouth
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2, NewPlymouth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth, Rural
d. STREET ADDRESS (If rural, give location): Rt. # 2, New Plymouth

3. NAME OF DECEASED (Type or Print): a. (First) ROLLY b. (Middle) PHILLIPS c. (Last) MECHAM

4. DATE OF DEATH: July 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 15, 1863

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nottingham, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Dutton — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT'S OWN SIGNATURE: James T. Michel — ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerosis — several years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - -

22. *I hereby certify that I ~~attended the deceased from July 5, 19 52, and that I last saw the deceased alive on July 5, 19 52~~, and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

Made Inquiry on 7-5, 1952

23a. SIGNATURE (Degree or title): Gifford R. Shaffer Coroner

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: July 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Athol Cemetery

24d. LOCATION (City, town, or county) (State): Athol, Idaho

DATE REC'D BY LOCAL REG.: July 7, 1952

REGISTRAR'S SIGNATURE: Gifford R. Shaffer

25. FUNERAL DIRECTOR ADDRESS: Gifford R. Shaffer Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls,
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Edgar
c. (Last): Black.

4. DATE OF DEATH (Month) (Day) (Year): July 24 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 8 - 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor + Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry.
11. BIRTHPLACE (State or foreign country): Grove City, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph A. Black. BIRTHPLACE: Grove City Penn.
14. MOTHER'S MAIDEN NAME: Aurelia Curry BIRTHPLACE: Grove City Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 170-14-3970.
17. INFORMANT'S OWN SIGNATURE: Jennie A. Black. ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Persistant auricular Fibrillation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24 1952 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:45 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Leo C. Dyorkman M.D. (Degree or title)
23b. ADDRESS: American Falls
23c. DATE SIGNED: Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: July 26-1952
REGISTRAR'S SIGNATURE: Irene Saling
25. FUNERAL DIRECTOR: H. L. Davis. ADDRESS: Am. Falls Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Vol. 2

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2055
Local Reg. No. 52
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 128 North Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 128 N. Ave.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Rinaldi

4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 7, 1923
9. AGE (On years last birthday) 28 IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Rinaldi BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Stella Vergobbi BIRTHPLACE Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO. 519-14-0075
17. INFORMANT'S OWN SIGNATURE John Rinaldi ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Jun 1952 *to* 30 June, 1952, *that I last saw the deceased alive on* 30 Jun, 1952 *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whiteril (Degree or title) M.D.
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 10 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/3/1952
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 7-15-52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2660
Local Reg. No. 48
Reg. Dist. No. 142

RECEIVED
JUL 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 29 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 318 Maple

3. NAME OF DECEASED (Type or Print): a. (First) Stanley b. (Middle) Ernest c. (Last) Kappel

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 6, 1918
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Supt. Page Mine
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Blind Bay British Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Kappel — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-30-4958
17. INFORMANT'S OWN SIGNATURE: Alice Kappel — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca of Lung — 8 months
DUE TO (c) Teratoma of Left Testicle — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

178X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* 3 July, 1952, *that I last saw the deceased alive on* 3 July, 1952 *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 5 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/5/52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 7-10-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2661
Local Reg. No. 51
Reg. Dist. No. 142

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 136 A. Railroad

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 136 A. Railroad

3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) Lee c. (Last) Pepion

4. DATE OF DEATH (Month) (Day) (Year): July 4 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 9, 1923
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noble Ware — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Margaret Shepherd — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Vincent Pepion — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 940 X Carbon Poisoning for Sn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Poor Sleeping

DUE TO (c) Alcoholism Acute

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4, 1952 - 2pm m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Swallowed bottle tablets

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/9/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7-15-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1 Certified

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2066
Local Reg. No. 53
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bunker Hill Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): Wardner Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Edward c. (Last) Drader

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 10, 1916
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Bantry North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Redford Drader — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Susie Hartman — BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War II Nay
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Rose Drader — ADDRESS: Wardner Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture abdominal aorta. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) approx 3 ton rock fell on pt.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bunker Hill Mine
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) July (Day) 10 (Year) 52 (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Rock Slough

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel (Degree or title) M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7-17-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

1 certified copy

RECEIVED JUL 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Cameron Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Ray
c. (Last): Mutch

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 10, 1903
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Operator
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Oil
11. BIRTHPLACE (State or foreign country): St Maries Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Mutch — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mabel Eaton — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): War I — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.: 536-05-7924
17. INFORMANT'S OWN SIGNATURE: Freda Mutch — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 July 1952 *to* 15 July 1952 *that I last saw the deceased alive on* 15 July, 1952 *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whiteel M.D.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 16 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/17/52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 7-16-52
REGISTRAR'S SIGNATURE: Joel Irvine
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Place Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2664
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg Hotel

3. NAME OF DECEASED (Type or Print): a. (First) TOM b. (Middle) c. (Last) ZORICK

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 18, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Novi Jugoslavia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Zorick — BIRTHPLACE: Jugoslavia
14. MOTHER'S MAIDEN NAME: Cecelia Sokolich — BIRTHPLACE: Jugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-7730
17. INFORMANT'S OWN SIGNATURE: Mrs John Butko — ADDRESS: Butte Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1952, *to* July 22, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 7/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/24/52
24c. NAME OF CEMETERY OR CREMATORY: Butte Montana
24d. LOCATION (City, town, or county) (State): Butte Montana

DATE REC'D BY LOCAL REG.: 7/24/52
REGISTRAR'S SIGNATURE: J. L. Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 142

BIRTH NO. 111-52-9083

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 7 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinecreek
d. STREET ADDRESS (If rural, give location): Pinecreek

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle):
c. (Last): Rickens

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 28 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Rickens BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nadine Clark BIRTHPLACE: Kelowna B.C.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert Rickens ADDRESS: Pinecreek

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

773.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Delivery — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): infant of placenta 5 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
well developed male. premature baby

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 July, 1952 *to* 28 July, 1952, *that I last saw the deceased alive on* 28 July, 1952, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Graham 134 (Degree or title): MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 1 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8/7/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grand M Glade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Mowery

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 14 [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt# One

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): H.
c. (Last): St. Germain

4. DATE OF DEATH (Month) (Day) (Year): July 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 18, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Israel St. Germain — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Victoria Maynard — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. One
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Genevieve H St. Germain — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Asthma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Edema,
DUE TO (c): Congestive Heart Failure & Silicosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 11:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: July 7-1952
REGISTRAR'S SIGNATURE: Dale L Cormell
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2667
Local Reg. No. 1
Reg. Dist. No. 140

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calder
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) c. (Last) Burns

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 12, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 08

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Zumbrota Minnesota

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christ Burns
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Sarah Hillig
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Louis A. Behrens
ADDRESS: 712 - 16th North, Great Falls, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Chronic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Cardiospasm
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
3 yrs
3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1949, to 6-15, 1952 that I last saw the deceased alive on 6-15, 1952 and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature]
(Degree or title): M. D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-17-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: June 17-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: R. E. Nelson
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 1-4-0
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- 1½ Miles North
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Pats Boarding House

3. NAME OF DECEASED (Type or Print): a. (First) DAN b. (Middle) c. (Last) CANNON

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-3-1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months 2 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Gainesville Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 549-20-9652

17. INFORMANT'S OWN SIGNATURE: Discharge Papers
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: Burned To Death Chasing Remains of burned Dog

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Car Work Ext. Wrist
DUE TO (c): White Marker Car

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Few Hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 22 52 2:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto turned over

22. *I hereby certify that I attended the deceased from* ____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* 2:30 *p. m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS

23c. DATE SIGNED: 7-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 3-1952

24c. NAME OF CEMETERY OR CREMATORY: United

24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L. Cornell
ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3155
Local Reg. No. 20
Reg. Dist. No. 142

BIRTH NO. 111-52-6294

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver King
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Silver King

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver King
d. STREET ADDRESS (If rural, give location) Silver King

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Ray c. (Last) Wilson

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH May 24 1952

9. AGE (In years) Last Birthday — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Kellogg Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Wilson — BIRTHPLACE Butte Montana

14. MOTHER'S MAIDEN NAME Luella G. Casbella — BIRTHPLACE Stevensville Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Peter Wilson — ADDRESS Silver King Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH few hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cold & Exposure
DUE TO (c) Drowning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7/5, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE H. C. Brown (Degree or title) Coroner

23b. ADDRESS Wallace Ida

23c. DATE SIGNED 7/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/8/52

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 7-11-52

REGISTRAR'S SIGNATURE Jos Lyons

25. FUNERAL DIRECTOR Frank M. Bladh

ADDRESS Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 142

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway at Pinehurst

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location) Pinehurst

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) P. c. (Last) Slover

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH February 15, 1884
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Napolian Stover BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Mary Lyons BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Roy Stoner ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized
DUE TO (c) Dropped over Dead

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) 7 (Day) 17 (Year) 22 (Hour) 8 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/17 *19*52, *to* _____, *19*___, *that I last saw the deceased alive on* 7/17, *19*52 *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE A. Peterson M.D. (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/22/52
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg Idaho (State)

DATE REC'D BY LOCAL REG. 7/21/52
REGISTRAR'S SIGNATURE Joe Levine
25. FUNERAL DIRECTOR Grant McGrady ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 56
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Page
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Page Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): Smelterville

3. NAME OF DECEASED (Type or Print): a. (First) Marvin b. (Middle) E. c. (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1930
9. AGE (In years last birthday): 22 | IF UNDER 1 YEAR Months: 1 | Days: 21 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Page Mine
11. BIRTHPLACE (State or foreign country): Williston North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Erling Johnson BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Irene Ellis BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-32-0009
17. INFORMANT'S OWN SIGNATURE: Mrs Erling Johnson ADDRESS: Smelterville Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Trac Cervical Spine a
ANTECEDENT CAUSES: Severance Cord Spinal
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Caught between motor
DUE TO (c): Post Chute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Seconds

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Page Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Smelterville Shoshone Ida
21d. TIME OF INJURY (Month) 7 (Day) 18 (Year) 52 (Hour) 2 P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Caught between motor Post Chute

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 7-18, 1952, and that death occurred at 2 P m. from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 7-18

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7/21/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 4
Reg. Dist. No. 140

RECEIVED
AUG 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) c. (Last) HUGHES

4. DATE OF DEATH (Month) (Day) (Year): July 18 - 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: x Oral Every — ADDRESS: Clarkia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis CHF — INTERVAL BETWEEN ONSET AND DEATH: few mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old age
DUE TO (c): Atherosclerosis General Senior Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14, 1952 *to* 7/18, 1952 *that I last saw the deceased alive on* 7/18, 1952 *and that death occurred at* 7:30 *a.m. from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Moriarty MD (Degree or title)
23b. ADDRESS: Wallace Id
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: July 30-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1952

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 7
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs, Idaho
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First): ALLAN
b. (Middle): RAY
c. (Last): KAUFMAN

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec 30, 1936
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR Months: 6 Days: 14 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arnold Kaufman — BIRTHPLACE: Midway, Utah
14. MOTHER'S MAIDEN NAME: Irene Larsen — BIRTHPLACE: Driggs, Idaho
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Irene Kaufman — ADDRESS: Driggs, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

196X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinomatosis — 1 yr.

DUE TO (c): Osteogenic carcinoma, hip. — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1952, *to* July 14, 1952, *that I last saw the deceased alive on* July 14, 1952, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: La Grande C Larsen (Degree or title) M.D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 7-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 July 52
24c. NAME OF CEMETERY OR CREMATORY: Pratt cemetery
24d. LOCATION (City, town, or county) (State): Driggs RFD, Idaho.

DATE REC'D BY LOCAL REG.: July 19 - 52
REGISTRAR'S SIGNATURE: Stella Griggs.
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1952

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 157
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): McCullum Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Iva
b. (Middle): Brannon
c. (Last): Thatcher

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 2, 1881
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Allerton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Christian B. Brannon
BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Martha Jane Lewis
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mrs Ray B. Heffelfinger
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension + arteriosclerosis — several yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1952, *to* July 1, 1952, *that I last saw the deceased alive on* July 1, 1952, *and that death occurred at* 8:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: July 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-8-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: R. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 160
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 234 Fourth Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): Ruben
b. (Middle): C.
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 4, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Racetrack, Montana
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John J. Peterson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Willard Peterson — ADDRESS: Blythe, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, virus — INTERVAL BETWEEN ONSET AND DEATH: Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Secondary thrombosis — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm F. Possee, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-5-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: 7-11-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: S. G. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 162
Reg Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Mc Collum Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Peck

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 24, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Arapaho, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Walker — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary Blaine — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxx
16. SOCIAL SECURITY NO.: 518 09 5892 B
17. INFORMANT'S OWN SIGNATURE: Mrs Vincent P. Bevis — ADDRESS: Medford, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation & chr. myocardial damage — Prob. sev. mons.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1952, *to* July 3, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, MD
23b. ADDRESS: Buhl Ida.
23c. DATE SIGNED: July 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 7-15-52
REGISTRAR'S SIGNATURE: Donna Hart
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 156
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600 blk. on Main East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kimberly
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) E. c. (Last) Ferris

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 13th 1917

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Teton Co., Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J.C. Wright — BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Mary Gunter — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service):

SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ralph E. Reynolds — ADDRESS: Kimberly, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8-8-47

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Avulsion of Brain from Spinal cord 3 cm. below the medulla

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Dislocation of 1st cervical vertebra on 2nd.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 606 Block E. main St.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4, 1952 8:50 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Struck by automobile while jay-walking across street.

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* Did not see alive, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: July 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/8/52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-7-52

REGISTRAR'S SIGNATURE: Alonna Clark

25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Idaho

James E. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2678
Local Reg. No. 13-9
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Twin~~ Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 185½ Ramage Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Williams	Holmes	Harris	July 8, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Sept. 24, 1881	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction	Construction	Marshall, Mo.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed 073	M.D.	Twin Falls, Idaho	7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 20	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-11-52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-11-52	Donna Hall	Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2679
Local Reg. No. 163
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 6th Ave. East & Shoshone St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	OSCAR	DUMAS	July 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 7, 1870	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 35
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Austin, Nevada
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Chas. O. Dumas — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Mary Jones — BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Chas O Dumas — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): Compatable Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-13, 1952, *to* 7-15, 1952, *that I last saw the deceased alive on* 7-15, 1952, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. McQuisty 247	MD	Twin Falls Ida	7/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-19-52	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-21-52	Norma Smith	Dwight M Sullivan	White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls.
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Idaho.
d. STREET ADDRESS (If rural, give location): 829 - K. Street

3. NAME OF DECEASED (Type or Print): a. (First) Frederick b. (Middle) Nicholas c. (Last) Victor

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.

8. DATE OF BIRTH: 10 - 8 - 1878.

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 9 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Muscoda Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Victor. BIRTHPLACE: Austria.

14. MOTHER'S MAIDEN NAME: Elizabeth Orth. BIRTHPLACE: New York

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: 830,4

17. INFORMANT'S OWN SIGNATURE: Mrs Saidee J. Victor
ADDRESS: Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Coronary Occlusion, Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2. Pulmonary edema — 3 days

DUE TO (c) 3. Fracture left femoral neck — 3 days

II. OTHER SIGNIFICANT CONDITIONS: —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho

21d. TIME OF INJURY: (Month) July (Day) 12 (Year) 1952 (Hour) 9AM

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 12, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 11:45 Am., from the causes and on the date stated above.

23a. SIGNATURE: William H. Hardison (Degree or title) M.D.

23b. ADDRESS: Medical Arts Building, Twin Falls Idaho

23c. DATE SIGNED: July 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Alma Linck

25. FUNERAL DIRECTOR: Rodney Hansman

ADDRESS: Rupert Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2691
Local Reg. No. 166
Reg. Dist. No. 460

RECEIVED
JUL 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 461 3rd Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 461 3rd Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) WATERTON c. (Last) WIGHT

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plano, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Roderick Wight — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Elizabeth Bradley — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louise S Wright — ADDRESS: Twin Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 450.0

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) advanced generalized
DUE TO (c) arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20, 1949, *to* 7-3, 1952, *that I last saw the deceased alive on* 7-16, 1952, *and that death occurred at* 3:35 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dean H. Affleck (Degree or title: MD)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE: Alma Sims
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Twin Falls, Ida/ White Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2682
Local Reg. No. 178
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 361-Third Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Fronia
b. (Middle): Follett
c. (Last): Watson

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hyde Park, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John R. Follett — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sophronia Niles — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norma Barry — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Renal
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1952, *to* July 19, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* 3:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard Peters MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-5-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2553
Local Reg. No. 167
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 221 S. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): Brazell
c. (Last): Wessels

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Brazell — BIRTHPLACE: No Inform.
14. MOTHER'S MAIDEN NAME: No Information — BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fidel B. Hazard — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 do

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 15 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* July 21, 1952, *that I last saw the deceased alive on* July 20, 1952, *and that death occurred at* 2:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn A. Voyles M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2684
Local Reg. No. 170
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 1230 Birch St.

3. NAME OF DECEASED (Type or Print)
a. (First): Feran
b. (Middle): B.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 17, 1913
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Operator 13
10b. KIND OF BUSINESS OR INDUSTRY: Freighter
11. BIRTHPLACE (State or foreign country): Santa Quin, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Johnson — BIRTHPLACE: N. Carolina
14. MOTHER'S MAIDEN NAME: Julia Bingham — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXX
16. SOCIAL SECURITY NO.: 712 07 2655
17. INFORMANT'S OWN SIGNATURE: X Mrs. F. B. Johnson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion c̄ extensive myocardial infarction — ~~DUE TO~~ (b) posterior wall — apical left ventricle with massive ~~DUE TO~~ (c) mural thrombus — L. ventricle

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28-47, 19__, *to* 7-22, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed 073 (Degree or title) MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: July 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 52 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 171
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: California
b. COUNTY: Orange
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Diego
d. STREET ADDRESS (If rural, give location): 4055 Morrell

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) F. c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Television Technician

10b. KIND OF BUSINESS OR INDUSTRY: Television Tech.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mac Miller
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Stella Mae Foster
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXX

16. SOCIAL SECURITY NO.: 533 12 5212

17. INFORMANT'S OWN SIGNATURE: Mrs Jeanne Robinette Miller
ADDRESS: Santa Ana, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Head of Pancreas with

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastases to omentum & mesenteric lymph nodes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION: July 19, 1952

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1952, *to* July 23, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 7:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson M.D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/24/1952

24c. NAME OF CEMETERY OR CREMATORY: Brown Colonial Mortuary

24d. LOCATION (City, town, or county) (State): Santa Ana, California

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Anna Linder

25. FUNERAL DIRECTOR: B. I. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED AUG 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2286
Local Reg. No. 173
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 235 Third Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Virginia c. (Last) Winterholer

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 1, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wabash, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: J. M. Biddle — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Malinda Griffith — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. J. Winterholer — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Thrombosis — 35 da
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 20, 1952, *to* July 24, 1952, *that I last saw the deceased alive on* July 25, 1952, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-26-1952

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-31-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] — **ADDRESS**: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 181
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): J Eden
d. STREET ADDRESS (If rural, give location): Eden

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): C.
c. (Last): VINYARD

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 23, 1876
9. AGE (In years last birthday): 76 mm
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thomas Vinyard
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Charles Vinyard
ADDRESS: Twin Falls, Idal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, massive - Left Cerebral hemisphere - lenticulate
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) area - from rupture of terminal branch of L. middle
DUE TO (c) cerebral artery.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10.40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD.
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 7-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 2 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 175
Reg. Dist. No. 46 0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles
d. STREET ADDRESS (If rural, give location): 5520 Hooper Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) G. c. (Last) Kelso

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 22, 1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police officer ret

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Joplin, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Kelso
BIRTHPLACE: Joplin, Mo.

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Mt. Pleasant, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Celestine L. Kelso
ADDRESS: Los Angeles

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of arterio-sclerotic abdominal aorta, with retro-peritoneal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemorrhage.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

451X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1952 *to* July 29, 1952, *that I last saw the deceased alive on* July 29, 1952, *and that death occurred at* 5:45P, *from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Edwards (Degree or title): MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-1-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Los Angeles, Calif.

DATE REC'D BY LOCAL REG.: 8-1-52

REGISTRAR'S SIGNATURE: Alma Lind

25. FUNERAL DIRECTOR: Reynolds Funeral Home-Twin Falls

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 177
Reg. Dist. No. 460
BIRTH NO. ____

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1750 Kimberly Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Percy	Norman	Beckstead	July 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	May 16, 1914	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher		Swan Lake, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Percy N. Beackstead	BrighamCity, Utah	Leona Hutchings	Beaver City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 2	518-30-3363	Benjamin M Beckstead	Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary TB - 002X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) T.B ulceration of ~~the~~ colon with perforation and fecal peritonitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Perforation of colon	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* July 31, 1952, *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* 11:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	TwinFalls, Idaho	8/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/4/52	Downey, Idaho	Downey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-4-52	Anna Lieb	[signature]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 163
Reg Dist. No. 460

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 No. 13th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 500 No. 13th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ernest b. (Middle) c. (Last) Firkins

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Mill Creek, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ferkins — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ann Webb — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service): xxxx

16. SOCIAL SECURITY NO.: 518 18 1080

17. INFORMANT'S OWN SIGNATURE: X E. L. Firkins — ADDRESS: Garfield, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1777

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic Pneumonia — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-, 1946, *to* 7-6-, 1952, *that I last saw the deceased alive on* 7-3-, 1952, *and that death occurred at* 8:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Drakeman — 23b. ADDRESS: Buhl Ida — 23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: July 9, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Rockland Cemetery — 24d. LOCATION (City, town, or county) (State): Rockland Idaho

DATE REC'D BY LOCAL REG.: 7-15-52 — REGISTRAR'S SIGNATURE: Norma Lind — 25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2691
Local Reg. No. 176
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 329 IIth Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 329 IIth Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): Marston
b. (Middle): L.
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 10, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custom Farm Work
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cairo, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John M. Campbell — BIRTHPLACE: Hamilton Co. Mo.
14. MOTHER'S MAIDEN NAME: Rossella Thrash — BIRTHPLACE: Carmi, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-2418
17. INFORMANT'S OWN SIGNATURE: X. Jack Campbell — ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Pancreas — 1 year.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia + Inanition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952, *to* July 26, 1952, *that I last saw the deceased alive on* July 25, 1952, *and that death occurred at* 6:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. W. McBratney — (Degree or title): M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 7/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2692
Local Reg. No. 154
Reg. Dist. No. 460

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amsterdam
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Amsterdam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amsterdam
d. STREET ADDRESS (If rural, give location): Amsterdam

3. NAME OF DECEASED (Type or Print)
a. (First): COLUMBUS
b. (Middle): L.
c. (Last): KUNKEL

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 2, 1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 34
10b. KIND OF BUSINESS OR INDUSTRY: Post Master
11. BIRTHPLACE (State or foreign country): Oregon, Holt Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Kunkel — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Robinson — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Dale Kunkel — ADDRESS: Amsterdam Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile - Arterio-Sclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 4 20.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Disease c̄ Auricular Fibrillation & Decompensation. — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1949, *to* 7-1, 1952, *that I last saw the deceased alive on* 6-24, 1952, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCrushy MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 7/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-3-52
REGISTRAR'S SIGNATURE: Donna Lisick
25. FUNERAL DIRECTOR: Hugh W. Gillespie — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 153
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) c. (Last) DIERKER

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 2, 1888

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sweet Springs, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm Dierker BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Adaline Schelp BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 7 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1952, *to* 7-1, 1952, *that I last saw the deceased alive on* 7-1, 1952, *and that death occurred at* 3:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean H Affleck MD

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 7/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7.5.52

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-3-52

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2694
Local Reg. No. 168
Reg. Dist. No. 46-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls County Farm

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEWIS	EDGAR	ADAMS	July 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 22, 1890	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(Invalid) 91		Oregon	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elan Adams	Unk.	Sarah Ann Maynard	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Mrs. Ruth Hill	Horseshoe Bend

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	086X Esophageal Varices c Rupture & Hemorrhage	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	#1 Portal Hypertension + Banti's Syndrome	
DUE TO (c)	Tertiary Syphilis Central Nervous System	30 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Syphilis, Tabes Dorsalis & Primary Optic Atrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* July 7, 1952, *that I last saw the deceased alive on* July 6, 1952, *and that death occurred at* 3.0 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie Anderson MD	Twin Falls Idaho	7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/12/52	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-10 52	Donna Lind	Dwight Williams	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 161
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His home, % Gen. Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: California
b. COUNTY: Alameda
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Leandro
d. STREET ADDRESS (If rural, give location): 15790 Lark St.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Ralph
c. (Last): Haack

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 12, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter, Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Hallock, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry G. Haack — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Margaret Hazelstine — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxx
16. SOCIAL SECURITY NO.: 547 05 6728
17. INFORMANT'S OWN SIGNATURE: X Fred W. Haack — ADDRESS: Oakland, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 430.0 Vegetative ulcerative endocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) involving anterior leaf of mitral valve; anterior cusp of aortic valve.
~~DUE TO (c)~~ Mitral insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left Ventricular cardiac hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* alive, 19__, *to* July 8, 1952, 19__, *that I last saw the deceased alive on* Did not see, 19__, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-15-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2696
Local Reg. No. 164
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3, Eastland Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #3, Eastland Drive
d. STREET ADDRESS (If rural, give location): Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) CLARA c. (Last) E. BRUNE

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 4, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife of	Own Home	Welga, Illinois	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julius Schrader	Germany	Dorothy Schulze	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x E M Brune	Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 3:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen R Voyles M.D.	Twin Falls, Idaho	7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/14/52	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-21-52	Thomas Sims	Arthur Smith	White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 169
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): his home at Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print)
a. (First): Ruben
b. (Middle): Woodford
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 31, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Stockman
11. BIRTHPLACE (State or foreign country): Greenville, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Price Jones — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Virginia Lou Van Dyke — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or date of service): World War One
16. SOCIAL SECURITY NO.: 518 14 1965
17. INFORMANT'S OWN SIGNATURE: Mrs. Walter Schroeder — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

002X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis, pulmonary abscesses — INTERVAL BETWEEN ONSET AND DEATH: 10 to 15 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tuberculosis, pulmonary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, chronic.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 July, 1952, *to* 20 July, 1952, *that I last saw the deceased alive on* 16 July, 1952, *and that death occurred at* 6:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max I. Barnes M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 22 July 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Donna Lisa
25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2698
Local Reg. No. 182
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): ELI
b. (Middle): MASSEY
c. (Last): ARNOLD

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec. 1, 1859
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 35
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Arnolds Chapel, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Wesley Arnold — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Nancy Jones — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x W. M. Arnold — ADDRESS: Kimberly

18. CAUSE OF DEATH 450.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gangrene right foot

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 19 43 *to* July 26, 19 52, *that I last saw the deceased alive on* July 26, 19 52, *and that death occurred at* 10:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE 168 [signature] (Degree or title):
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1952 DIVISION OF VIT STAT

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 172
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #2 Twin Falls
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Albert Richard
b. (Middle): Hobbs
c. (Last):

4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: 7-5-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer and rancher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Essex Massachusetts
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Cleo Diehl — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

456X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peripheral Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Gangrene Left leg O. Disseminated — 2 yrs
DUE TO (c) Acute Disseminated

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Lupus Erythematosus — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* July 27, 1952, *that I last saw the deceased alive on* July 27, 1952, *and that death occurred at* 9:07 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: July 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-31-52
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-31-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 174
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bliss
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles S. of Bliss Across Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) F. c. (Last) ROOT

4. DATE OF DEATH: (Month) (Day) (Year) July 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 10, 1888

9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Root BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Geo. Jerred Jr. ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1952 *to* Aug. 1, 1952, *that I last saw the deceased alive on* July 30, 1952, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title) M.D.

23b. ADDRESS: County Coroner Twin Falls, Ida

23c. DATE SIGNED: 8/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Wilder, Cemetery

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 8-1-52

REGISTRAR'S SIGNATURE: Thomas Lind

25. FUNERAL DIRECTOR: Geo Jerred Jr. ADDRESS: GOODING, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2701
Local Reg. No. 13
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 104 E. Galloway St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	ELISE	LEE	NEWSOM

4. DATE OF DEATH (Month) (Day) (Year): June 17 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 18 1919	32				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Macksville Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Logan Hargett — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Vina Mae Andrews — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Irene Newsom — ADDRESS: Weiser Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	High way	T 17 N, R 8 E Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 17, 525:00 pm	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Bailey	Coronor	Cascade Idaho	7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 21 1952	Hillcrest Cem.	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 1-1952	Myrtle M. Gardner	A. S. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

NON-RESIDENT
Certificate of Death

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

State File No. 2702
Local Reg. No. 11
Reg. Dist. No. 310

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Colorado
b. COUNTY El Paso
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Colorado Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MELVIN
b. (Middle) KEITH
c. (Last) RUTLAND

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 8, 1923
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hiawatha, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Milford Rutland — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Hazel Belle Lockenour — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. #2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Amy Rutland — ADDRESS 2112 W. Colo. ave Colo. Springs

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning. — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. multiple contusions + abrasions of head, chest + extremities.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River Bank
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) McCall, Valley co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4, 1952-12:30pm
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [x]
21f. HOW DID INJURY OCCUR? While fishing

22. *I hereby certify that I attended the deceased from* autopsy only *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE J Beeman M (Degree or title) 545
23b. ADDRESS Boise
23c. DATE SIGNED 7 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 8, 1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Colorado Springs, Colo.

DATE REC'D BY LOCAL REG. July 12-1952
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. FUNERAL DIRECTOR Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 12
Reg. Dist. No. 3/8

BIRTH NO.

JUL 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Valley

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Valley

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): GEORGE

b. (Middle): LEE

c. (Last): ZIMMERMAN

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1880

9. AGE (In years last birthday): 71

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman at Brown's Tie & Lumber Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orleans, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Henry Zimmerman

BIRTHPLACE: Meadeville, Pa.

14. MOTHER'S MAIDEN NAME: Lois Willis

BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Willis L. Zimmerman

ADDRESS: McCall Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 155X Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1951, *to* _____, 19____, *that I last saw the deceased alive on* July 10, 1952 *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. Wemette, M.D.

23b. ADDRESS: McCall, Idaho

23c. DATE SIGNED: 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery

24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: July 18-1952

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Clyde E. Summers

ADDRESS: Boise, Ida.

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2701

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 503 East Commercial St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	JEROME	ROBERTS	July 6 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	April 3 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith 38	Gen'l Blacksmith	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerome F. Roberts	Don't Know	Beatrice Camp	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Walter W Roberts	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fever of Unknown

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 2nd *1952, to* July 6th *1952, that I last saw the deceased alive on* July 6th *1952, and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
24 W. McRoberts MD	Weiser Idaho	7/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/7/52	Hillcrest Cemetery	Weiser, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/7/52	Marie Hawthorn	C. S. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2705
Local Reg. No. 3
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: West Virginia
b. COUNTY: Cabell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntington
d. STREET ADDRESS (If rural, give location): 45 West Third Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SIVILLIOR
b. (Middle): MARIE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 7 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Aug. 25 1910

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Washington C.H. Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: A. W. Cyrus
BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Rosie Meddings
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY: 234-46-1456

17. INFORMANT'S OWN SIGNATURE: Hobart V Cyrus
ADDRESS: 1017 E. Liberty Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7824

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mr. Cyrus stated deceased had "heart trouble"

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? I never saw deceased prior to death

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 7/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/9/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Huntington West Virginia

DATE REC'D BY LOCAL REG.: 7/9/52

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: A. S. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2706
Local Reg. No. 5
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JANKA b. (Middle) R. c. (Last) KRONENBERGER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Budapest Hungary

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Heitner
BIRTHPLACE: Berlin Germany

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Joseph Kronenberger

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral ~~(embo)~~ thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 13, 1952, *to* July 23, 1952, *that I last saw the deceased alive on* July 23, 1952 *and that death occurred at* 8:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt M.D
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/29/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/29/52
REGISTRAR'S SIGNATURE: Marie Faulkner
25. FUNERAL DIRECTOR: A. E. Jones
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2707
Local Reg. No. 1
Reg. Dist. No. 32c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. at Council Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wynne
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) c. (Last) MAUPPIN

4. DATE OF DEATH (Month) (Day) (Year): July 3 1952

5. SEX: Male

6. COLOR OR RACE: W White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 28 1926

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23

10b. KIND OF BUSINESS OR INDUSTRY: Tank Painter

11. BIRTHPLACE (State or foreign country): St.Francis Co. Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wilber Mauppin — BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: ? Harris — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wilbur Mauppin via telephone — ADDRESS: Wynne Ark

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject fell to his death while at work on city water tower at Cambridge, Idaho. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Examination of remains by physcian indicated probable broken neck, broken

II. OTHER SIGNIFICANT CONDITIONS: right leg, extensive internal injuries.
Conditions contributing to the death but not related to the disease or condition causing death.

902.6

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Water Tower
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cambridge Washington Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 3 1952 9:30 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Faulty suspension chain

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Jones (Degree or title): Coroner
23b. ADDRESS: Weiser, Washington Co., Ida.
23c. DATE SIGNED: 7/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July5 1952
24c. NAME OF CEMETERY OR CREMATORY: Wynne Ark. Cemetery
24d. LOCATION (City, town, or county) (State): Wynne Arkansas

DATE REC'D BY LOCAL REG.: 7/5/52
REGISTRAR'S SIGNATURE: Merle Hawthorn
25. FUNERAL DIRECTOR: C. L. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
c. LENGTH OF STAY (in this place) 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Green c. (Last) Danielson

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 31 1879
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseiwfe
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Craig Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Green BIRTHPLACE New York N.Y.
14. MOTHER'S MAIDEN NAME Lucinda Phillips BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE C. J. Nelson ADDRESS Boise, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Dis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* July 5, 1952, *that I last saw the deceased alive on* July 5, 1952, *and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE C. C. J. Nelson (Degree or title) M.D.
23b. ADDRESS 403 Eastman Bldg. Boise, Idaho
23c. DATE SIGNED 7/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/8/52
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 7/8/52
REGISTRAR'S SIGNATURE Marie Hawthorne
25. FUNERAL DIRECTOR A. S. Jones ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 16 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2709
Local Reg. No. 297
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 5 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): 844 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES		ELLIOTT	August 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 27, 1884	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Employee of Idaho Power Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sheffield, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Elliott - England

BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Agnes Berkenshire - England

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Roy Elliott

ADDRESS: Twin Falls 844 Blue Lakes Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malignant Nephrosclerosis — 3-6 month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1952, *to* Aug 1, 1952 *that I last saw the deceased alive on* Aug 1, 1952, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Cosby M.D.

23b. ADDRESS: 1320 Vista Ave. Boise

23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 8-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Amended 4-22-80

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2710
Local Reg. No. 279
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1214 West Hayes Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DesMoines
d. STREET ADDRESS (If rural, give location): P. O. Box 253

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): PAULINE
c. (Last): BAIRD ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CARROLL Baird — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Sarepta Taylor — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William S. Robertson — ADDRESS: 1214 Hayes St. Boise, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Genilized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Colon — 9 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1943
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon (Seattle)
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~6 9 5~~ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-9, 1952, *to* 8-2, 1952, *that I last saw the deceased alive on* 8-2, 1952, *and that death occurred at* 8:p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard L. Torney MD.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clefile E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

Certificate No. 52-2710

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Pauline Baird Robertson (Name on Original Certificate) who died (Was Born or Died) on Aug 2, 1952 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#3 Name of Deceased	Pauline Baird Robertson	Eva Pauline Baird Robertson
#8 & 9, Birthdate & age	Dec 29, 1884 - age 67	Dec. 29, 1883 - age 68
Father's Name	Calvin Baird	Carroll Baird

Subscribed and sworn to before me this 16th day of August, 1979

Notary Public, residing at Baker Ore.

My commission expires 10-16-80

(Seal)

Signed Dorothy Robertson York

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Baker

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of August, 1979

Janice L. Duncan

Notary Public, residing at BAKER, ORE.

My commission expires My Commission Expires June 19, 1980

(Seal)

Signed Paul W. York

(Signature of Any Credible Person)

2960 Cedar St Baker Oz 97814

(Street Address, City, State)

FORM DH 60-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 11 1952

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 2711
Local Reg. No. 277
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1717 North 28th Street

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) FIELDING c. (Last) MIDDLETON

4. DATE OF DEATH: (Month) (Day) (Year): August 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1880

9. AGE (In years last birthday): 72-0-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Niotaze, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert B. Fielding - BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Elizabeth Pitts - BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C. A. Middleton ADDRESS: Boise Idaho 1717 N 28th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction. (1) — INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis (2) Rheumatic Heart Disease — (2) 54 yrs.

DUE TO (c) — 2'

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Rheumatoid Arthritis. — 30 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 1, 19 52, *to* Aug. 1, 19 52, *that I last saw the deceased alive on* Aug. 1, 19 52, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/5/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
AUG 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2712
Local Reg. No. 284
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2918 Ridenbaugh

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Smith
c. (Last): Vaughan

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 11, 1856
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kinmundy, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Smith — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth Ferguson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edith Armstrong — ADDRESS: Pasco, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1930, *to* Aug 3, 1952, *that I last saw the deceased alive on* July 27, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Bradton M.D. 025
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Aug 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Boise, Idaho
W. Bratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2712
Local Reg. No. 276
Reg. Dist. No. 370

BIRTH NO. 111-52-09307

AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4227 Kootenai

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle) Vincent; c. (Last) Reynolds

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -------

8. DATE OF BIRTH: 8/5/52

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 8 | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. P. Reynolds — BIRTHPLACE: Boston Mass.

14. MOTHER'S MAIDEN NAME: Ella Talbott — BIRTHPLACE: Bardstown, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -------

(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-5- *, 19*52*, to* 8-5 *, 19*52*, that I last saw the deceased alive on* 8-5 *, 19*52*, and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/6/52

24c. NAME OF CEMETERY OR CREMATORY: St. Mary's

24d. LOCATION (City, town, or county) (State): Canton, Mass

DATE REC'D BY LOCAL REG.: 8-6-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 No. Latah

Relyea Mortuary — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2714
Local Reg. No. 278
Reg. Dist. No. 370

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Thompson Nurseing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4707 Fremont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Hollis
c. (Last): Michaelson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Mar. 13th 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Journalist. 93

10b. KIND OF BUSINESS OR INDUSTRY: Publisher

11. BIRTHPLACE (State or foreign country): Wyota Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Collins.
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-0970 A

17. INFORMANT'S OWN SIGNATURE: R L Michaelson
ADDRESS: 4707 Fremont, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: several mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Aug 3, 1952, *that I last saw the deceased alive on* Aug 3, 1952, *and that death occurred at* 5.30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Meier
(Degree or title): M.D.

23b. ADDRESS: 411 Eastman Bldg Boise Idaho

23c. DATE SIGNED: 8/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 16 Aug 8. 1952

24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial.

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 8-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2715
Local Reg. No. 280
Reg. Dist. No. 370

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3508 Kootenai Street

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) FRED; c. (Last) FARIS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Davis Packing

10b. KIND OF BUSINESS OR INDUSTRY: Co.

11. BIRTHPLACE (State or foreign country): Mankato, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred C. Faris
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Martha Tippin
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-09-1576

17. INFORMANT'S OWN SIGNATURE: Albert R. Faris
ADDRESS: 3700 Mt. View Drive Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary insufficiency — 2-5 years
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from only at time of death, 19____, that I last saw the deceased alive on Aug. 6, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier, M.D.
23b. ADDRESS: 500 Eastman Bldg.
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2716
Local Reg. No. 281
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 815 Resseguie

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): MARIE
c. (Last): ROBISON

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 15, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pearl, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alden Gilbert — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Anna Slpper — BIRTHPLACE: Boise, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mason Robison — ADDRESS: 1372 Patterson St. Eugene, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, terminal, and inanition — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of liver, lungs, lymph nodes, spine — 6 mos.
DUE TO (c) Adenocarcinoma of sigmoid colon — 1-2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Osteoarthritis of dorsal & lumbar spine

19a. DATE OF OPERATION: 7.9.52
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of left supraclavicular nodes.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5.9, 1952, *to* 8.6, 1952, *that I last saw the deceased alive on* 8.6, 1952, *and that death occurred at* 10:10 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe M.D.
23b. ADDRESS: 512 N. 16th. Boise, Idaho
23c. DATE SIGNED: 8.8.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
AUG 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2717
Local Reg. No. 282
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Wichita
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iowa Park
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): G.
c. (Last): Roach

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 8th 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cherry Mound Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: P.R. Young. BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Sarah E. Baily Young BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 264-10-4097
17. INFORMANT'S OWN SIGNATURE: C.H. Roach Jr. ADDRESS: Iowa Park. Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio-vascular - renal disease — - yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Intestinal obstruction — 3 days.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 4, 1952, *to* Aug. 7, 1952, *that I last saw the deceased alive on* Aug. 7, 1952, *and that death occurred at* 2:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe M.D.
23b. ADDRESS: 512 N. 6 St. Boise, Idaho
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 8.1952
24c. NAME OF CEMETERY OR CREMATORY: Iowa Park
24d. LOCATION (City, town, or county) (State): Iowa Park Texas

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2718
Local Reg. No. 291
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	CLEO	FERN	PLAIN

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec. 13, 1899	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Irve Glover	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. O. Plain ADDRESS: GrandView, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* ____, 19 51, *to* Aug 7, 19 52, *that I last saw the deceased alive on* Aug 6, 19 52, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Munson	M.D.	Boise Ida	8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/10/52	Grand View Cemetery	Grand View, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-19-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2819
Local Reg. No. 285
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 13 1952 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) ----- c. (Last) Mace

4. DATE OF DEATH: (Month) Aug. (Day) 8, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mch. 7th. 1880
9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Golden, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Venable BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Roberts BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles Mace ADDRESS: Eagle, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Common iliac + Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular fibrillation + decompensation — unk

DUE TO (c) Atero-sclerotic hypertensive Cause — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

447X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* Aug 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 6:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Kurtz (Degree or Title) MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 8-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/52
24c. NAME OF CEMETERY OR CREMATORY: Joplin
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robison ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2720
Local Reg. No. 293
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY in this place: 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 1207 No. 21st St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1207 No 21st St

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle) M; c. (Last) Light

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 3. 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alturas Calif:

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Combs — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Loraine Jane Howard — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Thos E. Light — ADDRESS: Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of right kidney — 1 year.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Aug. 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest E. Ward M.D.

23b. ADDRESS: Boise. Idaho

23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 12. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise

S McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

3-4281

Certificate of Death

STATE OF IDAHO

State File No. 2721
Local Reg. No. 132
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6215 Popular St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6215 Popular St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Jacob
c. (Last): Goff

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 19, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Feed & Fuel Store
11. BIRTHPLACE (State or foreign country): Oreana, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Curnie Goff — BIRTHPLACE: Louisville, Ky.
14. MOTHER'S MAIDEN NAME: Rachael H. Herrold — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-8270
17. INFORMANT'S OWN SIGNATURE: × Mrs E. T. Killingbeck — ADDRESS: 2998 Gem St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with Generalized Metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Emphysema and Bronchitis — ?

19a. DATE OF OPERATION: Apr. 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach inoperable
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8/6, 1952, *to* 8/8, 1952, *that I last saw the deceased alive on* 8/6, 1952 *and that death occurred at* 10:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Karl Waggoner — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Hawley

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2722
Local Reg. No. 289
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY in this place: 3½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 511 So. 12th St

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Monroe; c. (Last) Cheek

4. DATE OF DEATH (Month) (Day) (Year): Aug 9. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 11. 1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Henrietta Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: John Cheek
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Mary Louisa Chrysler.
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 570-30-4671

17. INFORMANT'S OWN SIGNATURE: Ethel Jane Cheek
ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

20211

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Malignant~~ Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured appendix — 4d.
DUE TO (c) Malignant Lymphoma Stomach — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* Aug 9, 1952, *that I last saw the deceased alive on* Aug 9, 1952, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (23a): Carl D Rusty — (Degree or title): M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 8-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-19-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J N McCann

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Burkholder

RECEIVED
AUG 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2723
Local Reg. No. 283
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1517 Allen St.

3. NAME OF DECEASED (Type or Print): a. (First) Etta; b. (Middle) May; c. (Last) Konrad

4. DATE OF DEATH (Month) (Day) (Year): Aug 9. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 10. 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chenoa Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Ballinger
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lillie Spangler
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edw Wayne Konrad
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330.X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1952, *to* Aug 9, 1952, *that I last saw the deceased alive on* Aug. 8, 1952, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 01 Maurice H. Burkholder, M.D.
23b. ADDRESS: 401 Idaho St. Boise Ida
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 01: Aug 12. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J V McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2724
Local Reg. No. 290
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho.
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise.
d. STREET ADDRESS (If rural, give location) 1102. North 18 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First) MARIE
b. (Middle)
c. (Last) KEYSER.

4. DATE OF DEATH (Month) (Day) (Year) August.10.1952.

5. SEX Female.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH March.18.1883.
9. AGE (In years last birthday) 69-4-22. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Morrell. Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Timothy Lee. BIRTHPLACE Unknown.
14. MOTHER'S MAIDEN NAME Unknown. BIRTHPLACE Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S OWN SIGNATURE Robert J Keyser ADDRESS 4835 E. 44th St Seattle 5, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH
12 hours +
?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 8/10, 1952, *to* 8/10, 1952, *that I last saw the deceased alive on* [illegible] *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.
23b. ADDRESS Boise
23c. DATE SIGNED 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.
24b. DATE Aug. 14.1952.
24c. NAME OF CEMETERY OR CREMATORY Portland, Oregon.
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8-19-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952

Certificate of Death

DIVISION OF VITAL STATISTICS, STATE OF IDAHO

State File No. 2725
Local Reg. No. 286
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1017 Vermont

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Rhinehart c. (Last) Tiede

4. DATE OF DEATH: (Month) Aug. (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 11, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Appleton, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louie Tiede
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Emma Brogdon ADDRESS: 1021 Vermont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and Arterio-
DUE TO (c): Sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive Heart failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 11, 1952, *to* Aug 11, 1952, *that I last saw the deceased alive on* Aug 11, 1952, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Coppard
23b. ADDRESS: 311- Idaho Bank Bldg
23c. DATE SIGNED: Aug 12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Earl W Wagoner
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

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RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2 Y 26
Local Reg. No. 381
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 718 Howe St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural give location): 718 Howe St.

3. NAME OF DECEASED (Type or Print): a. (First) Alta b. (Middle) Emma c. (Last) Bond

4. DATE OF DEATH: (Month) (Day) (Year) 8/13/52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 7/31/78

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Mount Sterling, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Harding
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Ann Putnam
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Fred R Bond
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Aug. 13, 1952, *that I last saw the deceased alive on* Aug. 13, 1952, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rumbolder, M. D.
23b. ADDRESS: 401 Idaho St. Boise, Ida
23c. DATE SIGNED: 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/16/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Reliyea Mortuary
ADDRESS: 318 N. Latah Boise, Idaho
Russell A. Reliyea

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 427
Local Reg. No. 136
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiand Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2303 Hartman St. Boise, Ida.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ingeborg	Anna	Justad	8	13	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed	12/31/~~1867~~ 1866.	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Tronjheim, Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wade — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [illegible] Justad — ADDRESS: 3709 Rose Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 1/2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-16, 19 52, *to* 8-13-, 19 52, *that I last saw the deceased alive on* 8-2, 19 52, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. J. Swindell M. D.	Boise Idaho	8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/18/52	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-20-52	Myrtle Palmer	Nelvea Mortuary Russell A. Kelly	318 No. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED Certificate of Death

AUG 23 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2728
Local Reg. No. 288
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3011 Teton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	Earle	Alexander	Pack

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 15, 1884	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Specialty Salesman	Selling	McPherson, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henry Pack	Raleigh Co. W. Va.	Lucille Ann Carter	W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John H. Pack	1214 Vermont Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Coronal Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — 1 year

DUE TO (c) Generalized Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 6-8, 1952, *to* 8-13, 1952, *that I last saw the deceased alive on* 8-12, 1952, *and that death occurred at* 6:05 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Crosby	M.D.	1320 Vista Ave. Boise	8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1952	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-18-52	Myrtle Palmer	McCratney-Alden	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2729
Local Reg. No. 294
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 520 Highland St.

3. NAME OF DECEASED (Type or Print): a. (First) Nels b. (Middle) Peter c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13. 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic.

10b. KIND OF BUSINESS OR INDUSTRY: M-K Const: Co.

11. BIRTHPLACE (State or foreign country): Copenhagen Denmark

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Merino Anderson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Katherine Peterson.
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Vernon L. Anderson
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebro vascular accident - right hemiplegia 10 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Aug 14, 1952, *that I last saw the deceased alive on* Aug 14, 1952, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A Mather M.D. (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 18th 52.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J N McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2770
Local Reg. No. 295
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho. St. Lukes Hospital
c. LENGTH OF STAY (in this place): 5 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #9

3. NAME OF DECEASED (Type or Print)
a. (First): ELLIS
b. (Middle): MILES
c. (Last): KENT

4. DATE OF DEATH (Month) (Day) (Year): August 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 29, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bedford, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Kent — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Mary Scivner — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ida F. Tish — ADDRESS: R.D.#9, Boise, Idaho

18. CAUSE OF DEATH — 812.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and multiple injuries.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental. Was struck by oncoming automobile as he stepped onto highway

DUE TO (c) behind his parked automobile.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elmore Idaho — 15 miles West of Mtn. Home on Hy. 30
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 14, 1952 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Stepped from behind his car in front of an oncomming car

22. *I hereby certify that* ~~[illegible]~~ *that death occurred at* 10:55 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo L. Greene — Coroner
23b. ADDRESS: P.O. Box 148 of Elmore County, Mtn.Home
23c. DATE SIGNED: 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/16/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Alton Dale McMurtrey — SUMMERS FUNERAL HOME — Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 296
Local Reg. No. 370
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1419 Manitou

3. NAME OF DECEASED (Type or Print): a. (First) BABY BOY b. (Middle) c. (Last) OLIVER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Aug. 13, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 19 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Oliver BIRTHPLACE: Boardtown, N.J.

14. MOTHER'S MAIDEN NAME: Lois Jean Hunt BIRTHPLACE: Paul, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James E. Oliver ADDRESS: 1419 Manitou Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 19 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Weight 1 lb 8 1/4 oz

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1952 *to* 8-14, 1952 *that I last saw the deceased alive on* 8-14, 1952 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jan T. Swinehart (Degree or title) MD

23b. ADDRESS: 200 E Bannock St

23c. DATE SIGNED: 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/16/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Alton Dale McMurtrey SUMMERS FUNERAL HOME ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2732
Local Reg. No. 297
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1523 Hays Street

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVE
b. (Middle): EVELYN
c. (Last): RIDDLE

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1889
9. AGE (In years last birthday): 63-1-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ludington, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Archabal Shaw — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Arthur F. Riddle — ADDRESS: 1523 Hays St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Was found dead

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) on floor. Nothing of a criminal

DUE TO (c) nature.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~I attended the deceased from XXXXXXXXXX, 19XXX, to XXXXXXXXXX, 19XXX, that I last saw the deceased alive on XXXXXXXXXX, 19XXX, and that~~ *death occurred at* about 6 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers — 470 Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock St.
23c. DATE SIGNED: 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 13
Local Reg. No. 292
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 139 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clair	L.	Baker	Aug. 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Nov. 6, 1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Clothing	Canada	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Baker	Unknown	Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-3630	X Mrs E E Groves	1837 SE Jacome Portland 2 Ore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding Duodenal Ulcer — 1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 7/14, 1951, *to* 8/16, 1952, *that I last saw the deceased alive on* 8/16, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise	8/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 20, 1952	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-21-52	Myrtle Palmer	[signature] McBratney-Alden Chapel	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2224
Local Reg. No. 298
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1416 Franklin St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1416 Franklin St. Boise, Ida.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) A. c. (Last) Southwick

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widiwed

8. DATE OF BIRTH: 10/16/66

9. AGE (In years last birthday): 85 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Lehi, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Southwick BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Martha J. Coleman BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X J W Anderson ADDRESS: 1416 Franklin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1952 *to* Aug 15 1952 *that I last saw the deceased alive on* Aug 15, 1952, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: X J W Anderson (Degree or title) M.D.
23b. ADDRESS: 308 Eastman Bldg Boise
23c. DATE SIGNED: Aug 16 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/17/52
24c. NAME OF CEMETERY OR CREMATORY: Lehi
24d. LOCATION (City, town, or county) (State): Lehi Utah

DATE REC'D BY LOCAL REG.: 8-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Reinea Mortuary ADDRESS: 318 No. Latah Boise, Idaho
Russell A. Reinea

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2735
Local Reg. No. 299
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1403 Harrison Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) HENRY; b. (Middle); c. (Last) LOBNITZ

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1891

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 60-10-11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 75

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lake Lillian, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Anderson Lobnitz — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mary Nielsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bertha M. Lobnitz — ADDRESS: 1403 Harrison Blvd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 17, 1952, *to* —, 19—, *that I last saw the deceased alive on* Aug 17, 1952 *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Thurson MD 197

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/21/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2736
Local Reg. No. 300
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 20 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2117. North 14 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ROBERT c. (Last) KEMPER.

4. DATE OF DEATH: (Month) (Day) (Year) August.19.1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: July. 10.1879.

9. AGE (In years last birthday): 73-1-9. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholster.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wellington. Missouri.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: William Robert Kemper. Indiana.

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Margaret Summner. Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Arnold Kemper 2117 No. 14th Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 601X Renal failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & hydronephrosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 30, 1952, *to* Aug. 19, 1952, *that I last saw the deceased alive on* Aug 19, 1952, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C Morrison M D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 23. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR / ADDRESS: Capitol & Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2197
Local Reg. No. 307
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL
STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 801. Owyhee.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) OSCAR c. (Last) BALL.

4. DATE OF DEATH: (Month) August. (Day) 19. (Year) 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: July. 28. 1882.

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.: 0-0-21.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper/

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ashland, Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jess Ball. BIRTHPLACE: Zanesville, Ohio.

14. MOTHER'S MAIDEN NAME: Mary Alice Cullen, BIRTHPLACE: Zanesville. Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jack Ball ADDRESS: 515 S. Roosevelt

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? ✓ YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jany 9, 1952, *to* Death, 19___, *that I last saw the deceased alive on* 8-19, 1952, *and that death occurred at* 10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Epperson MD

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Aug. 22. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer Q.

25. FUNERAL DIRECTOR: Ralph E. Summers

ADDRESS: Summers Funeral Home, Boise, Idaho/

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 308
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 51 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 919 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY
b. (Middle): ROSS
c. (Last): BECKSTEAD

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 9, 1900

9. AGE (In years last birthday): 52-4-11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Council, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Stonewall Jackson Ross-Missouri

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Inga Christina Hanson-Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Jeanne L York. Melba

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Ovary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: in 1950 cystadenocarcinoma R. Ovary - Wide Metastasis

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. C. Dedman, M.D.

23b. ADDRESS: Boise Ida.

23c. DATE SIGNED: 8/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2229
Local Reg. No. 302
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 So. 14th St. Boise,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 614 So. 14th St. Boise, Ida.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Leslie	Glenn	Labrum	8	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	1/1/95	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parts X Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automotive
11. BIRTHPLACE (State or foreign country): Meadow, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry G. Labrum — BIRTHPLACE: So. Cottonwood, Utah
14. MOTHER'S MAIDEN NAME: S.Emma Greenhalgh — BIRTHPLACE: Meadow, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X Josie E Labrum — ADDRESS: Boise Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: about 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19___, *to* death, 19___, *that I last saw the deceased alive on* 8-20, 1952 ~~and~~ *that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. B. Epperson — (Degree or title): M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/23/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 518 N. Latah
Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2710
Local Reg. No. 309
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1002 North 20th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELIZABETH		LORE	August 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 6, 1873	79-2-15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Penn Yann, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Mills	Unknown	Elizabeth Foshey	Dublin, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Gladys Stauffer	Shell Lake, Wis

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 21, 1952 *to* Aug 21, 1952, *that I last saw the deceased alive on* August 21, 1952, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Forrest L Ward MD	Boise Idaho	8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1952	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-2-52	Myrtle Palmer Gf.	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2741
Local Reg. No. 311
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EARL	FOREST	MONEY	August 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 8, 1878	73-10-15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Power Plant Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Money — **BIRTHPLACE**: Virginia
14. MOTHER'S MAIDEN NAME: Unknown — **BIRTHPLACE**: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Doris M. Money — **ADDRESS**: 2922 Esplanade Dr. Seattle 7, Wn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension cardio vascular
DUE TO (c) renal disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1952 *to* Aug 23, 1952, *that I last saw the deceased alive on* Aug 23, 1952, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Springer M.D.	Boise, Idaho	8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 25, 1952		Seattle, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-2-52	Myrtle Palmer gs.	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

AUG 28 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2[illegible]2
Local Reg. No. 303
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1402 Denver St.

3. NAME OF DECEASED (Type or Print)
a. (First): Leander
b. (Middle):
c. (Last): Loe

4. DATE OF DEATH (Month) (Day) (Year): Aug. 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alex Loe — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ruth Pickenpaugh — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Ross — ADDRESS: Lewiston Ida:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Senile — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unk.
DUE TO (c) Hypertension Art — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-22, 1952, *to* 8-23, 1952, *that I last saw the deceased alive on* 8-23-, 1952, *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Emilson MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 27. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-27-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

J J McCann

Certificate of Death

STATE OF IDAHO

State File No. 2743
Local Reg. No. 370
Reg. Dist. No. 370

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1108 E. Washington

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) O. c. (Last) HAMMOND

4. DATE OF DEATH: (Month) (Day) (Year) August 23, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9, 1871

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 81-5-14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Galesburg, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Anderson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Gunderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul J Hammond — ADDRESS: Boise Idaho 1108 E Washington

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 19 48 *to* Aug. 22, 19 52, *that I last saw the deceased alive on* Aug 22, 19 52 *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner — (Degree or Title): MD. — **23b. ADDRESS**: 105 N. 8th St. Boise Idaho — **23c. DATE SIGNED**: 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial

24d. LOCATION (City, town, or county) (State): Park Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2744
Local Reg. No. 378
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #5

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) A. c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 21, 1920

9. AGE (In years last birthday): 32-6-4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk-Olson Mfg. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Whitetail, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ivyl C. Smith
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Gladys Barnes
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #2

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Margaret R. Smith
ADDRESS: Rte 5 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Skull — 8 hrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, firm, factory, street, office bldg., etc.): Runway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 25 '52 2:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car turned over

22. *I hereby certify that I attended the deceased from* 8-25-52, 19__, *to* 8-25-52, 19__, *that I last saw the deceased alive on* 8-25-52, 19__, *and that death occurred at* 10:30 AM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Schnuger M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/28/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf

25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 2745
Local Reg. No. 3725
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	EUGENE	HOTALING	Aug. 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	June 23, 1928	24-2-2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		White River, S. D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert Lewis	Nebraska	Ethel Ada Patton	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes-USN	10/10/45 to 11/14/47	518-26-7931	Herbert Lewis Hotaling	Cascade, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and multiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) injuries. Was in an automobile

DUE TO (c) addident near Olson City, 2 miles

II. OTHER SIGNIFICANT CONDITIONS: east of Boise.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	highway	2 miles east of Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 25, 1952 12:05 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Car in which he was riding turned over.

22. *I hereby certify that I attended the deceased from ~~xxxxxxxxxx~~ to ~~xxxxxxxxxx~~ that I last saw the deceased ~~xxxxxxxxxx~~ and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde E. Summers,	470 Coroner of Ada County	1205 Bannock St. Boise, Ida.	8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/29/52	Margaret's Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-2-52	Myrtle Palmer gs.	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 305
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (in this place): 36 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409 Shoshone	d. STREET ADDRESS (If rural, give location): 1409 Shoshone

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) PASLEY c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 21, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Cornelius Clark — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Martha Jane Kelly — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Laura L Clark — ADDRESS: 1409 Shoshone Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Aug 25, 1952, *that I last saw the deceased alive on* Aug 22, 1952, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Maurice M. Rubbaldo, M.D. (Degree or title)

23b. ADDRESS: 401 Idaho St. Boise Idaho

23c. DATE SIGNED: 8-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2747
Local Reg. No. 373
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 2 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at 317½. N. 8 th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming.
b. COUNTY: Carbon.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rawlins
d. STREET ADDRESS (If rural, give location): 622 ½. Daley Street.

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): SCHNEIDER.

4. DATE OF DEATH (Month) (Day) (Year): August. 26. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: October. 3. 1910.

9. AGE (In years last birthday): 41-10-23. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock.

10b. KIND OF BUSINESS OR INDUSTRY: Ranching.

11. BIRTHPLACE (State or foreign country): Hanna, Wyoming.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John August Schneider. BIRTHPLACE: Germany.

14. MOTHER'S MAIDEN NAME: Olive Jane Lee, BIRTHPLACE: Elk Mountain, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World War. #

16. SOCIAL SECURITY NO.: 2.

17. INFORMANT'S OWN SIGNATURE: Joseph L Schneider ADDRESS: Rawlins, Wy. 622½ Dailey St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

976 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suicide, Shot himself in head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with 30 Caliber Revolver. Ill health.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 317 ½. N. 8 th.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 26. *, 19* 52 *to* [illegible] *that I last saw said deceased alive on* [illegible] *and that death occurred at* 1. A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner of Ada County.

23b. ADDRESS: Boise, Idaho.

23c. DATE SIGNED: Aug. 28.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: August. 28. 1952.

24c. NAME OF CEMETERY OR CREMATORY: to Rawlins, Wyoming.

24d. LOCATION (City, town, or county) (State): 52.

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2748
Local Reg. No. 506
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1201 Broxon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1201 Broxon

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK b. (Middle) WILLIAM c. (Last) BRANDT

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 13, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Plainville, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick C. Brandt
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Louise Hackaneister
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 514-05-4485

17. INFORMANT'S OWN SIGNATURE: Harriet R. Brandt
ADDRESS: 1201 Broxon, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: 3/50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary Heart Disease — 1947

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Confirmed at Surgery, 1950
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* March 13, 1950, *to* Aug 26, 1952, *that I last saw the deceased alive on* Aug 25, 1952, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Randolph, M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 8/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2749
Local Reg. No. 314
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2001 North 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) WAKERLIG c. (Last) MEDLIN

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16, 1891

9. AGE (In years last birthday): 61-1-11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Bakeoven, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Wakerlig
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Marie Witwheeler
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. M. Medlin
ADDRESS: 261 Overland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vascular
DUE TO (c): Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-8-, 1952, *to* 8-27, 1952, *that I last saw the deceased alive on* 8-27, 1952, *and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Summers (Degree or title): M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Maxine Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2750
Local Reg. No. 743
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4420 Rim St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4821 Denton St.

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): K.
c. (Last): Getman

4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/3/69
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): LaPlatte, Neb.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Kimball — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Emily Wilkinson — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ht Disease (old Rheumatic) Valvular & decompensation — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility — —
DUE TO (c) Arteriosclerosis — —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-, 1952, *to* 8-22, 1952 *that I last saw the deceased alive on* 8-26, 1952 *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 29 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 304
Reg. Dist. No. 270
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6205 Poplar St.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) J. c. (Last) Vitley

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27.1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 27. 1949.

9. AGE (In years last birthday): 3 Yrs. | IF UNDER 1 YEAR Months: 5 Mos. | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Junior V. Vitley — BIRTHPLACE: Boise Idaho.

14. MOTHER'S MAIDEN NAME: Mary Edwards — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J. O Sitley — ADDRESS: 6205 Poplar St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 493X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-26-52, 19____, *to* 8-27-52, 19____, *that I last saw the deceased alive on* 8-27, 19 52, *and that death occurred at* 12 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]

23b. ADDRESS: [illegible]

23c. DATE SIGNED: 8-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 30.1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2752
Local Reg. No. 315
Reg. Dist. No. 370

RECEIVED 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2105 Pleasanton

3. NAME OF DECEASED (Type or Print)
a. (First): Warren
b. (Middle): Ford
c. (Last): Reynolds

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/24/01
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employ. Security
10b. KIND OF BUSINESS OR INDUSTRY: State Gov't.
11. BIRTHPLACE (State or foreign country): Murray, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Warren H Reynolds 62 — BIRTHPLACE: Murray, Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Brown — BIRTHPLACE: Murray, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: x Pearl B. Reynolds — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X Carcinomatosis c̄ Ascites + small bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 mo —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of rt lung — 3½ yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-8-52
19b. MAJOR FINDINGS OF OPERATION: Implants over peritoneum c̄ bowel obstruction
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 25, 1952, *to* 8-28, 1952, *that I last saw the deceased alive on* 8-27, 1952, *and that death occurred at* 6½ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dawn J. Floyd (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-29-52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/30/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: Russell Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY - Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-3895

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2753
Local Reg. No. 330
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 518 Eagelson Road

3. NAME OF DECEASED (Type or Print)
a. (First): KRISTINE
b. (Middle): ANN
c. (Last): KOHLS

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 21, 1952
9. AGE (In years last birthday): If under 1 year: Months 4, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Robert James Kohls-Green Bay, Wisc.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary Beth Garretson-Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: C. H. Kohls 4706 Franklin Rd. Boise Ida

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture multiple — INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 2 hours
DUE TO (c): T

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Car accident
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Meridian Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 29 - 1952
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: auto accident -

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* Aug 29, 1952, *that I last saw the deceased alive on* Aug 29, 1952, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer MD 381
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E. Summers SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2754
Local Reg. No. 319
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonses Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): HENRIETTA
c. (Last): DULIN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR Months: 3 Days: 26 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Grand Island Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Geyler — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Dora Beck — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 Year & 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/24/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas with Common Duct Obstruction
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, *to* August 29, 1952, *that I last saw the deceased alive on* Aug 29, 1952, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph R. Jones 194 (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix J. Bay — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2755
Local Reg. No. 320
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2030 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HERBERT c. (Last) MC EWEN

4. DATE OF DEATH (Month) (Day) (Year) August 31, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 2, 1878
9. AGE (In years last birthday) 73-11-29 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millman
10b. KIND OF BUSINESS OR INDUSTRY Box Factory
11. BIRTHPLACE (State or foreign country) Athena, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James McEwen BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Margaret Green BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 540-07-9186
17. INFORMANT'S OWN SIGNATURE Mrs. P. L. Cuddy ADDRESS 6225 Randolph Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years.
DUE TO (c) Nephritis — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1st, 1952 *to* Aug 31, 1952, *that I last saw the deceased alive on* Aug 29, 1952 *and that death occurred at* 11:40 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 9-11-52
REGISTRAR'S SIGNATURE Myrtle Palmer Jr.
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 127
Reg. Dist. No. 371

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Idaho
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): From Boise In Boise River. About 20 Mls:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 709 No. 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Francisco
b. (Middle):
c. (Last): Aberasturi

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 14th 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cortasubi Spain

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Leandro Aberasturi
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Lucia Monastoria
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-10-4386

17. INFORMANT'S OWN SIGNATURE: X Marie Aberasturi
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning. Accidental

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Boat capsized when it hit a cement

DUE TO (c): pillar in the river.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boise River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 20 miles up Boise River, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 3, 1952 9:45 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Boat capsized

22. *I hereby certify that I attended the deceased from [illegible] that I last saw the deceased alive on [illegible] and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers 470
(Degree or title): Coroner of Ada

23b. ADDRESS: 1205 Bannock St. County, Boise, Idaho

23c. DATE SIGNED: 8/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 7th 1952.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-8-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

F. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 129
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) KENT

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 29, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 2; Days 5
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John C. Kent
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Scribner
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Records, V. A. Hospital, Boise, Idaho
ADDRESS:

MEDICAL CERTIFICATION

541.0

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal hypostatic bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ruptured duodenal ulcer and — 6 days
Subacute pancreatitis — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1952, *to* August 4, 1952, *that I last saw the deceased alive on* August 4, 1952, *and that death occurred at* 6:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Beeman (Degree or title): JOSEPH BEEMAN, M. D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 128
Reg. Dist. No. 371

BIRTH NO. AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 57 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls
d. STREET ADDRESS (If rural, give location): 151 West Addison

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle) B.; c. (Last) FOSTER

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 27, 1892

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months 11 Days 8
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Exira, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Frank H. Basham
BIRTHPLACE: Brayton, Iowa

14. MOTHER'S MAIDEN NAME: Clarissa Cannon Basham
BIRTHPLACE: Brayton, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ralph K. Hansen
ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal right ventricular dilatation — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Rheumatic mitral stenosis
Rheumatic aortic stenosis & insufficiency — 34 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 9, 1952, *to* August 5, 1952, *that I last saw the deceased alive on* August 5, 1952, *and that death occurred at* 4:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M.D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 5 1952
24c. NAME OF CEMETERY OR CREMATORY: twinfalls
24d. LOCATION (City, town, or county) (State): twinfalls Idaho

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR
ADDRESS: Schreiber-McCann-Gibson, Boise Idaho
Daniel R. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2759
Local Reg. No. 138
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2114 N. 34th St.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WALTER c. (Last) RUSSELL

4. DATE OF DEATH (Month) (Day) (Year) August 7, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 19, 1861
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Phillip Russell
BIRTHPLACE Unk.
14. MOTHER'S MAIDEN NAME Olive Etta Priest
BIRTHPLACE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x W T Russell ADDRESS 2114 N. 34 St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 Days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1952, to 8-6, 1952, that I last saw the deceased alive on 8-5, 1952, and that death occurred at 12 pm m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl D Lusty MD
23b. ADDRESS Meridian
23c. DATE SIGNED 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 8-12-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Earl Waggoner
ADDRESS Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 131
Reg. Dist. No. 371

BIRTH NO. STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1703 North 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) W.; c. (Last) Smith

4. DATE OF DEATH: (Month) August (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-29-76

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl H. Smith — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Bertha Nass — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAN

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Volvulus - Intestinal Obstruction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Esophagitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1952, *to* Aug 7, 1952, *that I last saw the deceased alive on* Aug 7, 1952, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson, Boise

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

State File No. ....
Local Reg. No. 134
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Hospital, Boise, Idaho

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser, Idaho
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) W. c. (Last) Fliegel

4. DATE OF DEATH (Month) (Day) (Year) August 10, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-11-94
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 2 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Gibbon, Nebr,
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Fliegel
BIRTHPLACE Mich.
14. MOTHER'S MAIDEN NAME Elizabeth Holder
BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 543262069
17. INFORMANT'S SIGNATURE Mrs. [illegible] Records, VA Hospital, Boise, Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & pulmonary edema
INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c) Myeloma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 19 52, *to* Aug 10, 1952, *that I last saw the deceased alive on* Aug 10, 19 52, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 12, 1952.
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 8-12-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. Boise
ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2762
Local Reg. No. 133
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nyssa, Oregon
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) C. c. (Last) Chadd

4. DATE OF DEATH (Month) (Day) (Year) August 10, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-22-94
9. AGE (In years last birthday) 58
IF UNDER 1 YEAR Months 0 Days 18
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Elwood, Nebr.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willis S. Chadd
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Evie Winslow
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16 SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Records, VA Hospital, Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of stomach with metastases.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old gastrectomy & splenectomy

INTERVAL BETWEEN ONSET AND DEATH
Terminal

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-28-52, 19___, *to* 8-10-, 19 52, *that I last saw the deceased alive on* 8-10-, 19 52, *and that death occurred at* 6:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Aug 12 1952
24c. NAME OF CEMETERY OR CREMATORY Nyssa, Oreg.
24d. LOCATION (City, town, or county) (State) Nyssa, Oreg.

DATE REC'D BY LOCAL REG 8-12-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson--Boise,
ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2763
Local Reg. No. 140
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mile west of Diversion Dam on the Boise River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho City Stage Route

3. NAME OF DECEASED (Type or Print)
a. (First): Hazen
b. (Middle): Craig
c. (Last): Nielsen

4. DATE OF DEATH (Month) Aug. (Day) 14, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec. 13, 1940
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Los Angeles, Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William K. Nielsen — BIRTHPLACE: Weston, Idaho
14. MOTHER'S MAIDEN NAME: Ida Robertson — BIRTHPLACE: Wasco, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X W. K. Nielsen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 14, 1952 about 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swimming & wading in Boise River, got into deep water.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R W Adams — Justice of the Peace
23b. ADDRESS: 1210 N 15th
23c. DATE SIGNED: Aug 15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Paul Waggoner — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]4
Local Reg. No. 137
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 112 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle, Idaho
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) M. c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) August 19, 1952

5. SEX Male

6. COLOR OR RACE White

7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-19-97

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 4 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Earlhan, Idaho

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jeptha B. Smith BIRTHPLACE

14. MOTHER'S MAIDEN NAME Oleira A. Smith BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16 SOCIAL SECURITY NO. 157

17. INFORMANT'S SIGNATURE [illegible] ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left ventricular myofibrosis
Coronary Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis and generalized lymphadenopathy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29-52, 19___, *to* 8-19-, 19 52, *that I last saw the deceased alive on* 8-19-, 19 52, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) JOSEPH BEEMAN, M. D. Pathologist

23b. ADDRESS VA Hospital, Boise, Idaho

23c. DATE SIGNED 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 23.1952

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 8-22-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson, Boise

J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2765
Local Reg. No. 138
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian, Rt.2
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian, Rt. # 2
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Morris
b. (Middle) ------
c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year) August, 20, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Dec. 15, 1866

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Danville, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Almond Johnston
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Martha Ewing
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Dorothy Ella Johnston ADDRESS Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adeno-carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — —
DUE TO (c) — —

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* generalized arteriosclerosis — 20 yrs.
Emphysema, left — 5 mo

19a. DATE OF OPERATION 9-19-'48

19b. MAJOR FINDINGS OF OPERATION Adeno-carcinoma of transverse colon

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* July, 1952, *that I last saw the deceased alive on* July, 1952, *and that death occurred at* 4:P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey L. Smith M.D. (Degree or title)

23b. ADDRESS Meridian, Idaho

23c. DATE SIGNED 22 Aug. '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/23/52

24c. NAME OF CEMETERY OR CREMATORY Meridian

24d. LOCATION (City, town, or county) (State) Meridian, Idaho.

DATE REC'D BY LOCAL REG. 8-22-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Bill Robison, Meridian, Ida ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2756
Local Reg. No. 141
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 17 Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 8.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) LESTER c. (Last) COUZENS.

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 21. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: Sept. 22. 1873.

9. AGE (In years last birthday): 78-10-29. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Josephine Read ADDRESS: Blue Bell Auto Ct.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 28, 1951, *to* Aug 21, 1952, *that I last saw the deceased alive on* Aug 20, 1952, *and that death occurred at* 4:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD.

23b. ADDRESS: Meridian

23c. DATE SIGNED: 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Aug. 23. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 9-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer gs.

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1421
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 57 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa, Idaho
d. STREET ADDRESS (If rural, give location) 128 13th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	L.	Dodson	August 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	12-20-96	55	8	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stanwood, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ezra B. Dodson — BIRTHPLACE Stanwood, Iowa
14. MOTHER'S MAIDEN NAME Margare E. Spear — BIRTHPLACE Stanwood, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June 27, 1952, *to* August 23, 19 52, *that I last saw the deceased alive on* August 23, 19 52, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH FREEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 26 1952	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
9-2-52	Myrtle Palmer gs	Schreiber & Gibson — Daniel G. Gibson	Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 139
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 96 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixie
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Wellew; b. (Middle); c. (Last) Berg

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-18-99

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months: 1 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prospector

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Davis County, Mos.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Otto Berg
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Jennie Flyler
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Records, VA Hospital, Boise, Idaho
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia and anemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Massive adenocarcinoma with metastases.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Terminal

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1952, *to* August 24, 1952, *that I last saw the deceased alive on* August 24, 1952, *and that death occurred at* 2:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH FREEMAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 29 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

W. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2769
Local Reg. No. 144
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 8

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Walter
c. (Last): Whipple

4. DATE OF DEATH: (Month) August (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1866

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Springfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Whipple
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-14-2328

17. INFORMANT'S OWN SIGNATURE: Edith Florence
ADDRESS: Mountain Route Emmett Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteio-Sclerosis — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 20, 1951, *to* 8/31, 1952, *that I last saw the deceased alive on* 8/30, 1952 *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Louty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
SEP 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 147
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): L.
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 8, 1873
9. AGE (In years last birthday): 78-10-23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Squire Long — BIRTHPLACE: Green County, Ill.
14. MOTHER'S MAIDEN NAME: Ellen Murray — BIRTHPLACE: Calhoun Co., Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Celesta M Cunningham — ADDRESS: 1147-E-2nd S Salt Lake City 2 Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocardial failure — unk
DUE TO (c) Cardio-Vascular hypertensive disease — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 19 1952, *to* Aug 31, 1952 *that I last saw the deceased alive on* Aug 30, 1952, *and that death occurred at* 9:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 252
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: POWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print)
a. (First): HERBERT
b. (Middle): JOHN
c. (Last): NEWMAN

4. DATE OF DEATH (Month) JULY (Day) 13, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: JANUARY 10, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEEPMAN 51
10b. KIND OF BUSINESS OR INDUSTRY: SHEEP
11. BIRTHPLACE (State or foreign country): HARRIMAN, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM NEWMAN — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: MARIA HUNT — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Victor Newman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestion Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* July 13, 1952, *that I last saw the deceased alive on* July 12, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Hastingsen, M.D. 52 (Degree or Title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-52
24c. NAME OF CEMETERY OR CREMATORY: Riverton Cemetery
24d. LOCATION (City, town, or county) (State): Riverton Utah

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Crandall.

AUG 22 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 944
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

c. LENGTH OF STAY (in this place): 4 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

d. STREET ADDRESS (If rural, give location): 1247 SOUTH 3RD.

3. NAME OF DECEASED (Type or Print): a. (First) ROSA; b. (Middle); c. (Last) HILDEBRAND

4. DATE OF DEATH: (Month) JULY (Day) 18, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 27, 1898

9. AGE (In years last birthday): 53

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BAUMA SWITZERLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JACOB KATCHE — BIRTHPLACE: BAUMA SWITZERLAND

14. MOTHER'S MAIDEN NAME: ROSA KATCHE — BIRTHPLACE: SWITZERLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT'S OWN SIGNATURE: Arnold E. Hildebrand — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension — 20 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10 July, 1952, *to* 16 July, 1952, *that I last saw the deceased alive on* 16 July, 1952, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.

23b. ADDRESS: 804 E. Center Pocatello

23c. DATE SIGNED: 21 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 14 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: [signature]

ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REGISTERED
SEP 12 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2773
Local Reg. No. 278
Reg. Dist. No. 510

BIRTH NO. 111-52-9167

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 753 YELLOWSTONE AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) TERRY; b. (Middle) LEE; c. (Last) HALL

4. DATE OF DEATH: (Month) JULY (Day) 26, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: JULY 26, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. few

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT 0

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRANK HALL — BIRTHPLACE: AMBA KENTUCKY

14. MOTHER'S MAIDEN NAME: CLARA JEAN NEWSONE — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---------

16. SOCIAL SECURITY NO.: -------

17. INFORMANT'S OWN SIGNATURE: Clara J. Hall — ADDRESS: 753 Yellowstone

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Achondroplasia — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Chondrodystrophia)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* July 26, 1952 *and that death occurred at* 8:10 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph B. Hegsted M.D. — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: 8.23.52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK, IDAHO

DATE REC'D BY LOCAL REG.: SEP 12 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — **ADDRESS**: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Clandall

Certificate of Death

STATE OF IDAHO

State File No. 76
Local Reg. No. 173
Reg. Dist. No. 511

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): ROUTE # 1 SOUTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DONNARAE	AVERIL	KORTH	JULY	26,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	NEVER MARRIED	JULY 4, 1941	11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD c3
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): BAKER MONTANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DONALD H. KORTH — BIRTHPLACE: PLEVNA MONTANA
14. MOTHER'S MAIDEN NAME: ELAINE JAMES — BIRTHPLACE: PLEVNA MONTANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S OWN SIGNATURE: Donald H. Korth — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

845 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture (occipital)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home.
21c. (CITY, TOWN, OR TOWNSHIP): Pocatello (COUNTY): Bannock (STATE): Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 23 July 52 3 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from horse.

22. *I hereby certify that I attended the deceased from* 23 July, 1952, *to* 26 July, 1952; *that I last saw the deceased alive on* 26 July, 1952, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 081 (Degree or title): M D
23b. ADDRESS: 804 E. Center Pocatello
23c. DATE SIGNED: 15 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: SEP 9 1952
REGISTRAR'S SIGNATURE: Eva M Wallin
25. FUNERAL DIRECTOR: Allen J. Mannung
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 245
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 30 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1525 SOUTH 3RD.

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) EDMUND c. (Last) BARNETT

4. DATE OF DEATH: (Month) JULY (Day) 28, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED WIDOWED

8. DATE OF BIRTH: JUNE 13, 1891

9. AGE (In years last birthday): 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARMAN

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): WALSENBERG COLORADO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN CLAYBURN BARNETT BIRTHPLACE: KENTUCKY

14. MOTHER'S MAIDEN NAME: LAUREL FRANCES LEEPER BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dannamae Raymond ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Organic Pulmonary emphysema — 10 yrs.
Chronic duodenal ulcer — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 19 50, *to* July, 19 52, *that I last saw the deceased alive on* 7-27, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller (Degree or title) M.D. **23b. ADDRESS**: Pocatello, Idaho **23c. DATE SIGNED**: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 14 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 246
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 1143 South 4th Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): THEODORE

b. (Middle): LESTER

c. (Last): GODFREY

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: September 18, 1905

9. AGE (In years last birthday): 46

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Saskatchewan Canada

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Godfrey

BIRTHPLACE: Beverly, Ill

14. MOTHER'S MAIDEN NAME: Laura Noyes

BIRTHPLACE: Beverly, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Raymond W. Godfrey

ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peptic ulcer of the duodenum — Asymptomatic until 1 month before death

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

Multiple sclerosis — 20 years

Right inguinal hernia, complete reducible — 20 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 13, *19* 51, *to* July 31, *19* 52, *that I last saw the deceased alive on* July 31, *19* 52, *and that death occurred at* 2.25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ARCH T. WIGLE, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Aug. 1, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fort Bridger Cemetery

24d. LOCATION (City, town, or county) (State): Fort Bridger, Wyoming

DATE REC'D BY LOCAL REG.: AUG 14 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 253
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IN ROUTE TO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: POWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BANNOCK CREEK
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print)
a. (First): ELAINE
b. (Middle): SIMITSEY
c. (Last): McGILL

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 1, 1952

5. SEX: FEMALE
6. COLOR OR RACE: INDIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 10, 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): FORT HALL
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES SIMITSEY — BIRTHPLACE: FORT HALL, IDAHO
14. MOTHER'S MAIDEN NAME: STELLA JACK — BIRTHPLACE: WASHAKIE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Henry Woonsook — ADDRESS: Bannock Creek

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PROBABLE ACUTE CORONARY THROMBOSIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): SUDDENLY BECOME ILL AND DIED BEFORE REACHING

DUE TO (c): HOSPITAL--- HAD BEEN ILL IN SAME MANNER PRIOR TO FATAL ILLNESS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐ NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles W. Hyde — 470 — 4 — (Degree or title): Acting Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUGUST 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: BANNOCK CREEK CEMETERY
24d. LOCATION (City, town, or county): BANNOCK CREEK — POWER — (State): IDAHO

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8
Local Reg. No. 241
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthomy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1128 N. Grant

3. NAME OF DECEASED (Type or Print): a. (First) Julanne b. (Middle) M. c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 21 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buffaloe N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack McManus — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Juleanne Ohmer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harold R. Young — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 971X Drinking Sulfuric Acid — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 6, 1952-8pm m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Purposely drank sulphuric acid

22. *I hereby certify that I attended the deceased from* 8-7- 1952, *to* 8-7- 1952, *that I last saw the deceased alive on* 8-7- 1952 *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-9-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG: AUG 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 247
Reg. Dist. No. 510

BIRTH NO. 111-52-09462 AUG 22 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1140½ YELLOWSTONE AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) KEVIN; b. (Middle) LYLE; c. (Last) DAYLEY

4. DATE OF DEATH: (Month) AUGUST (Day) 6, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: AUGUST 5, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: KEITH LYLE DAYLEY — BIRTHPLACE: POCATELLO, IDA.

14. MOTHER'S MAIDEN NAME: BETTY JEAN DAVIS — BIRTHPLACE: SHELLEY, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: Keith Lyle Dayley — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: None.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-5, 1952, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-5, 1952, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Allen, M.D. — **23b. ADDRESS**: Pocatello, Ida. — **23c. DATE SIGNED**: 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: AUG 8, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: MOUNTAIN VIEW CEMETERY — **24d. LOCATION** (City, town, or county) (State): POCATELLO, BANNOCK, IDAHO

DATE REC'D BY LOCAL REG.: AUG 14 1952 — **REGISTRAR'S SIGNATURE**: Eva M Wallin — **25. FUNERAL DIRECTOR**: Allen J. Manning — **ADDRESS**: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 2780
Local Reg. No. 248
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORT HALL
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print): a. (First) MOSES b. (Middle) J. c. (Last) GIFFORD

4. DATE OF DEATH: (Month) AUGUST (Day) 6, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPTEMBER 27, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING & CONSTRUCTION WORKER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING & GEN. CONSTRUCTION

11. BIRTHPLACE (State or foreign country): WOODVILLE, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE WASHINGTON GIFFORD
BIRTHPLACE: MANTI, UTAH

14. MOTHER'S MAIDEN NAME: LOUISA HALE
BIRTHPLACE: HOOPER, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR #1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Acute Appendicitis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8-1-52
19b. MAJOR FINDINGS OF OPERATION: Acute Suppurative Appendicitis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-, 1952, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-6, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Room 210 Pocatello Idaho
23c. DATE SIGNED: 8-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUGUST 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: AUG 14 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 249
Reg. Dist. No. 510

BIRTH NO. 111-52-09484

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 305 E. Center

3. NAME OF DECEASED (Type or Print)

a. (First): Infant

b. (Middle):

c. (Last): Stonecipher

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 9 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 3 | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — — / 02

10b. KIND OF BUSINESS OR INDUSTRY: — —

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy C. Stonecipher

BIRTHPLACE: Arizona

14. MOTHER'S MAIDEN NAME: Alice McDonald

BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R.C. Stonecipher

ADDRESS: Pocatello

18 CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): asphyxia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 9 Aug, 1952, *to* 9 Aug, 1952, *that I last saw the deceased alive on* 9 Aug, 1952, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth A. MacInnes M.D

23b. ADDRESS: 417 E Center

23c. DATE SIGNED: 8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7-11-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 14 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home

ADDRESS: Pocatello

By John P. Gorman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2752
Local Reg. No. 242
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 517 N. Johnson

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Katherine c. (Last) Green

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 4, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Gunnison, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Enoch Burnett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gail Green — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Shock from fractured r femur — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1952, *to* 8-9, 1952, *that I last saw the deceased alive on* 8-9, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-12-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR. D. C. MILLER

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25-3
Local Reg. No. 254
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 15 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 332 WASHINGTON AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle); c. (Last) DEVENBERG

4. DATE OF DEATH: (Month) AUGUST (Day) 10, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 16, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARMAN 7c

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): COKEVILLE, WYOMING

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRED DEVENBERG
BIRTHPLACE: IDAHO FALLS, IDAHO

14. MOTHER'S MAIDEN NAME: ALICE WHEELOCK
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bert Devenberg
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Artery Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-10, 1952, *to* 8-10, 1952, *that I last saw the deceased alive on* 8-10, 1952, *and that death occurred at* 3:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho.

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Hall-Grant Mortuary, Pocatello, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 251
Reg. Dist. No. 511

BIRTH NO. 111-52-09483

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall Indian Reservation
d. STREET ADDRESS (If rural, give location): - - -

3. NAME OF DECEASED (Type or Print): a. (First) Infant; b. (Middle); c. (Last) Nappo

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 1952

5. SEX: F.

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 9, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Nappo — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Eula Minks — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Eula Nappo by [illegible] — ADDRESS: Ft. Hall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

75.6.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital anomaly imperforate anus.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital atelectasis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Premature Baby

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard MD — **23b. ADDRESS**: Pocatello Ida. — **23c. DATE SIGNED**: 16 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 7-14-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Ft. Hall — **24d. LOCATION** (City, town, or county) (State): Ft. Hall res. Idaho

DATE REC'D BY LOCAL REG.: AUG 14 1952 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home — **ADDRESS**: Pocatello

by John P. Gorman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]5
Local Reg. No. 243
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 64
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 141 S, 9th

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Kelly c. (Last) Brown

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1952

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov. 6 1875

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent 26

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (State or foreign country) Ellis Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Kelly
BIRTHPLACE Isle of Man

14. MOTHER'S MAIDEN NAME Matilda Kelly
BIRTHPLACE Isle of Man

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Harold R Young
ADDRESS Peoria Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High B.P. Failure
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2-, 1952 *to* 8-11, 1952 *that I last saw the deceased alive on* 8-10, 1952 *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John P. Gorman MD

23b. ADDRESS Pocatello Ida

23c. DATE SIGNED 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-14-52

24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. AUG 12 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Downard Funeral Home Pocatello Ida.
ADDRESS By John P. Gorman

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. R.R. MARRILL.

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 250
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 NORTH 8TH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 453 JEFFERSON AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): DELIA
b. (Middle): CATHERINE CURTIS
c. (Last): ORMOND

4. DATE OF DEATH (Month) (Day) (Year): AUG. 12, 1952.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 20, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BURVILLE, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH H. CURTIS — BIRTHPLACE: PAYSON, UTAH
14. MOTHER'S MAIDEN NAME: TABITHA RICHARDSON — BIRTHPLACE: RICHMOND VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: F. C. Ormond — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 237X Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1951, *to* 8-11, 1952, *that I last saw the deceased alive on* 8-11, 19__, *and that death occurred at* 8a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. R. Merrill M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1
24b. DATE: AUGUST 16, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK, IDAHO

DATE REC'D BY LOCAL REG.: AUG 14 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2705
Local Reg. No. 262
Reg. Dist. No. 511

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Paso
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	W.	PAINTER	August	13	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 5, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Locomotive Engineer	Railroad	Rugby	England	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Painter	England	Jane Porter	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	none	John E. Painter	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis [illegible] — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* August 13 1952, *that I last saw the deceased alive on* August 13, 1952, *and that death occurred at* 6: p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Farrell Hammond MD	Pocatello, Idaho	Aug. 14, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	August 15, 1952	Ross-Burke Funeral Home	Reno Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG 28 1952	Eva M. Wallin	[illegible]	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Owen Bush.

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 510

BIRTH NO. 111-52-09494

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 13 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 42 CAMPUS DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) JALINE b. (Middle) c. (Last) BELL

4. DATE OF DEATH: (Month) AUGUST (Day) 13, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: AUGUST 13, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 13 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: KENNETH BELL — BIRTHPLACE: REXBURG, IDAHO

14. MOTHER'S MAIDEN NAME: SUSAN WILSON — BIRTHPLACE: DRIGGS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: X Kenneth N. Bell — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Aug, 1952, *to* 13 Aug, 1952, *that I last saw the deceased alive on* 13 Aug, 1952, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis G Bush (Degree or title): MD

23b. ADDRESS: 804 E Center, Pocatello Ida

23c. DATE SIGNED: 22 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUGUST 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: PRATT WARD CEMETERY

24d. LOCATION (City, town, or county) (State): DRIGGS, IDAHO

DATE REC'D BY LOCAL REG.: AUG 22 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J Hansen — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3
Local Reg. No. 257
Reg. Dist. No. 210

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-09495

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 day 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 42 CAMPUS DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): JULINE
b. (Middle):
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 14, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUGUST 13, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.: 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: KENNETH BELL
BIRTHPLACE: REXBURG, IDAHO
14. MOTHER'S MAIDEN NAME: SUSAN WILSON
BIRTHPLACE: DRIGGS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Kenneth G Bell
ADDRESS: 42 Campus Drive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Aug, 1952 *to* 14 Aug, 1952 *that I last saw the deceased alive on* 13 Aug, 1952, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis G Bush MD
23b. ADDRESS: Pocatello, Ida
23c. DATE SIGNED: 22 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUGUST 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: PRATT-WARD CEMETERY
24d. LOCATION (City, town, or county) (State): DRIGGS, IDAHO

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Hanning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2790
Local Reg. No. 258
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 Taft Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 115 Taft Ave

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): HOBBS

4. DATE OF DEATH (Month) (Day) (Year): Aug., 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 28, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Tooele, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William D. Hobbs — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Cooke — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. H. Hobbs — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W. Hall 470 4 (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Aug 14 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 18 Aug 52 01
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2591
Local Reg. No. 263
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Alameda Road

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) PAUL c. (Last) YEARSLEY

4. DATE OF DEATH (Month) August (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 3, 1938
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Junior High School
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ralph W. Yearsley — BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: Melba Monson — BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ralph W Yearsley — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture, esophageal varicosity, severe hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atresia of portal vein. Congenital. — 13 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1952, *to* Aug. 16, 1952, *that I last saw the deceased alive on* Aug. 16, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. R. Hearne 176 (Degree or title) M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Aug. 18, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery
24d. LOCATION (City, town, or county) (State): Malad Idaho

DATE REC'D BY LOCAL REG.: AUG 28 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 59
Local Reg. No. 259
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Highway No. 91 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R. F. D. #2 North

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL; b. (Middle) DENNIS; c. (Last) COLLINS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 4, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Correctionville Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Collins
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Catheryn (unknown)
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 721-18-8270

17. INFORMANT'S OWN SIGNATURE: Personal Records
ADDRESS: Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple fracture
DUE TO (c) both legs entrust
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hemorhage

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Hit with Automobile

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91 - North
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bannock County Idaho

21d. TIME OF INJURY: (Month) Aug (Day) 17 (Year) 1952 (Hour) 7:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hit by Automobile

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Arthur M. Hall 470 (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Aug 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Steens Funeral Home
24d. LOCATION (City, town, or county) (State): North Hollywood, California

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

R.R. MERRILL.

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2793
Local Reg. No. 260
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 39 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): ROUTE # 1 SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) GAY b. (Middle) HOLSTEIN BETTY c. (Last) SIMMONS

4. DATE OF DEATH: (Month) AUGUST (Day) 17, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 6, 1877

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): KANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HUGH NICHOLAS HOLSTEIN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: JULIA ETTA (UNKNOWN) — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --------

16. SOCIAL SECURITY NO.: --------

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Mrs Earl Barrell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 15-7X Carcinoma of Pancreas.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 7-18-52

19b. MAJOR FINDINGS OF OPERATION: Exploratory - Co-Pancreas found

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17, 19 52, *to* 8-17, 19 52, *that I last saw the deceased alive on* 8-16, 19 52, *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23a. SIGNATURE 254 (Degree or title): Raymond Merrill M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 01: Aug 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Blackfoot Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: AUG 22 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Allen J. Manning Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 261
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 38 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 1098 EAST CEDAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1098 EAST CEDAR

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): HAROLD
c. (Last): SMITH

4. DATE OF DEATH (Month) AUGUST (Day) 18, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 10, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROOFING
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): OAKLAND CALIFORNIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE 228 SO. 3rd ADDRESS: Billie Lingwall S.L.C. Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur H. Hall 470 — (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Aug 19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county): POCATELLO, (State): IDAHO

DATE REC'D BY LOCAL REG.: AUG 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2647
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1019 East Walnut Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1019 East Walnut Street

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) EDWARD c. (Last) GARNER

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 13, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 74

10b. KIND OF BUSINESS OR INDUSTRY: Whsl. Grocery

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Walter P. Garner
BIRTHPLACE: London, England

14. MOTHER'S MAIDEN NAME: Esther Joseph
BIRTHPLACE: Cardiff, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-09-8228

17. INFORMANT'S OWN SIGNATURE: Marie A. Garner
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 40 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?*:

22. *I hereby certify that I attended the deceased from* did not attend him, 19____, *that I last saw the deceased alive on* Did not, 19____, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth A. MacInnes M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 23, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 28 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 265
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 30 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 223 ELDREDGE

3. NAME OF DECEASED (Type or Print): a. (First) AMBROSE; b. (Middle); c. (Last) RICHARDSON

4. DATE OF DEATH: (Month) AUGUST (Day) 23, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: OCTOBER 18, 1895

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCKMAN 51

10b. KIND OF BUSINESS OR INDUSTRY: CATTLE & HORSES

11. BIRTHPLACE (State or foreign country): LOA UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS ALLEN RICHARDSON — BIRTHPLACE: KAYSVILLE, UTAH

14. MOTHER'S MAIDEN NAME: SADIE LUELLA DALTON — BIRTHPLACE: BEAVER, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: --------

17. INFORMANT'S OWN SIGNATURE: X John D Richardson — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured cervical vertebra — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hit or kicked by someone

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

936.9

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP): Pocatello — (COUNTY): Bannock — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 22 1952 2 P.M.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Unknown

22. *I hereby certify that I attended the deceased from* Aug 23, 1952, *to* Aug 23, 1952, *that I last saw the deceased alive on* Aug 22, 1952, *and that death occurred at* 9 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Pocatello Idaho — **23c. DATE SIGNED**: 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUGUST 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: MORELAND CEMETERY

24d. LOCATION (City, town, or county): MORELAND BINGHAM (State): IDAHO

DATE REC'D BY LOCAL REG.: SEP 2 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen L Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. R. HOWARD

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 275
Reg. Dist. No. 510

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 833 NORTH 8TH. AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) SYLVESTER; b. (Middle) WIDOWED; c. (Last) LOWE

4. DATE OF DEATH: (Month) AUGUST (Day) 25, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: SEPTEMBER 12, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER & LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JACOB HENRY LOWE — BIRTHPLACE: HARRISBURG, PENNSYLVANIA

14. MOTHER'S MAIDEN NAME: JAMIMA WELCH — BIRTHPLACE: HARRISBURG, PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Sylvester S. Lowe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

576X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subacute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subhepatic abscess — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 21, 1952 *to* Aug 25, 1952, *that I last saw the deceased alive on* Aug 25, 1952, *and that death occurred at* 3:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Howard M.D.

23b. ADDRESS: Pocatello

23c. DATE SIGNED: Sept 9 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUGUST 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: GRANT CEMETERY

24d. LOCATION (City, town, or county): GRANT (State): IDAHO

DATE REC'D BY LOCAL REG.: SEP 8 1952

REGISTRAR'S SIGNATURE: Eva M. Watkins per Darlene Archibald

25. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-09547

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 266
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Parkview Court Apt#3

3. NAME OF DECEASED (Type or Print)
a. (First): Infant Twin #1
b. (Middle):
c. (Last): Schab

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): nerver married
8. DATE OF BIRTH: Aug.25,1952
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Schab
BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Donna Werth
BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Betty Bott
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure
INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity c̄ Twin
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Recent Pregnancy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 25, 1952, *to* _____, 19___, *that I last saw the deceased alive on* Aug. 25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 457 - Wassler
23b. ADDRESS: [signature]
23c. DATE SIGNED: 8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug.27-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Ida.
by John A. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]09
Local Reg. No. 267
Reg. Dist. No. 510

111-52-09548
BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Parkview Court Apt.#3

3. NAME OF DECEASED (Type or Print): a. (First) Infant Twin #2 b. (Middle) c. (Last) Schab

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25 1952

5. SEX: M.

6. COLOR OR RACE: W,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 25 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
c2

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Schab
BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Donna Werth
BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Betty Bott
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Resp. failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent pregnancy

INTERVAL BETWEEN ONSET AND DEATH: Hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 25, 1952, *to* _____, 19____, *that I last saw the deceased alive on* Aug. 25, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: [illegible] Idaho
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 27-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Ida
by John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 69
Local Reg. No. 269
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
SEP 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 840 South Arthur Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 840 South Arthur Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) KATHRYN c. (Last) BARRELL

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Knightsville Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Timothy Parrish
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Sipple
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Wilton Barrell
ADDRESS: Pocatello, Idaho

4222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1949, 19___, *to* August 27, 19 52, *that I last saw the deceased alive on* August 27, 19 52, *and that death occurred at* 12:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray (Degree or title) M. D
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 28, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR. CRANDALL

Certificate of Death

STATE OF IDAHO

State File No. 2801
Local Reg. No. 276
Reg. Dist. No. 511

SEP 12 1952

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): ROUTE #1 SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): J.
c. (Last): MORRIS

4. DATE OF DEATH: (Month) AUGUST (Day) 28, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 11, 1912

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): COUNCIL BLUFFS, IOWA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: OSCAR MORRIS
BIRTHPLACE: UNKNOWN.

14. MOTHER'S MAIDEN NAME: MABEL UNKNOWN.
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 480-09-3091

17. INFORMANT'S OWN SIGNATURE: X Myrtle Morris
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subacute Pulmonary Edema
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 15 June, 1952, *to* 28 Aug, 1952, *that I last saw the deceased alive on* 28 Aug, 1952, *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Crandall (Degree or title): M.D.
23b. ADDRESS: 804 E. Center
23c. DATE SIGNED: 4 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: SEP 9 1952
REGISTRAR'S SIGNATURE: Eva McCallin per Darlene Archibald
25. FUNERAL DIRECTOR: Allen J. Mauney
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 122
Reg. Dist. No. 511

BIRTH NO. SEP 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 22yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Pocatello Creek

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Morgan c. (Last) Butts

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Kingston Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T.J. Butts — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary A. Reynolds — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cirhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Aug 31, 1952, *that I last saw the deceased alive on* 8-30, 1952, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, MD

23b. ADDRESS: Pocatello, Ida.

23c. DATE SIGNED: 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 3-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 6 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archbold

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello

By John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 240
Local Reg. No. 240
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4 mi. from Ft. Hall on Simplot Rd.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) - - - -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R.F.D. Ft. Hall
d. STREET ADDRESS (If rural, give location) - - -

3. NAME OF DECEASED (Type or Print) a. (First) Sam b. (Middle) c. (Last) Nevada

4. DATE OF DEATH (Month) (Day) (Year) Aug. 2. 1952

5. SEX M.

6. COLOR OR RACE red

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 10 1899

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Myrtle Nevada by [illegible]
ADDRESS Ft. Hall

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) left chest hemorhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Ft. Hall

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Gun shot by own hand.

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur W. Hall (Degree or title) Coroner

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED Aug 6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-6-52

24c. NAME OF CEMETERY OR CREMATORY Indian Cem. on Reservation

24d. LOCATION (City, town, or county) (State) Ft. Hall Idaho

DATE REC'D BY LOCAL REG AUG 12 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25 FUNERAL DIRECTOR Downard Funeral Home

ADDRESS Pocatello

J. P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 327
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Township No. 10
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 3 MILES WEST ½ MILE SOUTH OF VIRGINIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Township No. 10
d. STREET ADDRESS (If rural, give location): RURAL MARSH CREEK 3 MILES WEST ½ MILE SOUTH OF VIRGINIA

3. NAME OF DECEASED (Type or Print): a. (First) [redacted] b. (Middle) JEAN c. (Last) KENT MOSS

4. DATE OF DEATH: (Month) AUGUST (Day) 9, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 1, 1926

9. AGE (In years last birthday): 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MALAD "DAIRY CREEK"

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. S. KENT
BIRTHPLACE: DINGLE, IDAHO

14. MOTHER'S MAIDEN NAME: MABEL NIELSEN
BIRTHPLACE: WESTON, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 935-0

17. INFORMANT'S OWN SIGNATURE: Samuel Moss
ADDRESS: Marsh Creek, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Electrical from lightening shock — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home (on farm)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Lightening through Telephone wire

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Dayton Idaho
23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Arimo Cemetery
24d. LOCATION (City, town, or county) (State): Arimo Bannock Idaho

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Corbett
25. FUNERAL DIRECTOR: Allen J. Mumm
ADDRESS: Pocatello, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 268
Reg. Dist. No. 511

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
QUEEN	VICTORIA	WILSON	August	26	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper	At Home	(No data) Georgia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Martin	No data	No data	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	none	Marie Sater	Fort Hall, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* --- *, 19____, to* ----- *, 19____, that I last saw the deceased alive on* ---- *, 19____, and that death occurred at* 10:35 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles A. Harding	Acting County Coroner	Pocatello, Idaho	Aug. 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 29, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 2 1952	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 271
Reg. Dist. No. 511

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARIMO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Hiway 91 - Arimo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROBIN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DOUGLAS; b. (Middle) ROSS; c. (Last) WHEATLEY

4. DATE OF DEATH: (Month) AUGUST (Day) 29, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: JUNE 1, 1945

9. AGE (In years last birthday): 7
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WAYNE N. WHEATLEY
BIRTHPLACE: ROBIN, IDAHO

14. MOTHER'S MAIDEN NAME: MARIE HENDERSON
BIRTHPLACE: ROBIN, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: X Wayne Wheatley
ADDRESS: Robin, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Cervical Vertebrae - Brain Concussion
INTERVAL BETWEEN ONSET AND DEATH: 45 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Rib, Left.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Arimo, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 29 1952 1:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Pedestrian accident

22. *I hereby certify that I attended the deceased from* Aug 29, 1952, *to* Aug 29, 1952, *that I last saw the deceased alive* Never saw pt. alive *and that death occurred at* 2:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Nuttall M.D.
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED: Aug 29 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: ROBIN
24d. LOCATION (City, town, or county) (State): ROBIN BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: SEP 8 1952
REGISTRAR'S SIGNATURE: Fern M. Wallinger Darlene Archibald
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries Rural
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Elite Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A.
c. (Last): Schell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): About 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cruiser 08
10b. KIND OF BUSINESS OR INDUSTRY: Woods
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death* about *occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wessa — (Degree or title): Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-11-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 8/11/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: R. E. Wessa — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 40
Reg. Dist. No. 130

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): ESTEL
c. (Last): ASHMORE

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wilmington Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ashmore — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Nancy Jane West — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 519-12-8799
17. INFORMANT'S OWN SIGNATURE: x Mrs H.E. Ashmore — ADDRESS: Plummer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Struck by pole
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pole yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Plummer, Benewah, Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-20-52 3:45 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pole dropped on Dog slipped on horse him

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Wessa Coroner
23b. ADDRESS: St. Maries, Ida
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 8-22-52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2809
Local Reg. No. 41
Reg. Dist. No. 130

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 7th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	None	WILSON	AUGUST 31 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	10-26-1882	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, Laborer	—	ESSEX, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elisha James	Ohio	Anna C. Nelson	Stockholm, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	723016053	Ella Nelson	St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensatum — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Aug 31, 1952, *that I last saw the deceased alive on* Aug 31, 1952, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jergen A. Rapp	M.D.	St. Maries, Idaho	9-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-3-52	Riverside Cemetery	Santa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/8/52	Esper L. Brebner	Gerald E. Browning	St. Maries, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 130
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 141 Kennedy Park Add'n.

3. NAME OF DECEASED (Type or Print): a. (First) Peter; b. (Middle) C.; c. (Last) Mickelsen

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 7, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months: 0 Days: 26
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Huntsville, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Chris Mickelsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Marian Andersen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Hannah Mickelsen
ADDRESS: Blackfoot, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4477X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 6 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July [illegible], 19 52, *to* August 3, 1952, *that I last saw the deceased alive on* Aug 3, 19 52 *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill Packer M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-6-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1952

REGISTRAR'S SIGNATURE: Mrs Walter E Petrie
by Margaret Barneson, Dep.

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form PHS-1021

RECEIVED
AUG 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 134
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place): 34 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,

d. STREET ADDRESS (If rural, give location): 190 North Stout.

3. NAME OF DECEASED (Type or Print): a. (First) THADDEUS b. (Middle) BUSH c. (Last) DALY

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	October 7, 1870	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Realitor 19	Real Estate	Wright Hillsdale, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Frank Daly	Lockport, New York	Maria Mc Comber	Adrian, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		E. R. Daly	Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myelogenous Leukemia	8 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of prostate	6 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 24, 1952 *to* August 16, 1952, *that I last saw the deceased alive on* Aug. 16, 1952, *and that death occurred at* 1:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Hamblin	M. D.	Blackfoot, Idaho.	8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 19, 1952	Smithfield	Smithfield, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug-19-1952	Mrs Velma E. Patrick	John C. Handley	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 137
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 191 N W Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Idaho
d. STREET ADDRESS (If rural, give location): 191 N W Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Mabel b. (Middle) Anne c. (Last) Delbridge Crichton

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 3, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months | Days: 19
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carthage, Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Delbridge
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Ella Fry
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 78214

17. INFORMANT'S OWN SIGNATURE: E. W. Crichton
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1952, *to* Aug 21, 1952 *that I last saw the deceased alive on* Aug 20, 1952, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph L. Coates MD

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: Aug 22 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Patterson

25. FUNERAL DIRECTOR: Edward Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-8214

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2813
Local Reg. No. 141
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 378 West Idaho. St.

3. NAME OF DECEASED (Type or Print)
a. (First): RODNEY
b. (Middle): WRIGHT
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): August 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 7, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 17; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Max Williams, BIRTHPLACE: Idaho Falls, Ida.
14. MOTHER'S MAIDEN NAME: LueDean Wright, BIRTHPLACE: Lewisville, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Max Williams ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 756.2 Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jul 10, 1952
19b. MAJOR FINDINGS OF OPERATION: Congenital peritoneal band over splenic flexure of colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1952, *to* August 24, 1952, *that I last saw the deceased alive on* August 24, 1951, *and that death occurred at* 10:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph G. Goates 540 (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Aug. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/27/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Aug. 26 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2814
Local Reg. No. 142
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. Fisher St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): N. Fisher St.

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): LEE
c. (Last): MECHAM

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 20, 1950
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth Mecham — BIRTHPLACE: Firth, Idaho.
14. MOTHER'S MAIDEN NAME: Catherine Winson, — BIRTHPLACE: Clifton, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth Mecham — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

925.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
--OVER --

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 30, 1952 7a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Childs head caught between highchair and tray.

22. *I hereby certify that I attended the deceased* ~~from~~ on _____, 19___, *to* Aug. 30, 1952, *that I last saw the deceased* Dead ~~alive~~ *on* Aug. 30 1952, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller 255 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 8/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 45
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Gibson District
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Hall Indian Reservation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charlotte; b. (Middle) -----; c. (Last) George

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1952

5. SEX: female

6. COLOR OR RACE: Indian 4/4

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/17/20

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Fort Hall Reservation

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward George
BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Lottie George
BIRTHPLACE: Fort Hall, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Louis Watson
ADDRESS: Blackfoot, Idaho #333

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fort Hall, Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: --

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis Watson, Husband

23b. ADDRESS: Blackfoot, Idaho Box 333

23c. DATE SIGNED: 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 27, '52

24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall Reservation, Idaho

DATE REC'D BY LOCAL REG.: 6/24/52

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: No funeral director attending
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BUREAU OF VITAL STATISTICS — IDAHO—DEPARTMENT OF PUBLIC HEALTH

BURIAL—TRANSIT PERMIT

Full name of deceased CHARLOTTE GEORGE WATSON — Death due to quarantinable disease* No (Yes or No)

Place of death Blackfoot (Rt.3 Gibson) (Township, Village or City) Bingham (County) Idaho. (State)

Date of death June 24, 19 52 — Color Indian — Sex Female — Age 32

Method of disposal Burial (Whether burial, cremation, transportation, storage, etc.) — Mission Cemetery- Gibson (Cemetery or Crematory)

County Bingham — State Idaho.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to

John C. Sandberg (Funeral Director or person acting as such) — Address Blackfoot, Idaho.

to dispose of body of said deceased as above stated.

Signature Mrs Walter E Palmer (Registrar)

Date June 25, 1952, 19 — District Blackfoot (Town, Village or City) — County Bingham

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was ____ on ____, 19 ____ in ____ (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at ____

SEE OTHER SIDE

Signature ____ (Sexton or person in charge)

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files. Form DPH-49074

* See list on other side.

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fort Hall Rese
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): -----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Indian Reservation
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Tahquats

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1952

5. SEX: female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child

8. DATE OF BIRTH: August 20, 1951

9. AGE (In years last birthday): xxx
IF UNDER 1 YEAR — Months: 11 — Days:
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Fort Hall Indian Reservation

12. CITIZEN OF WHAT COUNTRY?: yes usa

13. FATHER'S NAME: ---- unknown----
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Clara Patra Tahquats
BIRTHPLACE: Fort Hall, Idaha

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Mrs. John Ponzo
ADDRESS: Fort Hall, Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): no medical attention given
INTERVAL BETWEEN ONSET AND DEATH: --

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 11, '52
24c. NAME OF CEMETERY OR CREMATORY: Ceder Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Indian Res. Idaho

DATE REC'D BY LOCAL REG.: 7/10/52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Relatives attending
ADDRESS: Fort Hall, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 132
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 3 MO. 19da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MABLE
b. (Middle):
c. (Last): ASHLEY

4. DATE OF DEATH (Month) AUGUST (Day) 9 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: APRIL 30, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 3, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 20, 1952, *to* AUGUST 9, 1952, *that I last saw the deceased alive on* AUGUST 9, 1952, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague, M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 8.9.52

24a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
24b. DATE: [illegible]
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): [illegible] Idaho

DATE REC'D BY LOCAL REG.: Aug. 10 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 1-38
Reg. Dist. No. 601

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Earl	Oliver	Sage	Aug. 13 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 20, 1896	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Delfus Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Winfield Scott Sage	Independance Kansas	Linnia Condie	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes Irst. world war	519-26-356	Mrs. Lena Sage,	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-12, 1952 *to* 8-13, 1952 *that I last saw the deceased alive on* 8-13, 1952 *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	[illegible] Idaho	8-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16-1952	Hillcrest Cem.	Shelley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-16-1952	Mrs Valin E. Farris	Lloyd M Malden	Shelley

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 133
Local Reg. No. 133
Reg. Dist. No. 604

REC'D AUG 18 1952 DIVISION OF VITAL STA...

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4 M. 18 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPTTAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FAIRFIELD,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OSCAR	MORONI	PERKINS	AUG. 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	DIVORCED	OCT. 29, 1875	76	9	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GRAYS CO. W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.Y.PERKINS	VA.	MARGARET CARSON	W.VA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edna M. Hamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Intestinal Hemorrhage	1 week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Apoplexy	3 yrs.
DUE TO (c)	Hypertension	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	3 yrs.

334.X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 11, *19* 52, *to* AUG. 13, *19* 52, *that I last saw the deceased alive on* AUG. 13, *19* 52, *and that death occurred at* 10:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague	M. D.	State Hosp. So. Blackfoot	8.14.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-14-52		Gooding, Idaho

DATE REC'D BY LOCAL REG.: Aug 14-1952
REGISTRAR'S SIGNATURE: Mrs Valeria E. Fahey
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: John C. Sandberg, Blackfoot, Idaho.

(For Thompson Chapel, Gooding)

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2820
Local Reg. No. 135
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atomic City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Atomic City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atomic City
d. STREET ADDRESS (If rural, give location): Atomic City

3. NAME OF DECEASED (Type or Print)
a. (First): Ivan
b. (Middle): Pierce
c. (Last): Barnard

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 19, 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Rockland, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Erastus Ransom Barnard — BIRTHPLACE: Brigham City, Ut.
14. MOTHER'S MAIDEN NAME: Edith Irene Peirce — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712-05-3294
17. INFORMANT'S OWN SIGNATURE: Mrs Rae Collett — ADDRESS: Idaho Falls

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (Probable)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Found dead in bed)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend deceased, *19___, that I last saw the deceased alive on* did not see him alive, *and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Gaasch, Acting Coroner
23b. ADDRESS: Blackfoot
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal/burial
24b. DATE: 8-22-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Aug-21-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 136
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 29 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle):
c. (Last): FISHER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 20, 1952

5. SEX: F.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: DEC. 4, 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - double lobar

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis and malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY, 22, 1952, *to* AUG. 20, 1952, *that I last saw the deceased alive on* AUG. 20, 1952, *and that death occurred at* 10:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merle L. Howard M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-22-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise - Ada, Idaho

DATE REC'D BY LOCAL REG.: Aug. 21-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 139
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): Charles
c. (Last): Humpherys

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Oct. 13, 1948
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: *** ***
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Humpherys — BIRTHPLACE: Paris Idaho
14. MOTHER'S MAIDEN NAME: Genevieve Backus — BIRTHPLACE: Walnut, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: *******
17. INFORMANT'S OWN SIGNATURE: Earl Humpherys — ADDRESS: Firth, Idaho

18. CAUSE OF DEATH — 929.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned in Blackfoot Canal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home on canal bank
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Firth, Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8- 20-52 2:30P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Drown in Blackfoot, Canal, Firth, I

22. *I hereby certify that I* ~~attended the deceased from~~ Idid Not see Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* about 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Frolin Coroner
23b. ADDRESS: 56 W. Francis Blackfoot, Idaho
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-27-52
24c. NAME OF CEMETERY OR CREMATORY: Firth, Cem.
24d. LOCATION (City, town, or county) (State): Firth, Bingham Idaho

DATE REC'D BY LOCAL REG.: Aug. 26-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Nalder — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 140
Reg. Dist. No. 601

BIRTH NO. 111-52-09658

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eaton Maternity Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle); c. (Last) Fenner

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: 8-24-52

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months; Days. IF UNDER 24 HRS. — Hours: 1; Min.: 31

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Shelley, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Roger Fenner — BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Harriett Arletta Newbert — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roger Fenner — ADDRESS: Firth Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): [illegible] — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-24, 1952 *to* 8-24, 1952 *that I last saw the deceased alive on* 8-24, 1952 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Shelley Ida.

23c. DATE SIGNED: 8-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-26-52

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cem

24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Aug 26 1952

REGISTRAR'S SIGNATURE: Mrs Walter E. Fenner

25. FUNERAL DIRECTOR: [illegible]

ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2924
Local Reg. No. 602
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nancy; b. (Middle) Nell; c. (Last) Shaw

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 23, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months: 5; Days:
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Dixon, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Burr Snyder, Davenport, Iowa

14. MOTHER'S MAIDEN NAME: Mrs Irene Anderson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Harriet Hale — ADDRESS: Penn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Debility & Frontal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Frontal hemorrhage — 11 days
DUE TO (c) Hypertension — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Small Melanoma left corner of mouth — 3 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. , 19 41 , *to* Aug. 28 , 19 52 , *that I last saw the deceased alive on* Aug. 28 , 19 52 , *and that death occurred at* 2:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. G. Harris, M.D. (Degree or title)

23b. ADDRESS: Aberdeen, Idaho.

23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-30-52

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho.

DATE REC'D BY LOCAL REG.: 8-28-52

REGISTRAR'S SIGNATURE: F. G. Harris.

25. FUNERAL DIRECTOR — ADDRESS: Davis Mortuary American Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 35
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 56
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) ETHEL c. (Last) LITTLE
4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 52
5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify) JOHN H.
8. DATE OF BIRTH SEPT. 10, 1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 10 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) KIRKSVILLE MO.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME JAMES RALLS BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME MARY GREEN BIRTHPLACE unknown
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S OWN SIGNATURE Bessie Stanford ADDRESS Carey Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the left breast with metastasis to lung and liver — INTERVAL BETWEEN ONSET AND DEATH 1½ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 20 years; Hypertensive heart disease 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1950 *to* Aug 9, 1952 *that I last saw the deceased alive on* Aug 9, 1952 *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. D. Hamilton (Degree or title) MD
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED Aug 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 8-11-1952
24c. NAME OF CEMETERY OR CREMATORY BELLEVUE
24d. LOCATION (City, town, or county) (State) Bellevue Idaho

DATE REC'D BY LOCAL REG. Aug-25-1952
REGISTRAR'S SIGNATURE Robert H. Wright-per E.B.Y.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 38
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BLAINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAILEY
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VERNE b. (Middle): MARCUS c. (Last): GOODRICH.

4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): AMY J.
8. DATE OF BIRTH: 6-30-1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REPAIR MAN 06
10b. KIND OF BUSINESS OR INDUSTRY: FURNITURE
11. BIRTHPLACE (State or foreign country): DENNISON IOWA
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: RUFUS GOODRICH — BIRTHPLACE: WHITESIDE CO. ILL.
14. MOTHER'S MAIDEN NAME: EMMA BEACH — BIRTHPLACE: COVINGTON KY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 618-09-9624
17. INFORMANT'S OWN SIGNATURE: Amy J Goodrich — ADDRESS: Box 185 - Hailey Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Block - acute — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Operated June 23-'52 - Brain Surgery by Dr. Stewart Wright - Medical Arts Bldg - Salt Lake City, Utah

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1952, *to* Aug 27, 1952, *that I last saw the deceased alive on* Aug 27, 1952, *and that death occurred at* 8:55 P.m., *from the causes and on the date stated above.*

Saw patient ten min. before death

23a. SIGNATURE (Degree or title): [signature] 450
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 8-30-52
24c. NAME OF CEMETERY OR CREMATORY: TWIN FALLS ASSO.
24d. LOCATION (City, town, or county): TWIN FALLS (State): IDAHO.

DATE REC'D BY LOCAL REG.: Sept-7-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per LeBW.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED AUG 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2027
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Lowman.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on Highway.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1403. North 7 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): RALPH
c. (Last): COTTRELL.

4. DATE OF DEATH (Month) (Day) (Year): August. 12.1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: June. 5.1898.
9. AGE (In years last birthday): 54-2-7. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver. 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Paola, Kansas.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles. C. Cottrell. BIRTHPLACE: New Jersey.
14. MOTHER'S MAIDEN NAME: Eva Tindle, Missouri. BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Glenn C. Cottrell ADDRESS: 1403 N.7th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1 mile S. of Lowman
21c. (CITY, TOWN, OR TOWNSHIP): Lowman (COUNTY): Boise (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 12. 1952 12.15 m. noon
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Brake did not hold, ran off into Coulee

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Reginald John Mellor 470 (Degree or title): 4 Coroner
23b. ADDRESS: Idaho City Idaho
23c. DATE SIGNED: Au, 15. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/15/52 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-16-52
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2828
Local Reg. No. 70
Reg. Dist. No. 110

BIRTH NO.

AUG 29 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 909 N. Boyer

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) E. c. (Last) ELSASSER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH December 8, 1920

9. AGE (In years last birthday) 31
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law enforcement off

10b. KIND OF BUSINESS OR INDUSTRY Sheriff's deputy

11. BIRTHPLACE (State or foreign country) Sandpoint

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Elsasser
BIRTHPLACE Sandpoint, Ida.

14. MOTHER'S MAIDEN NAME Odie Stutesman
BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WWII

16. SOCIAL SECURITY 518-16-9642

17. INFORMANT'S OWN SIGNATURE Ruth Elsasser
ADDRESS 909 N Boyer

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Motor nerve damage — 8 hrs

DUE TO (c) Poliomyelitis, bulbar — 48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION /

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG 5, 1952, *to* AUG 7, 1952, *that I last saw the deceased alive on* AUG 6, 1952, *and that death occurred at* 5:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE J. P. Munson 659 (Degree or title) M.D.

23b. ADDRESS Sandpoint, Idaho

23c. DATE SIGNED 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY Pinecrest cemetery

24d. LOCATION (City, town, or county) Sandpoint, Idaho (State)

DATE REC'D BY LOCAL REG. Aug. 12-1952

REGISTRAR'S SIGNATURE Merlene H. Miley

25. FUNERAL DIRECTOR L. B. Mason Jr.
ADDRESS Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 71
Reg. Dist. No. 110

BIRTH NO. 111-52-09678

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 409 Church St.

3. NAME OF DECEASED (Type or Print)
a. (First): (Infant)
b. (Middle):
c. (Last): Abromeit

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 10, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert C. Abromeit — BIRTHPLACE: Westmond, Idaho
14. MOTHER'S MAIDEN NAME: Omo Jean V. Drain — BIRTHPLACE: Ridge, Mont.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert C. Abromeit — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Twin pregnancy

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/10, 1952, *to* 8/10/, 1952, *that I last saw the deceased alive on* 8/10/, 1952, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wilbur C Hayden M.D. (Degree or title)
23b. ADDRESS: 304 N 1st, Sandpoint Ida
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/12/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Aug. 19-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: F. G. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 72
Reg. Dist. No. 110

BIRTH NO. 111-52-09688

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Darlene
b. (Middle): Dee
c. (Last): Nordgaarden

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 18, 1952
9. AGE (In years last birthday): 3 days — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Nordgaarden — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Emma Nordgaarden — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gilbert Nordgaarden — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth 6½ mo factus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 46 yr old mother with hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1952, *to* Aug 21, 1952, *that I last saw the deceased alive on* Aug 20, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 431 W. F. Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug. 29-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 74
Reg. Dist. No. 110

RECEIVED SEP 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Abraham; b. (Middle) Lincoln; c. (Last) Kauffman

4. DATE OF DEATH: (Month) (Day) (Year): August 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 18, 1869

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Whiteside County, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tobias Kauffman
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Harriet Capp
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-22-9028

17. INFORMANT'S OWN SIGNATURE: Clarence Kauffman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 454X Thrombosis Dissecting Aorta — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thromb angina Abliterans
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 5th, 1951, *to* Aug 28, 1952, *that I last saw the deceased alive on* Aug 27, 1952, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C Randlett MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Sept. 2-1952
REGISTRAR'S SIGNATURE: Merlene H. Riley
25. FUNERAL DIRECTOR: F G Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

State File No. 2
Local Reg. No. 69
Reg. Dist. No. 110
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest Lake
c. LENGTH OF STAY (In this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camp #9 (Diamond Match)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clare b. (Middle) Berry c. (Last) Moore

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landing Man

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Belding, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Johnson H.-Moore
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Ruth E. Wilkinson
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518-03-4222

17. INFORMANT'S OWN SIGNATURE: Mrs Thelma Moore
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Skull Fracture, Lung Puncture
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental Traumatism, Crushed
DUE TO (c): by Falling logs,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg. etc.): Handling logging Camp
21c. (CITY, TOWN, OR TOWNSHIP): Priest Lake (COUNTY): Bonner (STATE): Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 2 1952 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Unloading logs from Trucks, Struck by Rolling logs.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 [signature] Coroner
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Aug. 2, 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug. 6-1952
REGISTRAR'S SIGNATURE: Merlene H. Riley

25. FUNERAL DIRECTOR: [signature]
ADDRESS: Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 112

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 3½
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Priest River Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): Agnes
c. (Last): Newcomb

4. DATE OF DEATH (Month) (Day) (Year): Aug. 4th, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred G. Brooks — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Agnes Brooks — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fayland Newcomb — ADDRESS: Priest River

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of the breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 29 - 1951
19b. MAJOR FINDINGS OF OPERATION: Cancer of breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1951, *to* Aug 4th, 1952, *that I last saw the deceased alive on* Aug 4, 1952, *and that death occurred at* 11:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie J. Stauffer, M.D.
23b. ADDRESS: Priest River, Ida.
23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-8-52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Bonner, Ida.

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: F. A. Wonch
25. FUNERAL DIRECTOR: L. G. Moon Jr. — ADDRESS: Moon Funeral Home, Priest River, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Me[illegible]dant. [illegible]CH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2234
Local Reg. No. 73
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Careywood
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Careywood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Lewis	Weisel	August 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8/24/1879	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 34	U.S. Government	Alexandria, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Weisel	Unobtainable	Addie Weisel	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	571-22-1055	Harley V Weisel	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asterio sclerotic heart disease — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-28, 1952 *to* 8-22, 1952, *that I last saw the deceased alive on* 8-13, 1952, *and that death occurred at* 9:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W Smith	MD	109½ N. First Ave Sandpoint, Idaho	8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/26/1952	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 29-1952	Marlene W. Miley	L G Moon Jr	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 95
Local Reg. No. 75
Reg. Dist. No. 116

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles E of Priest River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Albeni Falls Dam Project

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Hazen c. (Last) Flood

4. DATE OF DEATH (Month) (Day) (Year): 8/29/52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/1/1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY: Iron Works

11. BIRTHPLACE (State or foreign country): Colby Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Flood
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Records Coroners office
ADDRESS: Sandpoint Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

823.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pickup Truck left Highway

DUE TO (c) Plunged into Slough.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway No 2.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Priest River, Bonner, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 29 1952 3:50 PM

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY occur? Drove Pickup truck from highway into Slough

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE: L. A. Moon (Degree or title) Coroner

23b. ADDRESS: Sandpoint, Idaho.

23c. DATE SIGNED: Aug 29 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/2/1952

24c. NAME OF CEMETERY OR CREMATORY: Stokes Funeral Home

24d. LOCATION (City, town, or county) (State): Renton Washington

DATE REC'D BY LOCAL REG.: Sept. 2. 1952

REGISTRAR'S SIGNATURE: Marlene N. Miley

25. FUNERAL DIRECTOR: L. A. Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-9855

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 165
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 16 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where MOTHER lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) DICK b. (Middle) c. (Last) JEPHSON

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 31, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 16 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leslie A. Jephson BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Helen Munson BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leslie A. Jephson ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Hydrothorax

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Polyhydramnios
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

773.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 July, 1952, *to* 1 Aug, 1952, *that I last saw the deceased alive on* 1 Aug, 1952, *and that death occurred at* 7:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Worlton (Degree or title): M. D. **23b. ADDRESS**: Idaho Falls, Idaho **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Aug. 1, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 4-1952 REGISTRAR'S SIGNATURE: Lenna Bridges

25. FUNERAL DIRECTOR: Orland E. Buck ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Kramer

RECEIVED
AUG 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 159
Local Reg. No.
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edith b. (Middle) Naomi c. (Last) Murphy O'Donnell

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 10 - 1889

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR Months: 2 Days: 24 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City - Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William F. Murphy — BIRTHPLACE: Salt Lake City Utah

14. MOTHER'S MAIDEN NAME: Rebecca Jane Smith - Salt Lake City - Utah — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Benno H. O'Donnell — ADDRESS: Ririe Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease C — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) M.S. M.I. and T.I. Class IV

DUE TO (c) decompensated — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* 4 Aug, 1952, *that I last saw the deceased alive on* 4 Aug, 1952, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland F. Krantz

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Aug. 8. 52

24c. NAME OF CEMETERY OR CREMATORY: Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe - Idaho

DATE REC'D BY LOCAL REG.: Aug. 22. 52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 155
Reg. Dist. No. 610

BIRTH NO. AUG 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
d. STREET ADDRESS (If rural, give location): 3½ West of Rigby

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 19, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Stark. BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Young. BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: Ruben H Jones ADDRESS: Rigby, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Acute Cholecystitis, 2) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Choledocholithiasis & Cholelithiasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Aug. 6, 1952, *that I last saw the deceased alive on* Aug 6, 1952, *and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D W Corbett, M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/9/52 01
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Aug 8-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: A M Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 11 1952

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 166
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 674 N. Water

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERTIS
b. (Middle): DELANO
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): August 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 16, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Technician
10b. KIND OF BUSINESS OR INDUSTRY: Water supply Pump and well
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Munson E. Wright — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Lucretia E. Morgan — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-12-0837
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial insufficiency c̄ left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis generalized — unknown
DUE TO (c): Carcinoma of prostate c̄ Bone metastasis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Aug, 1952, *that I last saw the deceased alive on* Aug 9, 1952, *and that death occurred at* 11:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 4 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 40
Local Reg. No. 156
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 0-1-5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Empire
d. STREET ADDRESS (If rural, give location): 1 mile East of Empire

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle):
c. (Last): SCHWARTING

4. DATE OF DEATH (Month) August (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 15, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Private home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Dose — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Marie Bloomburg — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-4206
17. INFORMANT'S OWN SIGNATURE: Mrs Milton Deschamps — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Recurrent Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic Heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch 153 — (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Sept. 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 14, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Challis Cemetery
24d. LOCATION (City, town, or county): Challis — (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. Sept. 13-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wolley

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 162
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 499 - West - 19th Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 499 - West 19th Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	Weber	Thompson	Aug - 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec - 12 - 1917	34	8	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Victor - Idaho -
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William David Weber. BIRTHPLACE: Dodge Center Minnesota
14. MOTHER'S MAIDEN NAME: Luey Curtis. BIRTHPLACE: Victor Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: × Rae Thompson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bowel — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1952, *to* 8/14, 1952, *that I last saw the deceased alive on* 8/6, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. B. Wooley MD	Idaho Falls Idaho	8/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug - 19 1952	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Aug 22-52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2842
Local Reg. No. 163
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 488 11th St.

3. NAME OF DECEASED (Type or Print): a. (First) Reuel; b. (Middle) Nephi; c. (Last) Packard

4. DATE OF DEATH: (Month) (Day) (Year): August 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 5, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentistry

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nephi Henry Packard
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Clara Sanford
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Dr Herbert R. Packard
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/16, 1952, *to* 8/17, 1952, *that I last saw the deceased alive on* 8/16, 1952, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R B Woolley
(Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-20 52

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 30 1952

REGISTRAR'S SIGNATURE: Emma Bidgen

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-4802

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 167
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 566 W. Lincoln St.

3. NAME OF DECEASED (Type or Print): a. (First) NORMAN b. (Middle) JOSEPH c. (Last) DIETRICH

4. DATE OF DEATH: (Month) August, (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 17, 1946

9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Dietrich, BIRTHPLACE: Carbondale, Kansas

14. MOTHER'S MAIDEN NAME: Gladys Pooler, BIRTHPLACE: Hoyt, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs John Dietrich, ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Encephalitis + bulbar form
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1952, *to* Aug. 20, 1952, *that I last saw the deceased alive on* Aug. 20, 1952, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Holt 155 (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho.

23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-23-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Aug 23-52

REGISTRAR'S SIGNATURE: Emma Rudges

25. FUNERAL DIRECTOR: H C Sandberg, ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

State File No. 160
Local Reg. No. 610
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 286 Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 286 Hill St.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Sting
4. DATE OF DEATH (Month) (Day) (Year) Aug 21-1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 26, 1868
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 9 Days 27 | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Osage Iowa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John D Wing BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Mary Ellen Davies BIRTHPLACE Wales
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1987
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Vernon L. Wing ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer, groin Left — 1 yr
DUE TO (c) Apoplexy — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 19, 1952, *to* Aug 24, 1952, *that I last saw the deceased alive on* Aug 24, 1952, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W B Leyet M D
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 8/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 25-1952
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Aug 22 52
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 171
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 447 Capitol Avenue

3. NAME OF DECEASED (Type or Print): a. (First) LELA; b. (Middle); c. (Last) ARLEDGE

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 14, 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tennessee

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Arledge — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Mary Elizabeth — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Margaret Arledge — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ch. Pulmonary Tuberculosis 15 yrs

DUE TO (c) Hysteria — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19___, *to* Aug 21, 1952 *that I last saw the deceased alive on* Aug 30, 1952 *and that death occurred at* 8:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: N B Leavett M.D. — (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 9/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 19-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Beck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 157
Local Reg. No. 611
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls-Rt # 5
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1Blck east Ammon Cemetery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Rt # 1

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Wayne c. (Last) Bean

4. DATE OF DEATH (Month) (Day) (Year) August 12, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 25, 1900
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Wm Bean — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Olive Smoot — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-5246
17. INFORMANT'S OWN SIGNATURE Ruby L Bean — ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — 929.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Falling into ditch
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Ammon (COUNTY) Bonn. (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 12 1952 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Falling in to Ditch

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Deputy Sheriff
23b. ADDRESS Ida. Falls Ida
23c. DATE SIGNED 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY Iona Memorial Park
24d. LOCATION (City, town, or county) Iona (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 16. 1952
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack A Wood, Jr.
ADDRESS Idaho Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 167
Local Reg. No.
Reg. Dist. No. 618

BIRTH NO.

SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 (or Clotman)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Airport Road.

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) EMMA c. (Last) BARNARD

4. DATE OF DEATH: (Month) August (Day) 28, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 23, 1896

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Franklin M. Allen
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Sarah Singleton
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Phyllis D. Campbell
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 4 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* August 28, 1952, *that I last saw the deceased alive on* Aug. 24, 1952, *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon Hall (Degree or title): M. D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-2-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 4-1952

REGISTRAR'S SIGNATURE: Anna Bilyeu

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 27-52
Reg. Dist. No. 100

BIRTH NO. AUG 21 1952

1. PLACE OF DEATH

a. COUNTY: Boundry

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME, across streat from Kelson Lumber Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Boundry

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry

d. STREET ADDRESS (If rural, give location): across streat from Kelson Mill

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jesse	Norman	TRedway	August I5, I952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov. 3, I902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging 08	Logging	Tennesee	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mansfield Tredway	Tenn	Alzade Randolph	Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-01-2909	Clara Tredway	Bonners Ferry Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis — 4 years ?

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Cerebral hemorrhage — 8 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/27, 1951, *to* 8-15, 1952, *that I last saw the deceased alive on* 8/14, 1952, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Dunn 297	M.D.	Bonners Ferry	8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 16, 1952	Grandview	Boundry County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-18-52	Paul Bowell	E. H. Thelen	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

C.-1280036 RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2245
Local Reg. No. 28-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BOUNDRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): STAR ROUTE #1

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) JAMES c. (Last) PARKER

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: FEB 27-1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William C. — BIRTHPLACE: N. Carolina

14. MOTHER'S MAIDEN NAME: Betty Ann Johnson — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I

16. SOCIAL SECURITY NO.: 420

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs. Walter Hendee, Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sudden Cardiac Death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Coroner
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 22-52
24c. NAME OF CEMETERY OR CREMATORY: Cow Creek Plot
24d. LOCATION (City, town, or county) (State): Boundry County

DATE REC'D BY LOCAL REG.: 8-20-52
REGISTRAR'S SIGNATURE: C. M. Bovall
25. FUNERAL DIRECTOR: [illegible] Bonners Ferry
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 30-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Mountain View Hotel

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Johannesen c. (Last) Askevold

4. DATE OF DEATH (Month) (Day) (Year) August 28, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) never married

8. DATE OF BIRTH unKnown

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Old age pensionier

10b. KIND OF BUSINESS OR INDUSTRY Accountant

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME 72 unKnown
BIRTHPLACE unKnown

14. MOTHER'S MAIDEN NAME unKnown
BIRTHPLACE unKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-12-8209

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 432.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis (senile)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION July 1952

19b. MAJOR FINDINGS OF OPERATION Hypertrophic prostatitis (benign)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, *to* July 28, 1952, *that I last saw the deceased alive on* Aug 24, 1952, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 9/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 1952 Sept. 2nd

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) Boundry County (State) Idaho

DATE REC'D BY LOCAL REG. 9-11-52

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 29-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Mrs. Caroline Brandt. Near Kelson Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Home of Mrs. Caroline Brandt near Kelson Mill.

3. NAME OF DECEASED (Type or Print)
a. (First) Murrell
b. (Middle) Gertrude
c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) August 29, 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept.4,1883
9. AGE (In years last birthday) 68yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Jackson Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard E.Corwin
BIRTHPLACE Oran Michigan
14. MOTHER'S MAIDEN NAME Carolin Brown
BIRTHPLACE Gross Island Michig

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Eugene B. Harger
ADDRESS 501 1/2 North Market Spokane Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration 422.2
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 22, 1952, *to* Aug 29, 1952, *that I last saw the deceased alive on* Aug 29, 1952, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE R.M. Bowell 037 (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept 2,1952 01
24c. NAME OF CEMETERY OR CREMATORY Grandview cemetery
24d. LOCATION (City, town, or county) Boundry County (State) Idaho

DATE REC'D BY LOCAL REG. 9-10-52
REGISTRAR'S SIGNATURE R.M. Bowell
25. FUNERAL DIRECTOR [signature]
ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

AUG 22 1952

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY (If outside corporate limits, write RURAL and give TOWN): near Craters of Moon township monument - on highway
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wisconsin
b. COUNTY: Dane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison.
d. STREET ADDRESS (If rural, give location): 1119 Drake St.

3. NAME OF DECEASED (Type or Print): a. (First) Bernadine b. (Middle) Esser c. (Last) Garndt

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 1952

5. SEX: Female

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 19 - 1908

9. AGE (In years last birthday): 43 | IF UNDER 1 YEAR Months: 10 | Days: 29 | IF UNDER 1 DAY Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Cross Plains - Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. a

13. FATHER'S NAME: ✓ BIRTHPLACE: Gorman

14. MOTHER'S MAIDEN NAME: ✓ BIRTHPLACE: Faust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Fred Garndt ADDRESS: Middleton Wis.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

816.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cerebral hemorrhage and brain concussion — INTERVAL BETWEEN ONSET AND DEATH: immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fracture of left occipito frontal bone — immed.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Craters of Moon highway Butte Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 18 1952 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Truck - automobile collision

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* August 18, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10 ½ a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Reuss (Degree or title): M.D.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 8/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Aug 20 - 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Wisconsin

DATE REC'D BY LOCAL REG.: Aug 20 - 52
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Betty J. Marvel ADDRESS: Arco Idaho
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021 #670

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2853
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): F.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): Junell, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 1, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Logansport, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Wilson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. H. Wilson — ADDRESS: Fairfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — Years
DUE TO (c): Asthma — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 42, *to* 11 June, 1952, *that I last saw the deceased alive on* 1 June, 1952, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marion J. Kerns MD 207 (Degree or title)
23b. ADDRESS: Fairfield, Idaho
23c. DATE SIGNED: 21 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/13/52 01
24c. NAME OF CEMETERY OR CREMATORY: Oaksdale Cemetery
24d. LOCATION (City, town, or county) (State): Oaksdale, Wash.

DATE REC'D BY LOCAL REG.: Aug. 21, 52
REGISTRAR'S SIGNATURE: John Edwards
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: ROODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2554
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 11mi. Nth Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): P.
c. (Last): Harney

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman 51
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morris, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Harney — BIRTHPLACE: Morris, Ill.
14. MOTHER'S MAIDEN NAME: Mary Donahue — BIRTHPLACE: Morris, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-7425
17. INFORMANT'S OWN SIGNATURE: Robert L Harney — ADDRESS: Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 823.4 Head and Neck Injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) overturned auto
DUE TO (c) Car ran over grade

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Probably Instant death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fairfield, Camas, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 13 52 1 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car Ran off Highway

22. *I hereby certify that I attended the deceased from* 13 Aug, 1952, *to* _____, 19__, *that I last saw the deceased alive on* ✓, 19__, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J Kerns MD
23b. ADDRESS: Fairfield, Idaho
23c. DATE SIGNED: 21 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/16/52
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug. 21, 52
REGISTRAR'S SIGNATURE: John Edward
25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Idaho.
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 30 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ED'WARD b. (Middle) A. c. (Last) PAHL

4. DATE OF DEATH (Month) (Day) (Year): Aug. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alberta, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: F. C. William Pahl — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Della L. Parcel — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Bessie Pahl — ADDRESS: Corral

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Traumatic Emphysema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Crushed Chest

DUE TO (c): Run over by Combine Harvester

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 hr 50 min

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Corall, Camas, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15 1952 10:30 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Slipped + fell under wheel of Combine

22. *I hereby certify that I attended the deceased from* 15 Aug, 1952, *to* 15 Aug, 1952, *that I last saw the deceased alive on* 15 Aug, 1952, *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J. Kerns M.D.

23b. ADDRESS: Fairfield Idaho

23c. DATE SIGNED: 8/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/20/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-19-52

REGISTRAR'S SIGNATURE: John J. Edwards

25. FUNERAL DIRECTOR: Geo. Jensen Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle) OLIVER; c. (Last) REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 31, 1875

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Center Point, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William T. Reynolds
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Nancy Mounce
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Laura L Reynolds
ADDRESS: Fairfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Years
DUE TO (c): Arterio Sclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* 27 Aug, 1952, *that I last saw the deceased alive on* 26 Aug, 1952, *and that death occurred at* 1205A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion J Kerns (Degree or title): MD
23b. ADDRESS: Fairfield, Idaho
23c. DATE SIGNED: 28 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 8/28/52
REGISTRAR'S SIGNATURE: Elmo J. Edwards
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2857
Local Reg. No.
Reg. Dist. No. 360

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Rita
b. (Middle): Belle
c. (Last): Abbott

4. DATE OF DEATH (Month) (Day) (Year): August 3-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29-1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Silas M. Fletcher, BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Belle Reed, BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gurney H. Abbott — ADDRESS: Parma, Rt.3

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio Vascular Disease — 6 years.
DUE TO (c): Diabetes — 2 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Intestinal obstruction
Stone in rt. kidney.
2 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1952, *to* Aug 3, 1952, *that I last saw the deceased alive on* Aug 3, 1952, *and that death occurred at* 3:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Shupe 370
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: August 6-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 8/7/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2868
Local Reg. No. 22
Reg. Dist. No. 360

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-09891

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Davey
b. (Middle):
c. (Last): Romjue

4. DATE OF DEATH (Month) (Day) (Year): August 3-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: August 3-1952
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Murle Romjue, Phillipsburg, Kansas
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Evelyn E. Richesin, Grove, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Murle W. Romjue - Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity (26 wks).
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 Aug, 1952, *to* 3 Aug, 1952, *that I last saw the deceased alive on* 3 Aug, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. W. Simpson 372 — M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 5 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 4-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 8/8/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR / ADDRESS: T. W. Parkan, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

State File No. 2859
Local Reg. No.
Reg. Dist. No. 960

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Delta
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delta
d. STREET ADDRESS (If rural, give location): Delta House Apt.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Etta
c. (Last): Bond

4. DATE OF DEATH (Month) (Day) (Year): August 5-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 5-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry J. Pilcher — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Humphrey — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs J. B. King — ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 + Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular disease
DUE TO (c): many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952 *to* Aug 5, 1952 *that I last saw the deceased alive on* Aug 1, 1952 *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Hubler MD 613
23b. ADDRESS: 221 E. Logan St, Caldwell Ida
23c. DATE SIGNED: 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 8-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/9/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: G. V. Peckham Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2850
Local Reg. No. 24
Reg. Dist. No. 36.0

RECEIVED
AUG 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 207 Anderson St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maria	Lucinda	Romero	August 5-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	March 19-1868	84	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Trinidad, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pedro Lucero — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Luz Padilla — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lucille Martenez — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	443X Chronic Myocarditis	2
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	2
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell (COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1952, *to* Aug 5, 1952, *that I last saw the deceased alive on* Aug 5, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C J Coss 343 (Degree or title) MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 8/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 August 9-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Pakan ADDRESS: Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2851
Local Reg. No.
Reg. Dist. No. 960

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Black Canyon Unit No. 1 near Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Odd Fellows Home

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) c. (Last) Harrigfeld

4. DATE OF DEATH (Month) (Day) (Year): August 6-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: January 1-1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months: 7 Days: 5
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Norfolk, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred L. Swanson ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9758

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Irrig. Canal
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Canyon Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 6, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Jumped in Notus Canal near Odd Fellows Home

22. *I hereby certify that I attended the deceased from* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (470): John F. Aleip, Jr. (Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: August 8-1952
24c. NAME OF CEMETERY OR CREMATORY: Ashton
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: 8/15/52
REGISTRAR'S SIGNATURE: Agnes M Kenman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2952
Local Reg. No. 2452
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Ernest c. (Last) Mills

4. DATE OF DEATH (Month) (Day) (Year) August 11-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 4-1890

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 3 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY 04

11. BIRTHPLACE (State or foreign country) Arnold, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest Grant Mills BIRTHPLACE Roca, Nebraska

14. MOTHER'S MAIDEN NAME Bertha Needham BIRTHPLACE Roca, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. A. E. Mills ADDRESS Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anopia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic pneumonia — 2 days

DUE TO (c) Exposure from fall

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans — 10 yr.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) Aug (Day) 9 (Year) 52 (Hour) P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Fall - Cause unknown.

22. *I hereby certify that I attended the deceased from* 9 Aug, 19 52 *to* 11 Aug, 19 52 *that I last saw the deceased alive on* 11 Aug, 19 52, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A. E. Simpson M.D. (Degree or title) 372

23b. ADDRESS Caldwell

23c. DATE SIGNED 15 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE August 13-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 8/20/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Pakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2853
Local Reg. No. 28
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 216 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Alvin
c. (Last): Steele

4. DATE OF DEATH (Month) (Day) (Year): August 12-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: April 13-1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining and Farming 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Decatur County, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Feilding Steele, BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Isabelle Jane Brooks, BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kay V. Steele, ADDRESS: Kuna, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Aug 12, 1952, *that I last saw the deceased alive on* Aug 12, 1952, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE 372 (Degree or title): Lester Shupe
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: August 15-1952
24c. NAME OF CEMETERY OR CREMATORY: Kelso
24d. LOCATION (City, town, or county) (State): Kelso, Washington

DATE REC'D BY LOCAL REG.: 8/18/52
REGISTRAR'S SIGNATURE: Agnes M. Denman
25. FUNERAL DIRECTOR ADDRESS: C. V. Peckham, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2884
Local Reg. No. 30
Reg Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 516 East Ash St.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Henshaw; c. (Last) Raynor

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 31-1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 9 Days 14
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ilkeston, Derbyshire, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A.E. Henshaw, BIRTHPLACE: Derbyshire, England

14. MOTHER'S MAIDEN NAME: Not Known, BIRTHPLACE: England

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter L. Raynor, ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma - Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-25, 1952, *to* 8-15, 1952, *that I last saw the deceased alive on* 8-14, 1952, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.R. Peterson (Degree or title): MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 21 1952
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran
24d. LOCATION (City, town, or county) (State): Gresham, Oregon

DATE REC'D BY LOCAL REG.: 8/23/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25 FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22665
Local Reg. No. 92
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Wilder Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Bud; c. (Last) Short

4. DATE OF DEATH (Month) (Day) (Year): 8-20-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-1-1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Payette Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Short
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Catharine Clevenger
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: C Ballard Jr.
ADDRESS: Ontario Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 492X Virus Pneumonia
Interval between onset and death: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-18 *19*52, *to* 8-20, *19*52, *that I last saw the deceased alive on* 8-20, *19*52, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 52 (Degree or title): M.D.
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: 8/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8-23-52
24c. NAME OF CEMETERY OR CREMATORY: PAYETTE
24d. LOCATION (City, town, or county) (State): PAYETTE IDAHO

DATE REC'D BY LOCAL REG.: 8/30/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dalton Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2556
Local Reg. No. 8
Reg Dist. No. 860

BIRTH NO.

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print): a. (First) Thelma; b. (Middle) Violet; c. (Last) Case

4. DATE OF DEATH (Month) (Day) (Year): August 24-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 3-1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 6; Days 21
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Berwyn, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chester Sams
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Sarah Franklin
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. A. Case
ADDRESS: Caldwell Rt.6

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

460X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): thrombophlebitis — 3 mo.

DUE TO (c): varicose vein — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 24 aug, 1952, *to* 24 aug, 1952, *that I last saw the deceased alive on* 24 aug, 1952, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Simpson (Degree or title): M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 26 aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 28-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/29/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2857
Local Reg. No. 98
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1005 Belmont St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Evelyn; c (Last) Cross

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 29-1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 2 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse in State Hospitals

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Villa Limerick, Ireland

12. CITIZEN OF WHAT COUNTRY?:

13 FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16 SOCIAL SECURITY NO.: 519-22-4392

17. INFORMANT'S OWN SIGNATURE: Hugh N. Caldwell, ADDRESS: Caldwell, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4435

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular Disease — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 16, 1952, *to* July 30, 1952, *that I last saw the deceased alive on* 7-30, 1952, *and that death occurred at* —— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. Hubler M.D.
23b. ADDRESS: 221 E Logan Caldwell, Ida
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 28-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/13/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 38158
Local Reg. No. 960
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Tony	Lee	Curt	August 27-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	June 29-1951	1	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 22		Caldwell, Idaho	USA

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Harold Curt, Bentonville, Arkansas	Ramona Lee Ellis, Phillipsburg, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	No	Harold Curt. Marsing

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Runaway Cycle

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	farm	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 27 1952 10:30 A.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	[illegible]	8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 30-1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS
9/3/52	Agnes M Penman	C. V. Peckham Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2069
Local Reg. No. 34
Reg. Dist. No. 360

BIRTH NO. 111-52-09952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell,
d. STREET ADDRESS (If rural, give location): New Born Infant

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): (NMI)
c. (Last): Simpson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug. 31, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** 02
10b. KIND OF BUSINESS OR INDUSTRY: **********
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe N. Simpson — BIRTHPLACE: Oaklahoma
14. MOTHER'S MAIDEN NAME: Shirley Bardsley — BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ****No — (If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Joe N. Simpson — ADDRESS: Route 2 Parma, Id.

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature infant under 1# wt.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature delivery 5 mo.

DUE TO (c): Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 263 Elizabeth L Munn MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/2/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home — ADDRESS: 422 Baine Caldwell, Ida.
Merville D. Davis

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2870
Local Reg. No. 785
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #1 Nampa
d. STREET ADDRESS (If rural, give location): Rt. #1 Nampa

3. NAME OF DECEASED (Type or Print)
a. (First): Rodney
b. (Middle):
c. (Last): King

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 18, 1943
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl King — BIRTHPLACE: Bartley, Nebr.
14. MOTHER'S MAIDEN NAME: Maxine Ludlow — BIRTHPLACE: McCook, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

813.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull. — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Contusion & Laceration brain — 3 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT X SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Edge of hiway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) July (Day) 18 (Year) 1952 (Hour) 30 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Was struck by automobile while riding a bicycle

22. *I hereby certify that I attended the deceased from* July 18, 1952, *to* July 19, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross M (Degree or title) 3-4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/23/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2071
Local Reg. No. 183
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 623 6th St. No. Ext.

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) WILLIAM c. (Last) ROBERTSON

4. DATE OF DEATH: (Month) (Day) (Year) August 2, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorded

8. DATE OF BIRTH: November 17, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ducktown, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joe Robertson
BIRTHPLACE: Raytown, Tenn.

14. MOTHER'S MAIDEN NAME: Cora Cox
BIRTHPLACE: Raytown, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: T. A. Hays
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis Generalized — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Marked

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* Aug 2, 1952, *that I last saw the deceased alive on* Aug 2, 1952, *and that death occurred at* 7:45pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T C Horton Jr MD

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/6/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Town Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 15, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho

Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2872
Local Reg. No. 189
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 211 16th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Carroll b. (Middle) L. c. (Last) Pearson

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 13, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rogersville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Lee Pearson — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Looney — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl L Pearson — ADDRESS: Nampa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis & V.D. — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10- , 1951, *to* 8- 5 , 1952, *that I last saw the deceased alive on* 8- 7 , 1952 *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Riddell M.D.
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 8-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 25, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Finch
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2273
Local Reg. No. 190
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 724 Fern

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) P. c. (Last) DAY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 3, 1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Grinell, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry H. Day — BIRTHPLACE: Mass.

14. MOTHER'S MAIDEN NAME: Susie Foote — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519 03 2019A

17. INFORMANT'S OWN SIGNATURE: James S. Day — ADDRESS: Reno, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1950, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-5, 1952, *and that death occurred at* 11:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche 443 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Town Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug. 25 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr — **ADDRESS**: Nampa, Idaho
Alsip Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2874
Local Reg. No. 186
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Reynolds Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) E. c. (Last) ROGERS

4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 17, 1866

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Restaurant Prop.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) apoli, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gilbert Rogers — **BIRTHPLACE** N.Y.

14. MOTHER'S MAIDEN NAME Cynthia Frary — **BIRTHPLACE** N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Geo. A Neffsy — **ADDRESS** Los Angeles

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 1 year.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-3, 1952, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-6, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A B Halliday, M. D.

23b. ADDRESS Nampa, Ida

23c. DATE SIGNED 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY Ohlen Lawn Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Aug 12, 1952

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR John F Alsip Jr. — **ADDRESS** Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2675
Local Reg. No. 188
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba Rural Rt-Melmont Road
d. STREET ADDRESS (If rural, give location): Melmont Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLA	MAE	BARR	Aug.	11,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 16, 1915	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Brewer — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Alice L. Carlise — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 446 01 4748
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Melba

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gunshot wound - head. — INTERVAL BETWEEN ONSET AND DEATH: 2h.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) Melba. (COUNTY) (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 10 52 11 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY occur? Self inflicted wound

22. I hereby certify that I attended the deceased from 8/10, 19 52, to 8/11, 19 52, that I last saw the deceased alive on 8/11, 19 52, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] 347
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idah

DATE REC'D BY LOCAL REG.: Aug 26, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip Jr. Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2876
Local Reg. No. 191
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatts' Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 211 16th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 3, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Stonemason 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Taswell Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Bailey — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sara Butler — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Blanche B. Keith — ADDRESS: Melba, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Art. Sclerotic C. V. Disease — yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7-, 1952 *to* 8-14, 1952 *that I last saw the deceased alive on* 8-10, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): Gerald E. Hesche M.D.
23b. ADDRESS: Nampa, Ida.
23c. DATE SIGNED: 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 26, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Luck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Home
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2877
Local Reg. No. 192
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 Fern St.

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): S.
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bridle Creek, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Grandville Mathews — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Catherine Cox — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Stella M. Morgan — ADDRESS: So. Dak

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchi pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Following Contusion of chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ant. Scl. C. Vascular disease c Pleural effusion Peritonitis — 1 wk

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — Wyoming
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* 8-2, 1952 *to* 8-16, 1952, *that I last saw the deceased alive on* 8-15, 1952, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Hetchenson
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/19/1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 25, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Home
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL

State File No. 2878
Local Reg. No. 187
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 171 Orchard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 171 Orchard

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) LEE c. (Last) MAYS

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1952

5. SEX: Male.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 25, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President

10b. KIND OF BUSINESS OR INDUSTRY: Nampa Sign Co.

11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James F. Mays
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Esther
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 233 03 5952

17. INFORMANT'S OWN SIGNATURE / ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Thrombosis of right coronary artery — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy only, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Seeman M.D. (Degree or title)

23b. ADDRESS Boise

23c. DATE SIGNED 19 August 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE Aug. 32 '52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug. 25, 1952

REGISTRAR'S SIGNATURE: Marjorie Funk

25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2979
Local Reg. No. 193
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 704 Fern Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704 Fern Street

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): DAVID
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Med. Technoligist
10b. KIND OF BUSINESS OR INDUSTRY: Clinical Lab.
11. BIRTHPLACE (State or foreign country): Hubbard, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Obed Miller 92
BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Ella Mae Yoder
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 05 1096
17. INFORMANT'S OWN SIGNATURE: Lovina Miller
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 416X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Embolism — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — 25 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* ____, 1948 *to* 8-18-, 1952, *that I last saw the deceased alive on* 8-17, 1952, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): Gerald E Wesche MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 52 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 25 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Fuck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. Alsip Funeral Home
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2280
Local Reg. No. 196
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 Fern Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 208 Fern Street

3. NAME OF DECEASED (Type or Print): a. (First) SALLIE b. (Middle) ELLEN c. (Last) THOMPSON

4. DATE OF DEATH: (Month) Aug. (Day) 20, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 18, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cove, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Hochstedler
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Katheren Beeghly
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs Neil Carpenter
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sel. C.V. Dis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Aug 20, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest E Steck M.D.
23b. ADDRESS: Nampa
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 6, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2331
Local Reg. No. 195
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 Garland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 220 Garland

3. NAME OF DECEASED (Type or Print)
a. (First): ABNER
b. (Middle): W.
c. (Last): FERGUSON

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Bristol, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Ferguson — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Alamanda Warshom — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Linnie Ferguson — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Failure — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1948, *to* 8-21, 1952, *that I last saw the deceased alive on* 8-21, 1952, *and that death occurred at* 10:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 178 T C Horton Jr MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 01 Aug. 26, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 6, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steve
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2132
Local Reg. No. 194
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1611 4th St. So.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) A. c. (Last) GILLESBY

4. DATE OF DEATH: August 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Mar. 25, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Herman, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Gillesby
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Catherine McClaren
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Ray Gillesby
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-11, 19 52, *to* 8-22, 19 52, *that I last saw the deceased alive on* 8-22, 19 52, *and that death occurred at* 6:35p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest E Krench MD
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/26/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Ida.
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECD SEP 13 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2653
Local Reg. No. 197
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location): 1528 So. Pine

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARY	JEANETTE	DRAKE	Aug. 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Divorced	Oct. 15, 1878	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenleaf, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luke Perkins — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Clara Belle Southerland — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Warren S. Drake — ADDRESS: 1029 Manatou, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery occlusion — 4 days
DUE TO (c) Generalized arteriosclerosis — 50 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 20, 1952, *to* Aug. 23, 1952, *that I last saw the deceased alive on* Aug. 23, 1952, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Shirley D. Littlefield, M.D.	Nampa, Idaho	8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 26, 1952	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 6, 1952	Mrs Jane L Steck	A. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden Chapel

Certificate of Death

STATE OF IDAHO

State File No. 2284
Local Reg. No. 200
Reg. Dist. No. 362

BIRTH NO.

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 624 6th st. No. Ext.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624 6th St. No. Ext.

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Alvin c. (Last) Mahler

4. DATE OF DEATH: (Month) Aug. (Day) 25, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Williams County, Ohio

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: George Mahler 37 BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: No record BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Geo. Mahler ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 434.3 Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 26 1950, *to* Aug 25, 1952, *that I last saw the deceased alive on* about Aug 18, 1952, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 442
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/30/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2885
Local Reg. No. 201
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 17th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): G.
c. (Last): Canfield

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Apr. 23, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Davenport, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic C.V. Dis — yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary Insufficiency — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6-, 1952, *to* 8-27-, 1952, *that I last saw the deceased alive on* 8-27, 1952 *and that death occurred at* 10am *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): [signature] MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/30/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs Janet Fuck
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

G. Tres. ne

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2886
Local Reg. No. 202
Reg. Dist. No. 32

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2012 3rd St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 2012 3rd St. So.

3. NAME OF DECEASED (Type or Print): a. (First) Alvina b. (Middle) c. (Last) Shane

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 7, 1874

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Rock Island, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rudolph Geertz BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Gottsche BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Paul Shane ADDRESS: Vale, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1952, to 8/22, 1952, that I last saw the deceased alive on 8/22, 1952, and that death occurred at 11a m., from the causes and on the date stated above.

23a. SIGNATURE: A. B. Halliday (Degree or title): M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/30/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Wm. F. Cash ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT Certificate of Death

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

State File No. 2807
Local Reg. No. 283
Reg. Dist. No. 363

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Big Horn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emblem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): L.
c. (Last): Stearns

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 22, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Mound City, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: L. W. Park — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Munchmeyer — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Fred Stearns — ADDRESS: Wilder, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Papillary Carcinomas of Left Ovary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fibroid tumor of uterus Nodular
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8-15-52
19b. MAJOR FINDINGS OF OPERATION: Tumor of Left ovary with Metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12-52, 19__, *to* 8-28-52, 19__, *that I last saw the deceased alive on* 8-28-52, 19__, *and that death occurred at* 6:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hans E. Mangum MD SH 240
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Basin, Wyoming

DATE REC'D BY LOCAL REG.: Sept. 19 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. T. E. Mangum St.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2288
Local Reg. No. 204
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 11th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Herbert	Allen	Aug. 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
m	W	Single	Sept. 25, 1885	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer	Farming	Aurora Springs, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	No record	Sarah Ladd	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	538-24-2552	Oliver C Sondy	Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/21, 1949, *to* 9/25, 1952, *that I last saw the deceased alive on* _____, 1952 *and that death occurred at* 9:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Halliday	M.D.	Nampa, Ida	9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/2/52	Kohlerlawn	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 19, 1952	Mrs. Jane Steck	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2939
Local Reg. No. 206
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CATHERINE	IRENE	SHROLL	Aug. 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Infant	July 19, 1947	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	At home	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer W. Shroll	Nampa, Idaho	Cecile L. Nafie	Seattle, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Mrs. Elmer Shroll	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Rt - Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Lymphatic Leukemia — 5 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-28-51, 19 55, *to* 5/80, 19 52, *that I last saw the deceased alive on* 8/30, 19 52, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Farber (3D)	M. D.	311½ 14th Ave So	9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 3, 52	Mohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 19, 1952	Mrs. Jane Stuck	John F. Alsip	Nampa, Idaho
		Alsip Funeral Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2890
Local Reg. No. 207
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 Juniper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 412 Juniper

3. NAME OF DECEASED (Type or Print)
a. (First): NEAHARD
b. (Middle): ANTON
c. (Last): MALMBERG

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loberod, Skane, Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Malmberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Elsie No record — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Myrtle Malmberg — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Aug 30, 1952, *that I last saw the deceased alive on* Aug 25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD 241
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview, Washington
24d. LOCATION (City, town, or county) (State): Grandview Wash.

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2891
Local Reg. No. 184
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): VICTOR
b. (Middle):
c. (Last): SAMPAYAN

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1952

5. SEX: male
6. COLOR OR RACE: Phillipino
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gabo, P.H.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louis R. Adams — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — Nitrated Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Jaundice, obstructive

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-28, 1952, *to* 7-28, 1952, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:45p *m. from the causes and on the date stated above.*

23a. SIGNATURE: H P Belknap (Degree or Title) — 23b. ADDRESS: Nampa Ida — 23c. DATE SIGNED: 8/6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/2/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 20, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2 92
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): JOY
b. (Middle): C.
c. (Last): THORPE

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Febr. 26, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Steam Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Umatilla, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gaylord Thorpe — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Elizabeth Decker — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 472-09-8894
17. INFORMANT'S OWN SIGNATURE: Irwin B Thorpe — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic C.V. Dis. — Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes.

423.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1951, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-5-, 1952, *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E Wexche (Degree or title) 442
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 8-18-1952
REGISTRAR'S SIGNATURE: W W Benson
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2893
Local Reg. No. 25-
Reg. Dist. No. 861

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 miles north of Notus
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In Black Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) LeRoy c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year) August 10-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH October 12-1938

9. AGE (In years last birthday) 13
IF UNDER 1 YEAR Months 9 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 8th grade at Ten Davis

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 03 George T. Johnston, BIRTHPLACE Joplin, Missouri

14. MOTHER'S MAIDEN NAME Marie F. Chapman, BIRTHPLACE Tirliff, Colorado

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Donald Johnston ADDRESS Parma Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9218

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Irrigation Canal

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 6 miles East of Parma near farm to market road. Canyon, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 10, 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Backed John Deere Tractor in canal.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE John T. Alsip Jr. (Degree or title) Coroner

23b. ADDRESS Nampa, Idaho

23c. DATE SIGNED 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE August 14-1952

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 8/15/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Eckham-Dokan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2954
Local Reg. No. 27
Reg. Dist. No. 960

BIRTH NO. AUG 1 8 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print)
a. (First): Alva
b. (Middle):
c. (Last): Riggs

4. DATE OF DEATH (Month) (Day) (Year): August 13-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 23-1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR — Months: 4 — Days: 20
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist at Parma Water Lifter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chase County, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Riggs, 17
BIRTHPLACE: Monroe County, Iowa

14. MOTHER'S MAIDEN NAME: Sarah Summers
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-20-7632

17. INFORMANT'S OWN SIGNATURE: Sidney D Bruce
ADDRESS: ,Parma, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4201 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive cardiovascular disease — several years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 6/8 W L Hubler MD

23b. ADDRESS: 231 E Logan St Caldwell

23c. DATE SIGNED: 8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 16-1952

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8/16/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1952 DIVISION OF VITAL STATISTICS BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2895
Local Reg. No. 895
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Notus
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus, Idaho
d. STREET ADDRESS (If rural, give location): Section House

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Eugene c. (Last) Repenn

4. DATE OF DEATH: (Month) (Day) (Year) August 22-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Youth

8. DATE OF BIRTH: February 8-1943

9. AGE (In years last birthday): 9
IF UNDER 1 YEAR: Months 6 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 3rd Grade at Notus

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Milford, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank G. Repenn
BIRTHPLACE: Wheatland, Iowa

14. MOTHER'S MAIDEN NAME: Marie Keller
BIRTHPLACE: Fullerton, Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marie M. Repenn
ADDRESS: Notus

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boise River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Notus Canyon Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 22, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Wading in Boise river after fishing

22. *I hereby certify that I attended the deceased from* about, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Blair, Jr. (Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 27-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/13/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham
ADDRESS: Peckham-Dakan Chapels Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2896
Local Reg. No. 205
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #6

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #6

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) W c. (Last) Ray

4. DATE OF DEATH: (Month) Aug. (Day) 29, (Year) 1952

5. SEX: m

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 23, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Blue Mts. Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arnold Ray
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Neda No record
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Millie Ray
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
DUE TO (c): Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-, 1951, *to* 8-29-, 1952, *that I last saw the deceased alive on* 8-25-, 1952 *and that death occurred at* 9 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel Wayne M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/20/52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Sept. 19, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F. Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Duplicate

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REGISTERED SEP 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 97
Local Reg. No. 39
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): Hamilton

4. DATE OF DEATH (Month) (Day) (Year): August 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 1, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edison, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hamilton — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Martha Stump — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Mrs. W. M. Hamilton — ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cor. Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* at death *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Distler M.D. (Degree or title)
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 4-1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 9/13/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 58
Local Reg. No. 4
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CARIBOU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS
c. LENGTH OF STAY (in this place): 22YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CA IBOU CO.HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CARIBOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE b. (Middle) ELIZABETH c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): AUG.3 1952.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG.12,1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months 11 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: KEEPING HOUSE
11. BIRTHPLACE (State or foreign country): BOWENBURG, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM DIMOCK — BIRTHPLACE: MAINE
14. MOTHER'S MAIDEN NAME: MARY CATHERINE GRAHAM — BIRTHPLACE: PENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Dan Morgan — ADDRESS: SODA SPRINGS IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infectious mononucleosis — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Aug 3, 1952, *that I last saw the deceased alive on* Aug 3, 1952, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 427 Allen H. Tigert, M.D.
23b. ADDRESS: Soda Springs, Ida
23c. DATE SIGNED: 8/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 8/6/52
24c. NAME OF CEMETERY OR CREMATORY: GROVE CITY CEMETERY
24d. LOCATION (City, town, or county) (State): BLACKFOOT, IDAHO

DATE REC'D BY LOCAL REG.: 8-5-52
REGISTRAR'S SIGNATURE: Donna C. Ellis
25. FUNERAL DIRECTOR: C L Whitmore — ADDRESS: SODA SPRINGS IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2139
Local Reg. No. 68
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Main St

3. NAME OF DECEASED (Type or Print): a. (First) Lyle b. (Middle) Eugene c. (Last) Rettig

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 10 1906

9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Decatur Mich

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edwin Rettig — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Eva Brubaker — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-09-0973

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Frank Rettig Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 1952, *to* Aug 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyde E Dunn M.D. — **23b. ADDRESS**: Burley Ida. — **23c. DATE SIGNED**: Aug 11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Aug 11th 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Jerome Cemetery — **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Aug 12 1952 — **REGISTRAR'S SIGNATURE**: R T Nelson

25. FUNERAL DIRECTOR: Glen Buckler — **ADDRESS**: Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 69
Reg. Dist. No. 4-70

BIRTH NO.

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) J. c. (Last) Matthews

4. DATE OF DEATH (Month) (Day) (Year): August 9 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 2, 1949

9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME — BIRTHPLACE: Maurice J. Matthews, Oakley, Idaho

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Maurine Barry, Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Maurice J. Matthews — Oakley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Large Laceration Liver & Spleen

DUE TO (c) Trauma - Horse stepped on abdomen -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oakley - Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): aug-8-1952 5:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Horse Knocked over - Stepped on Abdomen -

22. *I hereby certify that I attended the deceased from* aug 8, 1952, *to* aug 9, 1952, *that I last saw the deceased alive on* aug 9, 1952, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Sutton — (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 8-13-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1952

REGISTRAR'S SIGNATURE: R. F. Nelson

25. FUNERAL DIRECTOR — ADDRESS: Vern B. McCulloch — Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22001
Local Reg. No. 77
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) Virginia c. (Last) Renner

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 27, 1882

9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months: 8 Days: - IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lonetree, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Wesley Fallon BIRTHPLACE: St. Louis, Mo.

14. MOTHER'S MAIDEN NAME: Rhoda Louisa Bullock BIRTHPLACE: Fort Bridger, Wyo.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE AND ADDRESS: C A Renner R.2 Box # Gooding Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 Yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 May, 19 52, *to* 26 August, 19 52, *that I last saw the deceased alive on* 26 August, 1952, *and that death occurred at* 10:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 423 (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: View Cemetery
24d. LOCATION (City, town, or county) (State): View, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.: 9-8-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Ken B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]2
Local Reg. No. 74
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lynch Service Station

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo - Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd; b. (Middle) Lee; c. (Last) Walker

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1909

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months 8 Days 20
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Stricklarville, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Daniel Walker, Severe Co., Tenn.

14. MOTHER'S MAIDEN NAME: Catherine Bell Maggart -- Missouri

BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mamie B. Walker
ADDRESS: Declo, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Constant Cough - Period of time ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25, 1952, *to* 8/25/, 1952, *that I last saw the deceased alive on* Did Not, 19—, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern B. McCulloch 472 (Degree or title): Coroner C & G
23b. ADDRESS: Burley - Ida
23c. DATE SIGNED: 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 28, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: 9-8-1952
REGISTRAR'S SIGNATURE: D. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5003
Local Reg. No. 10
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 34yrs 7mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) Aug 6, 52

5. SEX F

6. COLOR OR RACE Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 12-28-87

9. AGE (In years last birthday) 64 | IF UNDER Months | Days | IF UNDER 1 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk | BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME unk | BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. E. Berry and ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

353.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 18 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chron myocarditis — 3 yr
DUE TO (c) Paralysis of rt arm — 5 yr (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — 3 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fracture rt humerus

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital

21c. (CITY, TOWN, OR TOWNSHIP) Orofino (COUNTY) Clearwater (STATE) Ida

21d. TIME OF INJURY (Month) Aug (Day) 1 (Year) 1952 (Hour) p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Fell during seizure

22. I hereby certify that I attended the deceased from 12-21, 1948, to Aug 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 10 45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Berry M D (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED Aug 6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REM. VAL.

24b. DATE 8-7-52

24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL

24d. LOCATION (City, town, or county) LEWISTON, (State) IDAHO

DATE REC'D BY LOCAL REG. 8-7-52

REGISTRAR'S SIGNATURE Vernon E. Dailey

25. FUNERAL DIRECTOR W. E. Gilbert

ADDRESS Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1952 DIVISION OF VITAL STATISTICS

State File No. 2134
Local Reg. No. 11
Reg. Dist. No. 210
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 916 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Evelyn	Elwell	Aug	9	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	married	Nov 6 1876	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Dubuque Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Clark Chamberlain	Ohio	Harriet A. Palmer	N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		E. L. Berry med	Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute cardiac failure	few min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile phychosis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-26-52 *to* 8-9-52, *that I last saw the deceased alive on* 8-8-52, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Berry MD	Orofino Ida	8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-10-52	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-10-52	Vernon E. Dailey	W. E. Gilbert	Orofino Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2605
Local Reg. No. 12
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): D.
c. (Last): Baugh

4. DATE OF DEATH (Month) (Day) (Year): 8-12-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-9-1915
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck operator
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Ceres Virginia
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Simon S. Baugh — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Nannie E. Turley — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518038028
17. INFORMANT'S OWN SIGNATURE: Lila V. Baugh — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cranio-Cerebral injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed chest, abdomenal injury
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 15 Minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lumber Company
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-52 6:30p. m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by log while unloading truck.

22. *I hereby certify that I attended the deceased from* 8-12-52 *to* 8-15-52 *to* administration only, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: V.B. Pappenhagen — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 8-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 8-16-52
REGISTRAR'S SIGNATURE: Vernon E. Fowler
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]16
Local Reg. No. 15
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 2017 - 3rd Ave No. Lewiston

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Burlingham

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 1876 approx

9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Unk.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk | BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME Unk | BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-16-3496

17. INFORMANT'S OWN SIGNATURE W. E. Gilbert ADDRESS Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Two) — INTERVAL BETWEEN ONSET AND DEATH 3 days 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1952, to 8-15, 1952, that I last saw the deceased alive on 8-14, 1952, and that death occurred at 12 10 A m., from the causes and on the date stated above.

23a. SIGNATURE E. R. Berry M.D. (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8-18-52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. 8-18-52

REGISTRAR'S SIGNATURE Vernon E. Jacoby

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2907
Local Reg. No. 42
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoll Hospital Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1619 - 14 Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Milo	P	Streeker	Aug 17 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Wh	married	June 14 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant	clothing	Arcadia Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Streeker	Iowa	Mandy ?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unk		no	E. L. Barney	Orofino

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac fibrillation	3 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerosis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Hypertension Cerebral arteriosclerosis	3 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1, 1952 *to* Aug 17, 1952, *that I last saw the deceased alive on* Aug 16, 1952, *and that death occurred at* 7 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barney res	Orofino Ida	Aug 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-20-52	Riverside Cemetery	Orofino Id. Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-19-52	Vernon E. Dailey	W. E. Gilbert	Orofino

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2208
Local Reg. No. 27
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 50yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): FRANCIS
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 28, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Salem Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Horn — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X E. H. Evans — ADDRESS: Mtn Home Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Nephritis

DUE TO (c): Frost femur in bed 6 mths

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Aug 26 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Weber M.D.
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Aug 30, 1952
REGISTRAR'S SIGNATURE: A. F. Anderson
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2209
Local Reg. No. 26
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soldier Mountain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) MILES b. (Middle) DUDLEY c. (Last) MONTROSE

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 11, 1911

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 5, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cat-Skinner 52

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Hagerman Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Montrose — BIRTHPLACE: Smithfield Utah

14. MOTHER'S MAIDEN NAME: Emma May Weeck — BIRTHPLACE: Hagerman Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-9478

17. INFORMANT'S OWN SIGNATURE: X Fred E Montrose — ADDRESS: Mtn. Home

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed body and multiple fractures and injuries. Fractured Skull.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental.

DUE TO (c) Due to large tree falling across Body, while operating a Catpillar tractor in Logging operation.

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

912.8

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Loggin Camp

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pine Elmore Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) Aug 26 52 (Hour) 11:20 A m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? large tree fell across body, while operating a Cat-

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Philo F. Green (Degree or title) Coroner

23b. ADDRESS: Mountain Home

23c. DATE SIGNED: 8/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Aug 28, 1952

REGISTRAR'S SIGNATURE: A.R. Anderson

25. FUNERAL DIRECTOR: Delig J. Bay

ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
AUG 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2910
Local Reg. No. 6
Reg. Dist. No. 5410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 279 East 2nd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 279 East 2nd north

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Albert c. (Last) Beckstead

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 14, 1865

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): South Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas W. Beckstead — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Sarah Ellen Ashton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wm. Albert Beckstead Jr. — ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Heart disease — 5 yrs

33 IX

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-9, 1952, *to* 8-12, 1952, *that I last saw the deceased alive on* 8-12, 1952 *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Whitney

24d. LOCATION (City, town, or county) (State): Whitney Idaho

DATE REC'D BY LOCAL REG.: 8-12-1952

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5611
Local Reg. No. 5
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston R.F.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 452 South 1st East

3. NAME OF DECEASED (Type or Print): a. (First) ADDIE b. (Middle) LEORA c. (Last) WINGER GAILEY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7, 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 10, 1870.

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Putnam Co., Missouri.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Noah Winger
BIRTHPLACE: Roanake, Virginia.

14. MOTHER'S MAIDEN NAME: Lavina Gates
BIRTHPLACE: Lee Co., Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 331X

17. INFORMANT'S OWN SIGNATURE: Joseph W. Gailey
ADDRESS: Franklin Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 15 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus, — 15 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-7, 19 52 *to* 8-7, 19 52, *that I last saw the deceased alive on* 8-7, 19 52, *and that death occurred at* 10:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-11-52

24c. NAME OF CEMETERY OR CREMATORY: Fairview

24d. LOCATION (City, town, or county) (State): Fairview, Idaho.

DATE REC'D BY LOCAL REG.: 8-11-52

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman P. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8012
Local Reg. No. 7
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton
d. STREET ADDRESS (If rural, give location): Dayton, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JOHN
c. (Last): EGG

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 5, 1886.
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Egg — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Louisa Vollenwider — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Myrtle Egg — ADDRESS: Dayton Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with acute dilatation & failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug 29 1952, *that I last saw the deceased alive on* Aug 29, 1952, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-52
24c. NAME OF CEMETERY OR CREMATORY: Providence
24d. LOCATION (City, town, or county) (State): Providence, Utah.

DATE REC'D BY LOCAL REG.: 9-2-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 430
Reg. Dist. No. 650

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JOHN c. (Last) BORROWMAN

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept., 2, 1884

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 11 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Clerk UPRR Co.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Nephi, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Park Borrowman 70
BIRTHPLACE: Mill Creek, Utah

14. MOTHER'S MAIDEN NAME: Susannah Wheeler
BIRTHPLACE: Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Carl W. Borrowman
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Aug, 1952, *to* ____, 19____, *that I last saw the deceased alive on* 1 Aug, 1952, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 5 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7 August 52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: 7 August

REGISTRAR'S SIGNATURE: M. S. Hansen

25. FUNERAL DIRECTOR: M. S. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 48
Local Reg. No. 48
Reg. Dist. No. 651

111-52-010183
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, Id

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: VFremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) PETER c. (Last) GARRETT

4. DATE OF DEATH (Month) (Day) (Year): August 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 5, 1952

9. AGE (In years last birthday): 0 | IF UNDER 1 YEAR Months: 0 | Days: 0 | IF UNDER 24 HRS. Hours: 11 | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ashton, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sam B. Garrett — BIRTHPLACE: Bristol, Va.

14. MOTHER'S MAIDEN NAME: Phyllis Curri — BIRTHPLACE: Cloverdale, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: S B Garrett — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 11

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased* ~~Dec~~ Aug 5, 1952, ~~to~~ _____, ~~19~~ _____, *that I last saw the deceased alive on* Aug 5, 1952, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Ashton - Ida

23c. DATE SIGNED: 19 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6 August 52

24c. NAME OF CEMETERY OR CREMATORY: Riverview

24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: August 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2915
Local Reg. No. 47
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Park
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 2849 Polk Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Marion c. (Last) Charlesworth

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): O.F.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathias Gilles — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Elizabeth Woodfield — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ruth Charlesworth — ADDRESS: Ogden, Uta

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS (PROBABLY) — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY SCLEROSIS — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 8, 1952 *to* ———, 19—, *that I last saw the deceased* NOT SEEN ALIVE 19—, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Spencer Robinson (Degree or title): M.D.

23b. ADDRESS: ASHTON, IDAHO

23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: August 9, 52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 9 August 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2216
Local Reg. No. 49
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Park Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) POWELL

4. DATE OF DEATH: (Month) (Day) (Year) Aug., 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 18, 1881

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder ok

10b. KIND OF BUSINESS OR INDUSTRY: Sheepbusiness

11. BIRTHPLACE (State or foreign country): Egin, Fremont County, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Powell — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane Rawson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lewis Powell — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural Causes Probably — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Thrombosis

DUE TO (c): Foundering sleep Camp.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* never attended *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen 470 (Degree or title): Coroner

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 14 August 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 16 August 52

24c. NAME OF CEMETERY OR CREMATORY: Parker

24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.: 14 Aug 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR ADDRESS: M. L. Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2017
Local Reg. No. 51
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Hiway 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BRYCE
b. (Middle): LARRELL
c. (Last): GOULDING

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 28, 1933
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Bryce Goulding — BIRTHPLACE: St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME: Lucile Miller — BIRTHPLACE: Parker, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bryce Goulding — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed chest and head. Fractured right & left wrist — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Compound fracture right leg
DUE TO (c): Multiple cuts & abrasions entire body.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8/5/4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Hiway 191
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 Miles South St Anthony, Fremont, Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 19 1952 8:45 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Motorcycle crashed into car on U.S. Hiway 191

22. *I hereby certify that I attended the deceased from* Never attended, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen 470 4 (Degree or title): Coroner
23b. ADDRESS: St Anthony Ida
23c. DATE SIGNED: 22 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 August 52
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 22 August 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2213
Local Reg. No. 50
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drummond
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) BROWN

4. DATE OF DEATH: (Month) (Day) (Year) August 19, 1952

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poolhall operator
10b. KIND OF BUSINESS OR INDUSTRY: Selfemployed
11. BIRTHPLACE (State or foreign country): Vandalia, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Erastus B. Brown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nora Rogers — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: La Monte Bauer — ADDRESS: St. Anthony

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 15 years
DUE TO (c) Bronchial asthma — 25 years ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Jun, 19 52, *to* 16 aug, 19 52, *that I last saw the deceased alive on* 16 aug, 19 52, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. O. Brinton 8-19-52 (Degree or title): MD
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 19 aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 22 Aug 52
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho.

DATE REC'D BY LOCAL REG.: 22 Aug 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 52
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: FREMONT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON.
c. LENGTH OF STAY (in this place): 12Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA.
b. (Middle): MARTHA.
c. (Last): PHILLIPS.

4. DATE OF DEATH (Month) (Day) (Year): AUG. 26th1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY.23rd1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: **
11. BIRTHPLACE (State or foreign country): HEMMINGFORD. NEB.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: GODFREY REIMAN. BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: CATHERINE KRAMER. BIRTHPLACE: GERMANY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: **
17. INFORMANT'S OWN SIGNATURE: W A Phillips — ADDRESS: ASHTON Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of breast — 5 years
DUE TO (c): Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 26 Aug., 1952, *that I last saw the deceased alive on* 25 Aug., 1952, *and that death occurred at* 7 A m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 213
23b. ADDRESS: Ashton - Idaho
23c. DATE SIGNED: 27 Aug. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.
24b. DATE: 8/29/1952.
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: 29 August 52
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. 7
Reg. Dist. No. 340-341

BIRTH NO. [illegible] 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Lane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noti
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) ADA b. (Middle) DORA c. (Last) DENNEY

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	June 4, 1867	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	St. Joseph, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	None	Lewis Denney	R 2 - Emmett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 442X Heart and Kidney — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Age, Over Weight
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 9, 1952, *to* Aug 14, 1952, *that I last saw the deceased alive on* Aug. 13 1952, *and that death occurred at* 7:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J L Reynolds MD	331	Emmett Idaho	8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-15-52	Poole-Larsen F. Home	Eugene, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 15, 1952	Jean A. Beatty	Glenn W. Beatty	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 8
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 218 E. 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): Domingo
b. (Middle): Uberuaga
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/22/1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Guerricaiz, Spain
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pedro Jose Uberuaga — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Maria Ygnacia Carriaga — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-3481
17. INFORMANT'S OWN SIGNATURE: Mrs Marie Rude — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thrombosis femoral artery — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 *to* 16 Aug., 1952 *that I last saw the deceased alive on* 16 Aug., 1952, *and that death occurred at* 7 45/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Goodman 137 M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 20 Aug. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 16th
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Aug. 20, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise.

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2522
Local Reg. No. 9
Reg. Dist. No. 340-341

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Louise c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 7, 1921

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months: 7 Days: 19
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 65

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Henkelman, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C. W. Campbell
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Anna May Morrell
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. May Campbell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

353.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): accidential drowning
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): epileptic seizure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): irrigation ditch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W Beatty Coroner Gem county.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: Aug 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: August 29 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT
Certificate of Death

State File No. 2223
Local Reg. No. 10
Reg. Dist. No. 340.341

BIRTH NO. SEP 11 1952

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 107 Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Lee
c. (Last): Lyons

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 28, 1870
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days /
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad freight
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Lyons 70
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Margret Campbell
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: John Berkshire by Glenn W. Beatty
ADDRESS: Kansas City, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Head on arrival
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediately

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Death, 19__, *to* arrival, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 325 (Degree or title): Ronald P. Pawlenson
23b. ADDRESS: Emmett
23c. DATE SIGNED: 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Aug. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sidalia, Missouri
24d. LOCATION (City, town, or county) (State): Sidalia, Missouri

DATE REC'D BY LOCAL REG.: Sept. 2, 1952
REGISTRAR'S SIGNATURE: Jean G. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2324
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Leslie c. (Last) Cavins

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 1, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months: 7 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer of

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Hallsville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Edward Cavins — BIRTHPLACE: Rowonock, O.

14. MOTHER'S MAIDEN NAME: Martha Reed — BIRTHPLACE: Hallsville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE X John Cavins — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemmorrage — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 12 a. m., from the causes and on the date stated above.*

23a. SIGNATURE Glenn W Beatty — Coroner (Degree or title)

23b. ADDRESS: Gem County Emmett, Idaho

23c. DATE SIGNED: Aug. 31, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: Aug. 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mt. [illegible]ion

24d. LOCATION (City, town, or county) (State): Hallsville, Mo.

DATE REC'D BY LOCAL REG.: Aug. 31, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 5025
Local Reg. No. 1560
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 9 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho T.B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): —
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): July 29 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Aug 14, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ft. Connington, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Murphy — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Elizabeth — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: E. H. Brady MD — ADDRESS: Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 002X Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Idd.

ANTECEDENT CAUSES — DUE TO (b) —

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — —

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* July 29, 1952, *that I last saw the deceased alive on* July 29, 1952, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Brady MD (Degree or title)
23b. ADDRESS: Idaho T.B. Hosp.
23c. DATE SIGNED: July 29 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/8/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-1-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerrod Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 155
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 945 Wyoming

3. NAME OF DECEASED (Type or Print)
a. (First) JESSE
b. (Middle) HOMAR
c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 27, 1878
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Garnett, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joshua L. Wright — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Patsy Sutton — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-2749
17. INFORMANT'S OWN SIGNATURE Marion R Wright — ADDRESS Milford, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — many yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Aug. 3, 1952, *that I last saw the deceased alive on* Aug 3, 1952, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter E. Anderson M.D. (Degree or title)
23b. ADDRESS Gooding, Ida.
23c. DATE SIGNED 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/5/52
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 8-5-52
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr. — ADDRESS [illegible] PEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 372
Local Reg. No. 421
Reg. Dist. No.

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. LENGTH OF STAY (in this place): 11 DYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING MEM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) M c. (Last) SHRODER

4. DATE OF DEATH: (Month) AUG, (Day) 18, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: 6/29/1866

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BANNERS ELK NO. CAROLINA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: AARON VANCANNON — BIRTHPLACE: NO. CAROLINA

14. MOTHER'S MAIDEN NAME: DOLLY BINGHAM — BIRTHPLACE: NO. CAROLINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: Mrs Leland Green — ADDRESS: Hagerman Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. one poorly funct. kidney

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-30, 1951, *to* 8-17, 1952, *that I last saw the deceased alive on* 8-17, 1952, *and that death occurred at* 1 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice C. Schiel M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 8/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/21/1952
24c. NAME OF CEMETERY OR CREMATORY: HAGERMAN
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: 8/21/52
REGISTRAR'S SIGNATURE: Veronica Mann
25. FUNERAL DIRECTOR: J. Forest Weaver — ADDRESS: Wendell Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2928
Local Reg. No. 15
Reg. Dist. No. 422

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 430 California

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 430 California

3. NAME OF DECEASED (Type or Print): a. (First) FOY b. (Middle) C. c. (Last) OSBORNE

4. DATE OF DEATH: (Month) Aug. (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Pastime Cigar

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Battle Creek, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Allen Osborne
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Gertrude Mink
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lena Osborne
ADDRESS: 430 Califronia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sundry

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 1944
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/21, 1952 *to* 8/21, 1952 *that I last saw the deceased alive on* 8/21, 1952 *and that death occurred at* 10 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Rummel M.D.
23b. ADDRESS: Gooding Ida.
23c. DATE SIGNED: 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: J. A. Cranwell
25. FUNERAL DIRECTOR: Geo. Jerred Jr.
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 43 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME E MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): E MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): GORDON
b. (Middle): DONALD
c. (Last): MACQUIVEY

4. DATE OF DEATH (Month) (Day) (Year): AUG. 6 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL, 17, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE
10b. KIND OF BUSINESS OR INDUSTRY: & INSURANCE
11. BIRTHPLACE (State or foreign country): RIPTON VERMONT
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALSON MacQUIVEY — BIRTHPLACE: RIPTON VT.
14. MOTHER'S MAIDEN NAME: FLORENCE COBB — BIRTHPLACE: VERMONT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Audrey Ross MacQuivey — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1952, *to* death, 19__, *that I last saw the deceased alive on* Aug 6, 1952, *and that death occurred at* 10 15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold F. Holsinger M.D.
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 8-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/9/1952
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Aug 8, 1952
REGISTRAR'S SIGNATURE: Veronica Mann
25. FUNERAL DIRECTOR: J. Farrest Weaver — ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 320
Local Reg. No. 371
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME IN WENDELL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: CALIF.
b. COUNTY: LOS ANGELES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAS ANGELES
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) CHRISTIAN c. (Last) FISHER

4. DATE OF DEATH (Month) (Day) (Year): AUG. 12.1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR.7,1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WHOLESAILER

10b. KIND OF BUSINESS OR INDUSTRY: GRAIN

11. BIRTHPLACE (State or foreign country): HOLSTIEN NEB.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN FISHER — BIRTHPLACE: SWITZERLAND

14. MOTHER'S MAIDEN NAME: MARY MACK — BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD 1

16. SOCIAL SECURITY NO.: UNK.

17. INFORMANT'S OWN SIGNATURE: ✓ Mildred Fisher — ADDRESS: Los Angeles Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1952, *to* death, 19___, *that I last saw the deceased alive on* 8-12, 1952, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G Holsinger MD

23b. ADDRESS: Wendell Idaho

23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 8/13/1952

24c. NAME OF CEMETERY OR CREMATORY: HASTING NEB.

24d. LOCATION (City, town, or county) (State): CITY NEB.

DATE REC'D BY LOCAL REG.: 8/13/52

REGISTRAR'S SIGNATURE: Veronica Mans

25. FUNERAL DIRECTOR: J. Farrell Weaver — ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 1688
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle); c. (Last) VANDERGRAFT

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 28, 1902

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seed Analyst

10b. KIND OF BUSINESS OR INDUSTRY: Gooding Seed Co.

11. BIRTHPLACE (State or foreign country): Gooding County, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Vandergraft — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Lila Severe — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 2

16. SOCIAL SECURITY NO.: 518-09-0871 Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. Fred Vandergraft — ADDRESS: Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

[redacted] Poliomyelitis — 1943

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 12, 1952 *to* Aug 12, 1952 *that I last saw the deceased alive on* Aug 12, 1952 *and that death occurred at* 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): T. E. Garrett M.D.

23b. ADDRESS: Gooding Ida

23c. DATE SIGNED: 8/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/18/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 8-20-52

REGISTRAR'S SIGNATURE: S/ M Cornwell

25. FUNERAL DIRECTOR: Geo Snead Jr. — ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2332
Local Reg. No. 97
Reg. Dist. No. 240

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
c. LENGTH OF STAY (in this place) 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSP'T.L

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GRACE	ILLN	COWGILL	Aug. 3, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Widowed	May 27, 1869	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home	Lebanon, Oregon	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. A. Warren,	Prairie City, Ill	Mary Argo,	Syntha Anna, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Myrtle C. Long	Grangeville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4428

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vasc-renal disease - several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12 June, 1952, *to* 3 Aug, 1952 *that I last saw the deceased alive on* 3 Aug, 1952 *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Daniel Pultman M.D	Grangeville, Idaho	4 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 6, 1952	Prairieview	Grangeville, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 5 1952	Irma Cone		Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2333
Local Reg. No. 98
Reg. Dist. No. 240

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway I 7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARL	IMN	YOUNT	Aug. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	divorced	Dec. 23, 1884	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain warehouseman
10b. KIND OF BUSINESS OR INDUSTRY: warehousing
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James R. Yount, — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: [illegible] — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-14-6491
17. INFORMANT'S OWN SIGNATURE: Rosie Yount — ADDRESS: Grangeville.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemathorax; Cerebal Contusions — INTERVAL BETWEEN ONSET AND DEATH: immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic non-specific Bronchitis — Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Rural road	Grangeville Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
aug 4 1952 6 P.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Hit by car.

22. *I hereby certify that I attended the deceased* ~~[illegible]~~ following death, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Saltmarsh 360	M.D	Grangeville, Idaho	6 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 8, 1952	Prairieview	Grangeville, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1952	Irma Cone	[illegible] Robertson	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2234
Local Reg. No. 99
Reg. Dist. No. 240

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 214 East South St.

3. NAME OF DECEASED (Type or Print)
a. (First): MISSOURI
b. (Middle): SALLIE
c. (Last): POLLAN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1952

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 9, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): South West City, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Pare
BIRTHPLACE: Mo

14. MOTHER'S MAIDEN NAME: Mary Williams
BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: Frank Pollan
ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — 493X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile Debility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 4, 1952, *to* Aug 6, 1952, *that I last saw the deceased alive on* Aug 6, 1952, *and that death occurred at* 4:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H. Z. Kale 201 (Degree or title): D.O.
23b. ADDRESS: Grangeville, Idaho.
23c. DATE SIGNED: Aug 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Aug 8, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jas Roberts on
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 108
Reg. Dist. No. 240

BIRTH NO. 111-52-4540

RECEIVED 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sheryl b. (Middle) Anne c. (Last) Breen

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 6, 1952
9. AGE (In years last birthday):
IF UNDER 1 YEAR: Months 4 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Bill H. Breen BIRTHPLACE: Grand Forks. N.D.
14. MOTHER'S MAIDEN NAME: Barbara H. Jenkins BIRTHPLACE: Bellingham, Wash.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bill H. Breen ADDRESS: Kooskia, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Multiple Congenital anomalies including maxilla, palate, heart.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 April, 1952, *to* 24 aug, 1952, *that I last saw the deceased alive on* 24 aug, 1952, *and that death occurred at* 6:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Dahlman (Degree or title) M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 25 aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/52
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho.

DATE REC'D BY LOCAL REG.: Aug. 25, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Tenney ADDRESS: Kooskia, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 242

BIRTH NO.

AUG 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ mi. N. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DWIGHT	E.	WILKINS	Aug.	1,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	never married	April 18, 1935	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Cottonwood, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wilkins	unknown	Freda Sonner	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	531-30-7244	[signature]	Kenterville Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Instt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
accident	Almost 3 miles E.	Cottonwood	Idaho	Ida

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Aug	1	1952	A m.		Car upset

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at about* 2:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Cavell Coroner	Grangeville Idaho	8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 4-5-2	Greencreek Catholic	Greencreek Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 2, 1952	Wesley T. Orr, M.D. by [illegible]	Wilson Robertson	Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 14
Reg. Dist. No. 242

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 miles S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore	R.	Wessels	8	4	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct 10 1930	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	Air Force	Greencreek Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Wessels	unknown	Matilda Nuxoll	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes Jan 1 1950		Rupert M Wessels	Greencreek, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Drowned	In Salmon River - 12 mi. so. of Cottonwood, Ida	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Not attended

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wesley F. Orr MD	Cottonwood Idaho	8-5-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 6-52.	Calvalrie	Greencreek, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Aug 5, 1952	Wesley F. Orr, M.D. by HB	Uhlan Robertson Cottonwood Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5228
Local Reg. No. 15
Reg. Dist. No 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place) 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Craigmont
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) JULIA c. (Last) POLLOCK

4. DATE OF DEATH (Month) (Day) (Year) Aug. 21 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29 1885
9. AGE (In years last birthday) 66
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Newaygo, Mich.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME BIRTHPLACE FRANK ZOLBER., MICHIGAN
14. MOTHER'S MAIDEN NAME BIRTHPLACE INEZ CHARLOTTE HARDIN, SHANNON OHIO

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Howard M. Pollock ADDRESS Craigmont, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

340.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH 47 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension - ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 7-4, 1952, *to* 8-21, 1952, *that I last saw the deceased alive on* 8-20, 1952, *and that death occurred at* 6:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE K. H. Collins (Degree or title) M. D.
23b. ADDRESS Craigmont Ida
23c. DATE SIGNED 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-21-52
24c. NAME OF CEMETERY OR CREMATORY Kennewich
24d. LOCATION (City, town, or county) (State) Kennewick, Wash.

DATE REC'D BY LOCAL REG. Aug. 22, 1952
REGISTRAR'S SIGNATURE Wesley F. Orr, M.D.
25. FUNERAL DIRECTOR C. E. Clovis ADDRESS Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]9
Local Reg. No. 621
Reg. Dist. No. 244

BIRTH NO.

REC'D AUG 3 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 6 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile S.E. of Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): 1 mile S.E. of Kamiah

3. NAME OF DECEASED (Type or Print): a. (First) Ellen b. (Middle) Victoria c. (Last) Steiner

4. DATE OF DEATH (Month) (Day) (Year): August 23 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Idaho City, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Webb — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Shelley Stevens Smith — BIRTHPLACE: Malhuer Co. Ore.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Claude Twomey Local Registrar
23b. ADDRESS: Kooskia Idaho
23c. DATE SIGNED: Aug 25. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26 1952
24c. NAME OF CEMETERY OR CREMATORY: Orofino Cem.
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 25, 1952
REGISTRAR'S SIGNATURE: Claude Twomey
25. FUNERAL DIRECTOR: Claude Twomey — ADDRESS: Kooskia Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 40
Local Reg. No. 16
Reg. Dist. No. 242

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nyppence
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Gerald c. (Last) Robertson

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar 14 1868

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Green Bay Wisc

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ✓ BIRTHPLACE Canada

14. MOTHER'S MAIDEN NAME Martha Lucile BIRTHPLACE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Spanish-Amer (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 516-14-6000

17. INFORMANT'S OWN SIGNATURE Leo M Robertson ADDRESS ✓

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hypertension — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Neck of L. Femur
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nyppence

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 23, 1952 p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell in bathtub

22. *I hereby certify that I attended the deceased from* Aug 27 *1952, to* Aug 30 *, 1952, that I last saw the deceased alive on* Aug 30 *, 1952, and that death occurred at* 2:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wesley J. Orr (Degree or title) MD

23b. ADDRESS Cottonwood Idaho

23c. DATE SIGNED Sept 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

24b. DATE Sept 1

24c. NAME OF CEMETERY OR CREMATORY Nyppence

24d. LOCATION (City, town, or county) (State) Nyppence Idaho

DATE REC'D BY LOCAL REG. 9-2-1952

REGISTRAR'S SIGNATURE Wesley F. Orr, M.D.

25. FUNERAL DIRECTOR Albert Huff ADDRESS Nyppence Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Annis c. LENGTH OF STAY (in this place) 63 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Annis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 Mi West of Annis	d. STREET ADDRESS (If rural, give location) 1 Mi West of Annis

3. NAME OF DECEASED (Type or Print)	a. (First) ELI	b. (Middle)	c. (Last) CAMPBELL
4. DATE OF DEATH	(Month) August	(Day) 1,	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 20, 1859	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner 24	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Iowa City, Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Campbell.	BIRTHPLACE Penn.	14. MOTHER'S MAIDEN NAME Maria Cady.	BIRTHPLACE New York.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	(If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S OWN SIGNATURE Mrs Eli Campbell ADDRESS Lorenzo, Ida

422.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis, Chronic	10 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Fractured neck. Left femur	6 mos.

19a. DATE OF OPERATION Jan. 1952	19b. MAJOR FINDINGS OF OPERATION Lorenzo Screw placed femur neck - Left	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 12, 1952, *to* Aug 1, 1952, *that I last saw the deceased alive on* Aug 1, 1952, *and that death occurred at* 10:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE 422 Asael Tall (Degree or title) M.D.	23b. ADDRESS Rigby, Idaho.	23c. DATE SIGNED 8/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/4/52	24c. NAME OF CEMETERY OR CREMATORY Little Butte	24d. LOCATION (City, town, or county) (State) Annis, Idaho
DATE REC'D BY LOCAL REG. 8/4/52	REGISTRAR'S SIGNATURE Mrs A B Eckersell	25. FUNERAL DIRECTOR A B Eckersell	ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-4576

BIRTH NO.

RECEIVED AUG 30 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2242
Local Reg. No. 8
Reg. Dist. No. 640

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hendricks Maternity Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 219 No. State

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): JAMES MONROE MILLER

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr. 18, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 20; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: John Franklin Miller Jr. Fayette, Mo.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Mary Jane Monroe. Roachport, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: John F. Miller ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Malnutrition.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1952, *to* August 8, 1952, *that I last saw the deceased alive on* August 18, 1952, *and that death occurred at* 9:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Hall, M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-10-52
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton
24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: 8/9/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 9
Reg. Dist. No. 640

BIRTH NO. (Idaho) SEP 22 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rigby
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ Mi. West of Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
d. STREET ADDRESS (If rural, give location): ½ Mi. West of Rigby

3. NAME OF DECEASED (Type or Print): a. (First) LANA b. (Middle) RAE c. (Last) DANSIE

4. DATE OF DEATH: (Month) (Day) (Year) August 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Never Married	Dec. 19, 1947	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child 02	x	Rigby, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Fitzgerald Dansie.	Salt Lake Utah	Alta Fransen.	Thornton, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	x	Jerry Dansie	Rigby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.4 Aleukaemic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 26, 1952, *to* August 30, 1952, *that I last saw the deceased alive on* August 29, 1952, *and that death occurred at* 4:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
421 Leon Hall, M.D.	Rigby, Idaho	9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/3/52	Pioneer	Rigby Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 3 1952	Mrs A B Eakersell	C B Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg Dist. No. 40

BIRTH NO. AUG 21 1952

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 12 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Wendell, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Christina; b. (Middle); c. (Last) Behrhorst

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 22, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Cape Girardeau, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rev. W. Gustav Polack
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Hans
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X W. G. Behrhorst
ADDRESS: Hagerman, Ida[illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 175X Krukenberg Cancer Ovaries — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular Disease — 20 yrs.
Diverticulitis — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1949, *to* death, 19____, *that I last saw the deceased alive on* 8-10-52, 19____, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold G. Holsinger (Degree or title) M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 15, 52
24c. NAME OF CEMETERY OR CREMATORY: Clover Trinity Cemetery
24d. LOCATION (City, town, or county) (State): Clover, Idaho

DATE REC'D BY LOCAL REG.: Aug 18, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: D. J. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 20
Reg. Dist. No. 440

BIRTH NO. 111-52-010343 SEP 10 1952

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 4 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 309 E. C.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary C.
b. (Middle): Glass
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug 31 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug 31 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 0 Days 0; IF UNDER 24 HRS. Hours 0 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Harold Glass — BIRTHPLACE: Nebr
14. MOTHER'S MAIDEN NAME: Slyvia Reed — BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Harold E Glass. — ADDRESS: Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 773.0 Polyhydramnios — INTERVAL BETWEEN ONSET AND DEATH: Pregnancy.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Small baby 4 # 14 oz. Very little ether no premedication except Demerol 4 hrs prior to delivery.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 31, 1952 *to* Aug 31, 1952, *that I last saw the deceased alive on* Aug 31, 1952 *and that death occurred at* 4:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E Sloat M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 9/3 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 1 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Sept. 5 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 2 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2245
Local Reg. No. 24
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Field's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nebraska b. COUNTY Antelope
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tildens
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edmer	Edward	Gerths	Aug	8	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Mar 6 1906	46	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer · 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dodge Co Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Gerths	Germany	Annie Jensen	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elma Gerths ADDRESS Tilden Neb

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary heart disease	4 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not again while alive, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carol M. Elmore M.D.	Rupert, Idaho	9 6 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-8-52	Tilden Cemetery	Tilden Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 3, 1952	Sister M. Rose, O.S.B.	Rodney K. Boardman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 138
Reg. Dist. No. 120

BIRTH NO. AUG 11 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNT: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 810 Mullan

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) L.; c. (Last) Pedrick

4. DATE OF DEATH (Month) (Day) (Year): Aug 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	unknown	Jun 14, 1894	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown	unknown	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Shadrick Pedrick	Unknown	Elizabeth (unknown)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W I	Unknown	Don English	Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Active Disseminating
DUE TO (c) Pulmonary tuberculosis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 8-2-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible], M.D.	Coeur d'Alene, Ida	8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 6, 1952	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-6-52	Lorraine K. Brewer	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2 48
Local Reg. No. 143
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knight's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Knights Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Crow

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 31, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jesse Crow — BIRTHPLACE: Mo
14. MOTHER'S MAIDEN NAME: Eliza Colley — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Mrs. C. W. Miller — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 21 4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary pneumonia edema c̄ — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 1 yr
DUE TO (c): Cardiac valvular disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 8-13-52, *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley M.D.
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 8-20-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No. 140
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d Alene
c. LENGTH OF STAY (in this place): 6-Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1515-Cda Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) H. c. (Last) Volin

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 13 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Married	Dec. 16, 1880	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm H. Harrison	Ohio	Alvira Kratzer	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Edna M Vethe	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	10 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive Cardio-vascular disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral occlusion	2 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 8-13-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16, 1952	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-16-52	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 141 50
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2101-Lakeside ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2101-Lakeside ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jerry b. (Middle) Robert c. (Last) Cook

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Nov. 25, 1942	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lester Cook — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ruth Burke — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lester Cook — ADDRESS: c/o Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7441

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Muscular dystrophy (Progressive)

INTERVAL BETWEEN ONSET AND DEATH: about 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1942 *to* Aug 15, 1952, *that I last saw the deceased alive on* July 15, 1952 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: William N. Greenwood M.D. (Degree or title)
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Forest Cemetery

DATE REC'D BY LOCAL REG.: 8-18-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 146
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): West 2703 Kiernan Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle); c. (Last) Bardsley

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 26, 1902

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting contractor

10b. KIND OF BUSINESS OR INDUSTRY: For self

11. BIRTHPLACE (State or foreign country): Saskatchewan, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joel Bardsley

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Jane Holliwell

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Records of Hazen & Laeger

ADDRESS: Spokane, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Head injury & cerebral contusion

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture ribs & t. bone

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai Co. Coeur d'Alene Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 13 52 ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* Aug 13, 1952, *to* Aug 25, 1952, *that I last saw the deceased alive on* Aug 25, 1952, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Kamenick MD.

23b. ADDRESS: 312 N 4th Coeur d'Alene Id.

23c. DATE SIGNED: 28 Aug.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-25-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 8-28-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR ADDRESS: C.E. Gilman, Hazen & Laeger, Spokane, Wn.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2
Local Reg. No. 154
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 Appleway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Sherman

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 14 1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. H. Blow — BIRTHPLACE: Wis
14. MOTHER'S MAIDEN NAME: Mammie Eaten — BIRTHPLACE: Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard Sherman — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Melitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1948, *to* Aug 26, 1952, *that I last saw the deceased alive on* Apr 13, 1952, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R H Barker MD (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 8-30-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2953
Local Reg. No. 147
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1313 N 13th St

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle); c. (Last) Dudinsky

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-18-1809

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): ~~Czechoslovakia~~ Czechslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kulikosky — BIRTHPLACE: Czechslovakia

14. MOTHER'S MAIDEN NAME: Mary Holub — BIRTHPLACE: Czechslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles Dudinsky — ADDRESS: Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* 8-26, 1952, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 26 1952

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 8-28-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

N # 8

Certificate of Death

STATE OF IDAHO

State File No. 54
Local Reg. No. 151
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEE; b. (Middle); c. (Last) BENSON

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 6-5-1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Common Labor

11. BIRTHPLACE (State or foreign country): Springfield Ill

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm Beebe
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Mary West
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Records from I.D.P.A. Office
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-Sclerotic Cardiovascular Disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* 8-28, 1952, *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 8-30-52
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.
24d. LOCATION (City, town, or county) (State): Spokane, Wash

DATE REC'D BY LOCAL REG.: 8-30-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED AUG 13 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 53
Local Reg. No. 139
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene, Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Wayne	Fancher		8	5	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	11-1-47	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fancher — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Ellene Isaacs — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. John Fancher — ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

824.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental traumatism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Skull.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'alene (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell under wheels of Truck.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	Coroner M.D.	Coeur d'Alene, Idaho	8-6-'52.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-8-52	St. Thomas Cemetery	Coeur d'Alene, Kootenai, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-7-52	Lorraine K. Brust	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2056
Local Reg. No. 1423
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Spirit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway ~~95~~ 41

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) C. c. (Last) Hegge

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 5, 1935

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: 77 High School

11. BIRTHPLACE (State or foreign country): Spirit Lake, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mel Hegge — BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Edna Grunert — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mr. Mel Hegge — ADDRESS: Spirit Lake, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 823.4 Generalized, Cerebal trauma, severe — INTERVAL BETWEEN ONSET AND DEATH: 28 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. (ACCIDENT) SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Hiway # 41

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai, Idaho

21d. TIME OF INJURY (Month) Aug. (Day) 10, (Year) 1952 (Hour) 3:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* Aug. 10, 1952, *to* Aug. 11, 1952, *that I last saw the deceased alive on* Aug. 11, 1952, *and that death occurred at* 7:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Fredrickson M.D. — **23b. ADDRESS**: Spirit Lake Idaho — **23c. DATE SIGNED**: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 8-15-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Pine Grove — **24d. LOCATION** (City, town, or county) (State): RATHDRUM, KOOTENAI, IDAHO

DATE REC'D BY LOCAL REG.: 8-15-52 — **REGISTRAR'S SIGNATURE**: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Fales — **ADDRESS**: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2957
Local Reg. No. 144
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 204 Sher an

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Peter	Sofus	Christensen	Aug 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	Nov 16, 1893	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chris Christensen	Denmark	Anna Johansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		X Grace M Christensen	St Maries Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Suicide by unknown poison. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Farm	Near Harrison, Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Told boys he had taken Poison

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ____, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene, Idaho	8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 26-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-25-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED 2 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2958
Local Reg. No. 45
Reg. Dist. No. 170

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns N u rsi ng Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rural Rte. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ransom
b. (Middle): Earl
c. (Last): Satchwell

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowe d
8. DATE OF BIRTH: Dec. 5, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber I ndustry
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lorenzo Satchwell — BIRTHPLACE: New Yor k
14. MOTHER'S MAIDEN NAME: Sarag Jane Barr — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-05-399 9
17. INFORMANT'S OWN SIGNATURE: Earl Satchwell — ADDRESS: Spirit Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral occlusion or accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-scleratic Cardio vascular disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 8-22-52, *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Wouthrosely, M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-27-52
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Rathdrum, Kootenai, Idaho

DATE REC'D BY LOCAL REG.: 8-27-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 28
Local Reg. No. 152
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	John	Peterson	8	27	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	12-11-1884	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Peterson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Myrle Peterson — ADDRESS: Hayden Lake Idaho

331X

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Aug 27, 1952 *that I last saw the deceased alive on* Aug 26, 1952, *and that death occurred at* 8:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. H. Parker	M.D.	Coeur d'Alene Idaho	8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-30-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-29-52	Lorraine K. Bruce	Gilbert Hyatt	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Wood

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 60
Local Reg. No. 149
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Highway No. 10
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway No. 10 Near Coeur D Alene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 108 E. Market

3. NAME OF DECEASED (Type or Print) a. (First) Mervin b. (Middle) J. Hughes c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) August 31 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 17, 1933
9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Helper
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (State or foreign country) Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Mervin E. Hughes BIRTHPLACE Burke Idaho
14. MOTHER'S MAIDEN NAME Blanche Benson BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grant McGladrey ADDRESS Kellog, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

816.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental Traumatism — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 10.
21c. (CITY, TOWN, OR TOWNSHIP) East of Coeur d'alene (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car ran into Truck

22. I hereby certify that I attended the deceased from did not, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE William T. Wood, M. D. Coroner (Degree or title)
23b. ADDRESS Coeur d' alene Idaho
23c. DATE SIGNED 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sep 1, 1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Kellogg, Idaho (State)

DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Lorraine K. Breed
25. FUNERAL DIRECTOR Don English ADDRESS Coeur D'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2261
Local Reg. No. 88
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 414 So. JEFFERSON

3. NAME OF DECEASED (Type or Print): a. (First) Phillip; b. (Middle) S.; c. (Last) Albert

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 28, 1867

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: contracting

11. BIRTHPLACE (State or foreign country): Menden, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Albert
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Elizabeth Mueller
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Floyd Albert
ADDRESS: Palouse, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Debility — ?

19a. DATE OF OPERATION: 7-31-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1952, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-1, 1952, *and that death occurred at* 4:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N. Lumm M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 8/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 79
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 East A St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 608 East A St.

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) I. c. (Last) Rollefson

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1883

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store 25

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Granite Falls, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Rollefson — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Eunnie Erickson — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 557-46-0485

17. INFORMANT'S OWN SIGNATURE: Effie A Rollefson — ADDRESS: Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — 12 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Ceberal hemorage — 12 years ago

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 9, 19 50, *to* Aug. 6, 19 52, *that I last saw the deceased alive on* June 6, 19 52, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C F Klaaren MD — **23b. ADDRESS**: Moscow Ida — **23c. DATE SIGNED**: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Aug 9, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 8/14/52 — REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-480M

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED AUG 25 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2253
Local Reg. No. 81
Reg. Dist. No. 206

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 E. Third St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Flathead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kalispell
d. STREET ADDRESS (If rural, give location): 180 Fifth East North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Willis	Aug	12	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Oct 12, 1889	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkhorn, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Managhan — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah E. Pearson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Mrs. Gilbert T. Bolz — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Arteriosclerotic cardiovascular disease~~ Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid arthritis — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 12, 1952, *to* Same, 19___, *that I last saw the deceased alive on* Aug 12, 1952, *and that death occurred at* 805 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Moscow Id	Aug. 15 '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Aug 13, 1952	Kalispell Cemetery	Kalispell Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/18/52	[signature]	U R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jolle
b. (Middle): N.
c. (Last): Steensma

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 21, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gorrer Dyke, Holland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Jolle Steensma — ADDRESS: Lewiston

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Advanced arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/7, 1952, *to* 8/13, 1952, *that I last saw the deceased alive on* 8/15, 1952, *and that death occurred at* 11.30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-52
24c. NAME OF CEMETERY OR CREMATORY: Kendrick Cemetery
24d. LOCATION (City, town, or county) (State): Kendrick, Idaho

DATE REC'D BY LOCAL REG.: 8/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2265
Local Reg. No. 86
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Hibner

4. DATE OF DEATH (Month) (Day) (Year): Aug 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 5 1863
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: W.C. Mehlberg — ADDRESS: Burbank, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Biliary carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Cacchexia — 3 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1952, *to* Aug 15, 1952, *that I last saw the deceased alive on* Aug 15, 1952, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Cregues, M.D. 014
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 22, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: 8/29/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2256
Local Reg. No. 8
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 45 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 East "C" St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 502 East "C" St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lyla	M.	Schroeder	Aug	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Dec 15, 1898	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Tekonsha, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Justin A. Harsh	Ohio	Grace E. Warren	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		O W Schroeder	Moscow, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~970X~~ Suicide (Barbiturate poisoning) — INTERVAL BETWEEN ONSET AND DEATH: 2 ½ hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Menopause.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Moscow Latah Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar 1, 1951 *to* Aug 20, 1952, *that I last saw the deceased alive on* Aug 7, 1952, *and that death occurred at* 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O W Schroeder M.D.	Moscow Idaho	8/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OF	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 22, 1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/28/52	Lois E. Angel	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

111-52-8901 Loch

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2967
Local Reg. No. 85
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Lee
c. (Last): Lindquist

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 23, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willmer G. Lindquist — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Virginia Painter — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Willmer Lindquist — ADDRESS: Potlatch, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Other internal congenital anomalies.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 11, 1952, *to* Aug. 21, 1952, *that I last saw the deceased alive on* Aug. 21, 1952, *and that death occurred at* 8:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Klaaren 208 (Degree or title): MSC
23b. ADDRESS: Moscow
23c. DATE SIGNED: 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-1952
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county): Latah Co. (State): Idaho

DATE REC'D BY LOCAL REG.: 8/28/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2968
Local Reg. No. 89
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 123 No. Hayes St.

3. NAME OF DECEASED (Type or Print): a. (First) Avis; b. (Middle); c. (Last) Collins

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 3, 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Santa Rosa, Cal.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Hastings — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Susan Baker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Leslie Howells — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 420.1

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8-28-52

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Arthritis, Hypertension 20 years, Parkinsonism

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-22-38, *to* 8-28-52, *that I last saw the deceased alive on* 8-28-52, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph H Wilson M D — **23b. ADDRESS**: Moscow, Idaho — **23c. DATE SIGNED**: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Aug 30, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 9/8/52 — REGISTRAR'S SIGNATURE: Lois E. Angel — **25. FUNERAL DIRECTOR**: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Primer

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 29869
Local Reg. No. 83
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Avon T40N
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	William	Payne	Aug	21	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 4, 1896	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Troy, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Payne — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Anna E. Nilson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles W Payne Jr. ADDRESS: Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

910.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) crushed by falling logs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Avon, Latah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 21 1952 3p m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? tightening binder chains and logs fell

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H.R. Thorn (Degree or title): Coroner, Latah Co.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-24-1952
24c. NAME OF CEMETERY OR CREMATORY: Burnt Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Troy, Idaho

DATE REC'D BY LOCAL REG.: 8/25/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H.R. Thorn
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8770
Local Reg. No. 87
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee Rural
c. LENGTH OF STAY (in this place): 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Kraut

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 7, 1879

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): wheat farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Kraut — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Theresa Swartz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. C. Kraut — ADDRESS: Genesee, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-27-, 1949, *to* 8-17-, 1952, *that I last saw the deceased alive on* 8-17-, 1952, *and that death occurred at* 10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genatter MD — **23b. ADDRESS**: Genesee Idaho — **23c. DATE SIGNED**: 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Aug 26, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Genesee Catholic Cem. — **24d. LOCATION** (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 8/29/52 — **REGISTRAR'S SIGNATURE**: Leon E. Angel

25. FUNERAL DIRECTOR: W R Short — **ADDRESS**: Moscow, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2271
Local Reg. No. 89
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Melvin Chandler's home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 740 Spruce

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): Ina Mae
c. (Last): Schultz

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1927

9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Potlatch, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence Coffey
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Emma Nearing
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Fred Schultz
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation
INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): car door forced closed on neck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8354

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Potlatch, Latah, Idaho

21d. TIME OF INJURY (Month) Aug (Day) 26 (Year) 1952 (Hour) 7:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: car rolled against fence post and caught her neck in door

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Short M.D. (Degree or title): Coroner

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 8-27-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/2/52

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 8/29/52

REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2972
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Mabel
c. (Last): Vreeland

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 20, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DuQuoin, Illinois
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Ephrim Pyle — BIRTHPLACE: DuQuoin, Ill
14. MOTHER'S MAIDEN NAME: Makalie Slossen — BIRTHPLACE: DuQuoin, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Gladys Reamy — ADDRESS: California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asthma — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1950, *to* Aug 7, 1952, *that I last saw the deceased alive on* Aug 7, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mulder M.D. 262
23b. ADDRESS: Salmon, Ida
23c. DATE SIGNED: 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10,-52 01
24c. NAME OF CEMETERY OR CREMATORY: McRea
24d. LOCATION (City, town, or county) (State): Leadore, Idaho

DATE REC'D BY LOCAL REG.: 8-13-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Dilbert C Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 373
Local Reg. No. 677
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Milo b. (Middle) Willis c. (Last) Zook

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 28, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mottville, Michigan

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Johnathan Zook
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Fanny Yoder
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Milo Zook
ADDRESS: Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemmorage + Eff hemiplegia

DUE TO (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 28, 1952 *to* Aug 8, 1952 *that I last saw the deceased alive on* Aug 8, 1952 *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Hoggan M.D.

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-14-52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-13-52

REGISTRAR'S SIGNATURE: Vida O. Hinman

25. FUNERAL DIRECTOR: Gilbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-45021

RECEIVED
AUG 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2274
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) John c. (Last) Brown

4. DATE OF DEATH: (Month) Aug. (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching & Mining

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Toronto, Ontario

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Francis John Brown
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Jane Elizabeth Greensides
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S OWN SIGNATURE: Harold C. Brown
ADDRESS: Salmon Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 592 Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma — 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-8, 1948, *to* 8-12, 1952, *that I last saw the deceased alive on* 8-12, 1952, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Salmon Ida.

23c. DATE SIGNED: 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-15-52

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-15-52

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Jones

ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2975
Local Reg. No. 670
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carmen
d. STREET ADDRESS (If rural, give location): Ranch

3. NAME OF DECEASED (Type or Print)
a. (First): Estelle
b. (Middle): Montgomery
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 4, 1911
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baker, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edgar L. Montgomery — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown McGuire — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Charles C. Thomas — ADDRESS: Carmen, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

672X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Puerperal Uterine Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) placenta praevia — 9 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-12-52
19b. MAJOR FINDINGS OF OPERATION: Placenta praevia
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1952, *to* Aug 13, 1952, *that I last saw the deceased alive on* Aug 13, 1952, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy M. Sinclair 578 (Degree or title) M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-16-52 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-15-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside ~~corporate~~ limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Kellogg
c. (Last): Garrett

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laramie, Wyoming
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Garrett — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Josephine unknown — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-7540
17. INFORMANT'S OWN SIGNATURE: Jess Walkerson — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: about 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma stomach
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* Aug 16, 1952 *that I last saw the deceased alive on* Aug 16, 1952 *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Blackadar M.D. 031
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2377
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Duane
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 31, 1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fillmore, Utah
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Frank Williams — BIRTHPLACE: Oiases, Utah
14. MOTHER'S MAIDEN NAME: Josie Nichols — BIRTHPLACE: Fillmore, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW #2 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-4514
17. INFORMANT'S OWN SIGNATURE: X Donald Williams — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

330X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Spontaneous Sub-

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

~~DUE TO (b)~~ Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1952, *to* Aug 22, 1952 *that I last saw the deceased alive on* Aug 22, 1952 *and that death occurred at* 9:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Blackadar 031 (Degree or title): MD
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-27-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C Jones — ADDRESS: Salmon, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 1
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CRAIGMONT
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OWN HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CRAIGMONT
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) E. c (Last) PATTON

4. DATE OF DEATH: (Month) JULY (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22 1873

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Hot Springs, N.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William D. Patton, BIRTHPLACE: Hot Springs, N.

14. MOTHER'S MAIDEN NAME: Rhoda Jane Alexander, BIRTHPLACE: Swannoa, N. C.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Burel May Pullen, ADDRESS: Craigmont, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 15/X Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-21, 1951, *to* 7-7, 1952, *that I last saw the deceased alive on* 7-7, 1952, *and that death occurred at* 10:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins (Degree or Title): M.D.
23b. ADDRESS: Craigmont, Idaho
23c. DATE SIGNED: 7/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/52
24c. NAME OF CEMETERY OR CREMATORY: Pullman
24d. LOCATION (City, town, or county) (State): Pullman, Wash.

DATE REC'D BY LOCAL REG.: 7/8/52
REGISTRAR'S SIGNATURE: C. C. Clover
25. FUNERAL DIRECTOR: C. C. Clover, ADDRESS: Craigmont, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 79
Local Reg. No.
Reg. Dist. No. 326

BIRTH NO.

AUG 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Lewis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce

c. LENGTH OF STAY (in this place): 40 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nezperce [Home]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho b. COUNTY: Lewis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Louisa c. (Last) Harbke

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9, 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days: 23 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Woodburn, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Crawford — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Lucetta Lenon — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Olive A. Carter — ADDRESS: Kaumakani, Kauai

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage (Varicose veins ruptured) — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro Sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1951, *to* 8-1, 1952, *that I last saw the deceased alive on* 7-31, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. Helms (Degree or title): M.D. 23b. ADDRESS: Craigmont Ida. 23c. DATE SIGNED: Aug-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: Aug 3 - 52 24c. NAME OF CEMETERY OR CREMATORY: Nezperce 24d. LOCATION (City, town, or county) (State): ½ mile South — Idaho

DATE REC'D BY LOCAL REG.: Aug. 2. REGISTRAR'S SIGNATURE: Albert Huff Nezperce

25. FUNERAL DIRECTOR: Albert Huff ADDRESS: Nezperce Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 230
Reg. Dist. No. 1264

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ~~Nez Perce~~ Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 013- 18 St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Walter	Frances	Owens	Aug	25	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan 17, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ontario Canada.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Owens — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Jane Harrington — BIRTHPLACE: Canada.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 517-05-9199
17. INFORMANT'S OWN SIGNATURE: + Hollis Dunham — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): due to Gastritis
DUE TO (c): died Instantly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

543X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Craigmont (COUNTY) Lewis (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Albert Huff Coroner	Nezperce Idaho	Aug 25

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	25 Aug 1952	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 26 52	Albert Huff	A. F. Vassar	Lewiston

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

SEP 10 1952

State File No. 2981
Local Reg. No. 24
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near border of Minidoka county

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route No. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): Arthur
c. (Last): Case

4. DATE OF DEATH (Month) (Day) (Year): August 30-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 22-1933
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver for Hugh Hoskins Fruit Rch.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman Case,, 13 Broken Bow, Nebraska — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Rosie Sams, Berwyn, Nebraska — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 36 0037
17. INFORMANT'S OWN SIGNATURE: Herman Case — ADDRESS: Wilder Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 824.0 Fracture - Base of Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fall from Truck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 25.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Eden - Jerome Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 30-52 2:50 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from Truck

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* Death *on* 8-30, 1952, *and that death occurred at* 2:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Wiley 47 + (Coroner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept. 5, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR ADDRESS: C. V. Peckham, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 82
Local Reg. No. 347
Reg. Dist. No. 430

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) N. Shoshone
c. LENGTH OF STAY (in this place) 40
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) c. (Last) Miles

4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2-28-1882
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 5 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) caretaker 11
10b. KIND OF BUSINESS OR INDUSTRY Big Wood Canal
11. BIRTHPLACE (State or foreign country) Waxahalchi Texas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-16-6117
17. INFORMANT'S OWN SIGNATURE Lon Henson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1949, *to* 8-31, 1952, *that I last saw the deceased alive on* 8-31, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 33
Local Reg. No. 33
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Neville Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Rhoda b. (Middle) H. c. (Last) Moffat

4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 8, 1877
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Linden, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Henry Wearing BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Martha Spargo BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Lewis Taylor ADDRESS Rexburg, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1952, *to* Aug. 2, 1952, *that I last saw the deceased alive on* Aug. 2, 1952, *and that death occurred at* 12:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. T. Bigly
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED Aug 3 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 5, 1952
24c. NAME OF CEMETERY OR CREMATORY Cache-Clauson
24d. LOCATION (City, town, or county) Teton County (State) Idaho

DATE REC'D BY LOCAL REG. 8/13/52
REGISTRAR'S SIGNATURE Leona Hamm
25. FUNERAL DIRECTOR Leland G. Reese ADDRESS Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

SEP 11 1952

State File No. 36
Local Reg. No. 35
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Emma Loretta
b. (Middle): Archibald
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug 19 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25, 1890
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Apparel
11. BIRTHPLACE (State or foreign country): Mount Pleasant, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Moss — BIRTHPLACE: London England
14. MOTHER'S MAIDEN NAME: Rose Marton — BIRTHPLACE: Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-22-4434
17. INFORMANT'S OWN SIGNATURE: Thomas L. Archibald — ADDRESS: Salt City Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Empyema

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1952, *to* Aug, 1952, *that I last saw the deceased alive on* Aug. 19, 1952, *and that death occurred at* 1:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 8/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/22/52
24c. NAME OF CEMETERY OR CREMATORY: Teton Cemetery
24d. LOCATION (City, town, or county) (State): Teton City Idaho

DATE REC'D BY LOCAL REG.: 8/21/52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Rollond E. Neiser — ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 36
Reg. Dist. No. 630

BIRTH NO. 111-52-010459 SEP 11 1952

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Darla
b. (Middle)
c. (Last) Beardall

4. DATE OF DEATH (Month) Aug. (Day) 20, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Aug. 19, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rexburg Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John H. Beardall
BIRTHPLACE Rexburg, Idaho
14. MOTHER'S MAIDEN NAME Dorothy Ellis
BIRTHPLACE Annis, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John H. Beardall
ADDRESS Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 months)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 19, 1952, *to* Aug. 20, 1952, *that I last saw the deceased alive on* Aug. 20, 1952, *and that death occurred at* 10:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE A. C. Truxal, M.D. (Degree or title) 433
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED Aug. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/21/52
24c. NAME OF CEMETERY OR CREMATORY Burton,
24d. LOCATION (City, town, or county) (State) Rexburg Rt. 1, Idaho

DATE REC'D BY LOCAL REG. 8-26-52
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Kenneth Flamm
ADDRESS Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 630

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg RFD 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gustave b. (Middle) Ferdinand c. (Last) Janson

4. DATE OF DEATH: (Month) Aug. (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sandy, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frans Gustaf Janson
BIRTHPLACE: Uppsala, Sweden

14. MOTHER'S MAIDEN NAME: Augusta M. Carlson
BIRTHPLACE: Stockholm Swede

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clara A Janson
ADDRESS: Rexburg R F D 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3-4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinsonism — 8-10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Aug. 14, 1952, *that I last saw the deceased alive on* Aug. 12, 1952, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Lyngal M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/18/52
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Burton, Idaho

DATE REC'D BY LOCAL REG.: 8/18/52
REGISTRAR'S SIGNATURE: Leona J Hamm
25. FUNERAL DIRECTOR: Russell Hamm
ADDRESS: Rexburg, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 45
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 709 D Street

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Albert
c. (Last) Walch

4. DATE OF DEATH (Month) (Day) (Year) July 25 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 8 1871

9. AGE (Last birthday) 80 | IF UNDER 1 YEAR Months 10 Days 17 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Helen City. Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Walch — BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Jeanette Harvey. — BIRTHPLACE Salt Lake City. Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-36-7097

17. INFORMANT'S OWN SIGNATURE Oscar W Walch — ADDRESS 451 So Eighth Salt Lake city, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH — Duration unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18/48, 19___, *to* 6/25, 19 52 *that I last saw the deceased alive on* 6/25, 1952, *and that death occurred at* 11:09 A m., *from the causes and on the date stated above.*

23a. SIGNATURE G F Dally — (Degree or title) M D

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 8/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 29 1952

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 8-29-52

REGISTRAR'S SIGNATURE E H Holmes

25. FUNERAL DIRECTOR Rodney B Goodman — ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

K

State File No. 2988
Local Reg. No. 46
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Norris
c. (Last): Teague

4. DATE OF DEATH (Month) (Day) (Year): Aug 6 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 28-1927
9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months 10 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muhlenberg Co Ky
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Norris Teague
BIRTHPLACE: Ky
14. MOTHER'S MAIDEN NAME: Pauline Lawrence
BIRTHPLACE: Ky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bertha Teague
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ileus
DUE TO (c) Ruptured

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. bladder

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8-6-52
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Acc.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 1-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: struck by a car

22. *I hereby certify that I attended the deceased from* 8 1, 19__, *to* 8-6, 1952 *that I last saw the deceased alive on* 8-6, 19__, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F H Kenagy MD
23b. ADDRESS: Rupert
23c. DATE SIGNED: 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-7-52
24c. NAME OF CEMETERY OR CREMATORY: Nelson Creek
24d. LOCATION (City, town, or county) (State): Muhlenberg Co. Ky.

DATE REC'D BY LOCAL REG.: 8-29-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman
ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

C.E.

STATE OF IDAHO

State File No. .....
Local Reg. No. 44
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) Caledonian Hotel

3. NAME OF DECEASED (Type or Print)
a. (First) Jean
b. (Middle)
c. (Last) Vallon.

4. DATE OF DEATH (Month) (Day) (Year) Aug. 6 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH Dec. 10 1883
9. AGE (In years last birthday) 68. IF UNDER 1 YEAR Months 7 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman, retired.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) France.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jean Vallon. BIRTHPLACE France.
14. MOTHER'S MAIDEN NAME Marie Cesmat. BIRTHPLACE France.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Marie Rikail Rudley. ADDRESS Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/4, 1952, *to* 8/6, 1952, *that I last saw the deceased alive on* 8/6, 1952, *and that death occurred at* 1:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carroll M. Elmore, M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-11-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 8-28-1952
REGISTRAR'S SIGNATURE C. M. Elmore
25. FUNERAL DIRECTOR Rodney G. Goodman ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. D 22
Local Reg. No. 42
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Idaho.
d. STREET ADDRESS (If rural, give location): Aston Cabins.

3. NAME OF DECEASED (Type or Print)
a. (First): Gus
b. (Middle):
c. (Last): Spain.

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12 1952

5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: 1908
9. AGE (In years last birthday): 44
UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16 SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Sheriffs Office.
ADDRESS: Rupert Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bowel perforations — 4 days
DUE TO (c): Gun shot wounds — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert, Minidoka co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 8, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gunshot wound

22. *I hereby certify that I attended the deceased from* Aug 8, 19 52, *to* Aug 12, 19 52, *that I last saw the deceased alive on* Aug 11, 19 52, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. F. Dalley M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 8-26-1952
REGISTRAR'S SIGNATURE: E. K. Elmore
25. FUNERAL DIRECTOR: Rodney B. Boardman
ADDRESS: Rupert Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2991 2991
Local Reg. No. 43
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 2.

3. NAME OF DECEASED (Type or Print) a. (First) Vicky b. (Middle) Marie c. (Last) Sparks

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1952

5. SEX Fem
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct 6 1948
9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David L Sparks BIRTHPLACE Rupert Ida
14. MOTHER'S MAIDEN NAME Lola M Darley BIRTHPLACE Rupert Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE David L Sparks ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 550.1 Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured appendix
DUE TO (c) Acute appendicitis — 48 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/12/52
19b. MAJOR FINDINGS OF OPERATION Peritonitis; ruptured appendix
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12, 1952, *to* 8/13, 1952, *that I last saw the deceased alive on* 8/13, 1952, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Carroll M. Elmore, M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-16-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 8-28-1952
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney G Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2992
Local Reg. No. 72
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) Gearhart c. (Last) Pullman

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 6, 1874

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR Months: 8 Days: 22 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brickmaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orrhause, Denmark

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Herman August Pullman — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Christina Miller — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-07-4381

17. INFORMANT'S OWN SIGNATURE: [illegible] Pullman — ADDRESS: Owen Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiitis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis Agitans — 3 yr.
DUE TO (c) Arter Sclerosis. —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1944, *to* Sept-Aug 28, 1952, *that I last saw the deceased alive on* Aug 28, 1952, *and that death occurred at* 1:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Dean M.D
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: Sept-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 9-6-52
REGISTRAR'S SIGNATURE: R. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 140
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bollinger Hotel

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) Bollinger Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Everett	Morris	7-16-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	2-19-1890	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furrier	retail	Oklahoma territory	U. S. a.

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
no / no	518-36-7905	Mrs. J. E. Morris

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1951, *to* July, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 3:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. M. Mosby, M. D.	Lewiston, Idaho	July 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-21-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
July 21, 1952	Jean Wagelins	O. Vasser Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2,34
Local Reg. No. 141
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1607 - 9th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Selig; b. (Middle) Samuel; c. (Last) Bacharach

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 12, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco store

11. BIRTHPLACE (State or foreign country): Central City, Colo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unk
BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: unk
BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA of Head of PANCREAS — 6 mo.

19a. DATE OF OPERATION: July 18 1951
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA Head of PANCREAS with Metastasis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1950, *to* July 22, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Brodrick, M.D. 030 (Degree or title)
23b. ADDRESS: 702-11th St. Lewiston Ida.
23c. DATE SIGNED: July 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 24, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Steptoe Cemetery
24d. LOCATION (City, town, or county) (State): Steptoe, Whitman Co., Washington

DATE REC'D BY LOCAL REG.: July 23 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Brown-Mann Co., by K. V. Malcan mgr
ADDRESS: Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Pradlock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2995
Local Reg. No. 143
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1502 - 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): G.
c. (Last): JONES

4. DATE OF DEATH (Month) July (Day) 28, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Groceries
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Owen Jones — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Anna Williams — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 505-24-8139
17. INFORMANT'S OWN SIGNATURE: Flora I. Jones — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~Intestinal, obstruction~~ Illiaus Portonit us — INTERVAL BETWEEN ONSET AND DEATH: July 8/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intestinal, obstruction — July 4th/52
DUE TO (c): Toxemia. # — July 4th/52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Small bowel, obstruction. Evisorated wound.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3rd, 1952, *to* July 28, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Baldwin 005
23b. ADDRESS: 707 11th St Lewiston Idaho
23c. DATE SIGNED: 7/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 31 1952
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Mann Co., by- R.H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Dr. Joe Baldeck

NON-RESIDENT

RECEIVED AUG 29 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 142
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Wyatt

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lonnie Seals — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Cora Fischer — BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gus Wyatt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 330X Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 26 July 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 July, 1952, *to* 30 July, 1952, *that I last saw the deceased alive on* July 30, 1952 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul G Harry MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 31 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 31, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Joplin, Mo.

DATE REC'D BY LOCAL REG.: July 31 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 145
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 2 1/2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) Somerville Home

3. NAME OF DECEASED (Type or Print) a. (First) Sam b. (Middle) c. (Last) Sampson

4. DATE OF DEATH (Month) (Day) (Year) 8 - 2 - 52

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 2-20-1864
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rio, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no record BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE O. Vasser ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident - respiratory failure.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arterio-sclerosis.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* ~~July~~ Aug 2, 1952 *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. W. Eastwood M.D.
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8-5-52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Aug 5, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Vincent O. Vasser ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ( )
Local Reg. No. 146
Reg. Dist. No. 220

RECEIVED AUG 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0113 - 18th St.

3. NAME OF DECEASED (Type or Print): a. (First) TIM. b. (Middle) c. (Last) McCREHAN

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 14 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago Ill

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John McCrehan BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary Conner BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Home Records ADDRESS: A.F. Vassar

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 W

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular accident
DUE TO (c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 30 1952 *to* Aug 4, 1952, *that I last saw the deceased alive on* July 30, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.W. Eastman M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 6-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1952
REGISTRAR'S SIGNATURE: Jean Wegdins

25. FUNERAL DIRECTOR: Andrew F. Vassar ADDRESS: Lewiston Ida.

Federal Security Agency
United States Public Health Service
Form UPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Nl Eastwood

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 29
Local Reg. No. 150
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sommerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lewiston Orchards

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): S.
c. (Last): Shearer

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-17-1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): California, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: not obtainable — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: not obtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Clara L. Engle — ADDRESS: Lewiston

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952 *to* Aug 5, 1952 *that I last saw the deceased alive on* Aug 30 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. W. Eastwood 114 — Jmd
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: Aug. 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/9/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug. 7, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: E. S. Rawls — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3209
Local Reg. No. 151
Reg Dist. No. 220

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.F.I.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1712-17 St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edgar		Schneider	Aug, 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 28,1918	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: P.F.I. Inc.

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Schneider — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Ann Lucks — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 519-18-3407

17. INFORMANT'S OWN SIGNATURE: X Mrs. Edgar Schneider — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed when a pile of Lumber fell him — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Rt leg broken, Left Clavicle broken,

DUE TO (c): Internally injured

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	P.F.I. Inc	Lewiston, Idaho,

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug, 5,52 10;47 pm	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	when pile of lumber fell on him

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10;47 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew H. Vassar	Coroner	Lewiston, Idaho.	Aug,6,1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug,9,52	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 9 1952	Jean Wegelin	A.H. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 148
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 22yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South end 16th Lew. orch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): South end 16th St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Vellie	Russell	8 - 6 - 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	10-23-1885	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farming	Dayton, Wash	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Russell	Penn.	Esther Vellie	not known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no / no		Violet F. Russell	Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Ca. — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 40, *to* Aug 6, 19 52, *that I last saw the deceased alive on* ____, 19 ____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Casson M.D.	Lewiston Idaho	8/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/8/52	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 7, 1952	Jean Wagelins	E.S. Pauls	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 147
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 613 Prospect ave

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 613 Prospect ave

3. NAME OF DECEASED (Type or Print) a. (First) Felix b. (Middle) C. c. (Last) Funke

4. DATE OF DEATH (Month) (Day) (Year) 8-6-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11-6-1893
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (State or foreign country) Creighton, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Funke BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Barbara Werner BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. one
16. SOCIAL SECURITY NO. 533-07-9434
17. INFORMANT'S OWN SIGNATURE Nita C Funke ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-0.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 6 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis. — 6 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Aug. 6, 1952, *that I last saw the deceased alive on* Aug 6, 1952, *and that death occurred at* 2 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE B R Stein M D (Degree or title)
23b. ADDRESS 307 St Johns Way Lewiston
23c. DATE SIGNED 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/9/52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Aug 7 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR E. S. Rawls ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 149
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1936 - 7th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1936 - 7th Ave

3. NAME OF DECEASED (Type or Print) a. (First) LORRAINE b. (Middle) c. (Last) CASKIE

4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH April 1, 1905
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME no record BIRTHPLACE
14. MOTHER'S MAIDEN NAME No record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 416 X
17. INFORMANT'S OWN SIGNATURE Blanche G. Harris ADDRESS Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Heart Disease — 15 yrs.

DUE TO (c) Rheumatic Heart Disease — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Aug, 1952, *that I last saw the deceased alive on* Aug. 6, 1952, *and that death occurred at* 6:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Broadbent (Degree or title) M.D.
23b. ADDRESS 707-11th St. Lewiston
23c. DATE SIGNED 8 Aug. 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. Aug 7, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Andrew F. Vassar ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

State File No. 26
Local Reg. No. 152
Reg. Dist. No. 220

111-52 010498

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jeanne	Gail	Fairchild	8 - 8 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	never married	8-7-52	—	—	19 / 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Lewiston Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl O. Fairchild	Buhl Idaho	Lois Mae Hansen	Buhl Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Carl Fairchild	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-7-52, 19___, *to* 8-8-52, 19___, *that I last saw the deceased alive on* 8-8-52, 19___, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. M. Mosby, M.D.	Lewiston, Idaho	8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-9-52	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 9, 1962	Jean Wegelius	Andrew H. Vassar	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3005
Local Reg. No. 153
Reg Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1020, Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt 6.

3. NAME OF DECEASED (Type or Print)
a. (First): Turner
b. (Middle):
c. (Last): Hudson

4. DATE OF DEATH (Month) (Day) (Year): Aug, 10 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb, 14, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick layer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denton, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amas Hudson — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: M. Lee Lawler — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 457-09-3173
17. INFORMANT'S OWN SIGNATURE: C P Hudson — ADDRESS: 46 9 So Howry St Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot in Rt,eye

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1020 Main St
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Nez Perce Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/10/52 11;55P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Bullet Wound in Rt Eye

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11;55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: 8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8/12/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: Aug 12, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3006
Local Reg. No. 155
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Thomas	Ashley	Aug.	11,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Dec. 22, 1881	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ob
11. BIRTHPLACE (State or foreign country): Tonica, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Ashley — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Carrie Goode — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-5387
17. INFORMANT'S OWN SIGNATURE: Lyman Ashley — ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Benign Hyperplasia of Prostate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6 Aug '52	Benign Hyperplasia of Prostate	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3 Aug, 1952, *to* 8 Aug, 1952, *that I last saw the deceased alive on* 8 Aug, 1952, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell T. Scott M.D.	Lewiston, Ida	8/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 15, 1952	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 15 1952	Jean Wagelius	Brower-Mann Co., by- W.H. Malson	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Scott

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3007
Local Reg. No. 156
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 18th & Burrell

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle):
c. (Last): Atkinson

4. DATE OF DEATH (Month) Aug. (Day) 11, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 26, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Albertina Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs J. W. Storm — ADDRESS: 812 Box 774

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Liver
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Cholecystitis

INTERVAL BETWEEN ONSET AND DEATH: 7 1/2 MO. (after Diagnosis) of Liver Enlargement

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 1952, *to* 8-11, 1952, *that I last saw the deceased alive on* 8-11, 1952 *and that death occurred at* 11:21 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE 408 (Degree or title): Raymond M. Stover M.D.
23b. ADDRESS: 527 Burrell LEWISTON IDAHO
23c. DATE SIGNED: 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 15, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 15, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Sand Co. by- K.H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Stover

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. .....
Local Reg. No. 157
Reg. Dist. No. 220

111-52-110504
BIRTH NO.

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 608-Stewart

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) WYLDE

4. DATE OF DEATH (Month) (Day) (Year) Aug 15, 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Aug 13, 52
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 1 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Kenneth Wylde BIRTHPLACE Lewiston Idaho
14. MOTHER'S MAIDEN NAME Beverly McConnell BIRTHPLACE Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Kenneth W. Wylde ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 Mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 13, 1952, *to* Aug 15, 1952, *that I last saw the deceased alive on* Aug 15, 1952, *and that death occurred at* 5:48 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. H. Pierce M.D.
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 16-52
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston Ida.

DATE REC'D BY LOCAL REG. Aug 16, 1952
REGISTRAR'S SIGNATURE Jean Megelius
25. FUNERAL DIRECTOR R. F. Vassar ADDRESS Lewiston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 158
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winchester
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) GEORGE HERBERT CONWAY

4. DATE OF DEATH (Month) (Day) (Year) August 15 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 18 1868
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Belle Plaine, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME 04 BIRTHPLACE JOHN D. CONWAY, DAYTON, OHIO.
14. MOTHER'S MAIDEN NAME BIRTHPLACE MINERVA HERBERT, EAST LIVERPOOL, OHI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Helen C. Dugger ADDRESS Winchester Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION July 1 '51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate-Bladder Neck Obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1952, *to* Aug 15, 1952, *that I last saw the deceased alive on* Aug 15, 1952, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Scott M.D. (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-15-1952
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho.

DATE REC'D BY LOCAL REG. Aug 18 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR W.C. Merchant - Clarkston, Wash. ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 159
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1121-14 ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1121-14 ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): MAY
c. (Last): ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): Aug 16, 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 16, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsburgh Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm S. Wynkoop — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mary Barr — BIRTHPLACE: no record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H.D. Eldredge — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950 *to* Aug 16, 1952 *that I last saw the deceased alive on* Aug 16, 1952 *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carsson M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 8 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 19-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Aug 19 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 161
Reg Dist. No. 220

BIRTH NO. 50-1 [illegible] SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nez Perce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Steven Earl
b. (Middle):
c. (Last): Baby Boy Bauue

4. DATE OF DEATH (Month) (Day) (Year): 8-23-52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 8-22-52

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Bauue — BIRTHPLACE: Cottonwood, Ida

14. MOTHER'S MAIDEN NAME: Hilda Koepl — BIRTHPLACE: Nez Perce, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: O. Vasser — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

560.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Diaphragmatic Hernia Left

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Contents of abdomen in left thoracic cavity

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/23, 1952, *to* —, 19—; *that I last saw the deceased alive on* 8/23, 19 52, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD.

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 8/25/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 8-24-52

24c. NAME OF CEMETERY OR CREMATORY: ~~Normal Hill~~ Nez Perce

24d. LOCATION (City, town, or county) (State): Nez Perce, Idaho

DATE REC'D BY LOCAL REG.: Aug 29 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR ADDRESS: Vincent V. Vasser Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3012
Local Reg. No. 162
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2402 E. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 2402 E. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First) MAUDE
b. (Middle) EARLL
c. (Last) BYROM

4. DATE OF DEATH (Month) (Day) (Year) August 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 16, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Mt. Idaho , Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: D. B. Randall — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Belle Ankeny — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Thel Simon — ADDRESS: Langley, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4208 Congestive heart failure. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Cecum.

19a. DATE OF OPERATION: Mar. 4-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cecum.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Jan 24, 1952, *to* 8-31-, 1952, *that I last saw the deceased alive on* 8-31-, 1952, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Cremation
24b. DATE: Sept. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane , Washington

DATE REC'D BY LOCAL REG.: Sept 2 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 144
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hy # 95 one mile East
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): of Spalding,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald		Tillequots	July	28,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 Y... Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Never Married	June, 1, 1938	14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Harrah, Wash.	

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ned Tillequots	White Swan Was.	Mary Sturgis	Toppenish, Wash

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Conley Seth	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812,4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown blow presumably caused by
DUE TO (c) a passing vehicle.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hy # 95	Spalding	NezPerce	Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 28, 1952 11:15 p.m.		Unknown blow, by a passing vehicle

22. *I hereby certify that I attended the deceased from* about 11;45 P *19__ to 19__, that I last saw the deceased alive on 19__, and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew H. Vassar	Coroner	Lewiston, Idaho.	7/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	Aug, 1, 1952	Family Cemetery	Spalding, [illegible]	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 1, 1952	Jean Weydiss	Andrew H. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 154
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 6 miles s~~outh~~ east Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) on Hy. 6 miles east Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-- Juliaetta
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) c. (Last) Wiechman

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 19, 1907

9. AGE (In years last birthday) 45
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Agricultural

11. BIRTHPLACE (State or foreign country) Friedricksfehn, Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Wiechman
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME not obtainable
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Emma Wiechman
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8250

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hy #95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) 8 (Day) 10 (Year) 52 (Hour) 1:15 Am.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? truck turned over

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Andrew H. Vassar (Coroner) (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Aug. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Aug 13 1952
REGISTRAR'S SIGNATURE Jean Wiegelmann
25. FUNERAL DIRECTOR A. H. Vassar
ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 164
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater River.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a STATE Wash. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wapawato
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) GREEN c. (Last) TAINEWASHER

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 52

5. SEX Female
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 10, 1926
9. AGE (In years last birthday) 26
UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lapwai Idaho
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joe Green BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Cecelia Raymond. BIRTHPLACE Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) fell off Log.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River
21c. (CITY, TOWN, OR TOWNSHIP) Spalding (COUNTY) Nez Perce (STATE) Idaho
21d. TIME OF INJURY (Month) Aug (Day) 10-52 (Year) (Hour) 9:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fell off Log in to River

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Andrew H. Vassar (Coroner) (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED Aug 21 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 23-52
24c. NAME OF CEMETERY OR CREMATORY Lapwai
24d. LOCATION (City, town, or county) Lapwai (State) Idaho

DATE REC'D BY LOCAL REG. Sept 4 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR A. H. Vassar ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 160
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waha
c. LENGTH OF STAY (in this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles South Waha, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waha
d. STREET ADDRESS (If rural, give location) 3 miles South Waha, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year) 8-20-52

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 8-1-1896

9. AGE (In years last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY laborer

11. BIRTHPLACE (State or foreign country) NorthCarolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME no record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE A. Vassar Lewiston Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waha, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Andrew H. Vassar (Coroner)
(Degree or title)

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-25-52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Aug 25 1952

REGISTRAR'S SIGNATURE Jean Wegelin

25. FUNERAL DIRECTOR O. Vassar Lewiston Idaho
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 24
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 565 North 100 West

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Gleed
c. (Last): Bruce

4. DATE OF DEATH (Month) (Day) (Year): August 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 9 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gleed — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rose Clark — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John W Bruce — ADDRESS: Malad Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 447X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and Bacilite and Chronic — 3 months
DUE TO (c) Cholysystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1950, *to* Aug 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 5:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Cowlishaw MD (Degree or title)
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: 8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 11 52
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug 11-1952
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: J. Guy Benson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 5-30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Martina
c. (Last): Larson
Thomas

4. DATE OF DEATH (Month) (Day) (Year): August 14 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Logan Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Larson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Annie Sorensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Morris Thomas — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal destruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: general debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, to Aug 14, 1952 (only), *that I last saw the deceased alive on* Aug 14, 1952, *and that death occurred at* 8:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Mabey M.D.
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: 8-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug-18 1952
24c. NAME OF CEMETERY OR CREMATORY: St John
24d. LOCATION (City, town, or county) (State): Malad (Rural) Oneida, Ida.

DATE REC'D BY LOCAL REG.: Aug 16-1952
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: J. Guy Hansen — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 136 West 400 North

3. NAME OF DECEASED (Type or Print)
a. (First): Lavean
b. (Middle):
c. (Last): Lusk

4. DATE OF DEATH (Month) (Day) (Year): August 17 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 1 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Jefferson Lusk — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Jenkins — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thos Lusk — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

416X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular fibrillation + Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Stenosis + Regurgitation — 30 years
DUE TO (c): Rheumatic Heart disease — 35+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1951, *to* Aug 17, 1952, *that I last saw the deceased alive on* Aug 17, 1952, *and that death occurred at* 4:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Cowlishaw MD
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug. 18. 1952
REGISTRAR'S SIGNATURE: J. Guy Hensar
25. FUNERAL DIRECTOR: J. Guy Hensar — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 27
Reg. Dist. No. 520

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 326 West 500 North St.

3. NAME OF DECEASED (Type or Print): a. (First) Nadene b. (Middle) Emma c. (Last) Gleed

4. DATE OF DEATH: (Month) (Day) (Year): August 21 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 30 1935

9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Lavern Gleed BIRTHPLACE: Malad Idaho

14. MOTHER'S MAIDEN NAME: Estella M. Price BIRTHPLACE: Malad Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Henry L. Gleed ADDRESS: Malad Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

580 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Atrophy of liver — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Aug., 1952, *to* 21 Aug., 1952, *that I last saw the deceased alive on* 21 Aug., 1952, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph T. Maley 621 (Degree or title): M.D.
23b. ADDRESS: 4 So. Main St. Malad City, Idaho
23c. DATE SIGNED: 23 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 23 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1952
REGISTRAR'S SIGNATURE: J. Tracy Keenan
25. FUNERAL DIRECTOR: J. Tracy Keenan ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 23
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad Route 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jefferson
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): August 4 1952

5. Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January 3 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): East Poratge Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles James Clark — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Sarah Helen Moon- — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carrie A Vaughan — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 Hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10, 1951, *to* 8/4, 1952, *that I last saw the deceased alive on* 8/4, 1952, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard C Cowlishaw (Degree or title) MD
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 7 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug. 5-1952
REGISTRAR'S SIGNATURE: J. Guy Hensar
25. FUNERAL DIRECTOR: J. Guy Hensar — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3622
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 12 miles South of Marsing
c. LENGTH OF STAY (in this place) 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) I.O.N. Hi-way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Eugene
b. (Middle) Everett
c. (Last) Eager

4. DATE OF DEATH (Month) (Day) (Year) July 12 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH November 5-1929
9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR Months 8 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greeley, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME G. Everett Eager, BIRTHPLACE Barry, Illinois
14. MOTHER'S MAIDEN NAME Elizabeth Sly, BIRTHPLACE Eaton, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. World War 2 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Charlotte Irene Eager ADDRESS Marsing Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident — INTERVAL BETWEEN ONSET AND DEATH Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture of Occipital Bone.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Failure to Maneuver Vehicle on Road

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Squaw Cr. Canyon
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marsing, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 17 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Body thrown from vehicle struck rock

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Wm. G. Reimer 470 (Degree or title) M.D. Factory Cramer
23b. ADDRESS Box 735 Homedale, Idaho
23c. DATE SIGNED 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 26-1952
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Aug 30-52
REGISTRAR'S SIGNATURE Mrs Nina Frosig
25. FUNERAL DIRECTOR ADDRESS Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Owyhee in Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Jordan Valley
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Road in Owyhee County, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Marion; c. (Last) MacKenzie

4. DATE OF DEATH: (Month) (Day) (Year) August 17-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: December 21-1931

9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman J. MacKenzie, BIRTHPLACE: Inverness, Scotland

14. MOTHER'S MAIDEN NAME: Marian Mildred Marcellus, BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: M. J. MacKenzie, ADDRESS: Jordan Valley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22514

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road-Owyhee Co

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Owyhee (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 17 1952 8a.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Auto overturned

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Jones MD

23b. ADDRESS: Jordan Valley Ore

23c. DATE SIGNED: 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: August 21-1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 25-52

REGISTRAR'S SIGNATURE: Mrs Nina Frosig

25. FUNERAL DIRECTOR: Peckham-Pakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riddle
c. LENGTH OF STAY (in this place): 2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chas Sewell Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riddle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MILBURN
b. (Middle): T.
c. (Last): BAIZE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 1902
9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days: Unknown
IF UNDER 24 HRS.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War # 2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Claude L Sullivan
ADDRESS: Murphy Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Aug 23, 1952
REGISTRAR'S SIGNATURE: A. F. Anderson
25. FUNERAL DIRECTOR: Felix J. Bey
ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 45
Local Reg. No. 52
Reg. Dist. No. 330

BIRTH NO. SEP 12 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1650 - 1st Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1650 - 1st Ave. South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HAZEL	HANNAH	JASMER	August 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 6, 1911	41	7	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Powers Lake, North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Van Berkom	Holland	Mary Walgast	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	Unknown	Mrs Nila J. Almeen	Powers Lake, N. Dakota

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	420.1 Coronary occlusion	few hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Death of Son → anxiety	few days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
— — —	— — — — —	— — — — — — — — — — — — — — — — — — —

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 1 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3026
Local Reg. No. 51
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural— Highway # 30
c. LENGTH OF STAY (in this place): few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 30, 18 miles Southeast of Payette, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 915 Harrison Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) FRANCIS c. (Last) MCMAHON

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 31, 1895
9. AGE (In years last birthday): 57 years — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist - 35
10b. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (State or foreign country): Ketchum, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Patrick Henry McMahon — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sarah Durham — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Clara A. McMahon ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from~~ performed Autopsy on 8-2, 19 52, ~~that I last saw the deceased alive on ——, 19——~~, and that death occurred at 11:30a m., from the causes and on the date stated above.*

23a. SIGNATURE: John J. Kaiser (Degree or title): MD
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 8-2-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-3-1952
NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 2, 1952
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bannock Creek
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fort Hall Reservation
d. STREET ADDRESS (If rural, give location): Star Route, Pocatello, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Elaine; b. (Middle); c. (Last) McGill

4. DATE OF DEATH: (Month) (Day) (Year) August 2, 1952

5. SEX: female

6. COLOR OR RACE: Indian 4/4

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2-10-31

9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Fort Hall Reservation

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Simitsey, Fort Hall Reservation
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Stella Jack
BIRTHPLACE: Fort Hall Reservation

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: James Simitsey
ADDRESS: Star Route Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) no doctor attending
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Believed that she had heart trouble
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: August 4, '52

24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetary

24d. LOCATION (City, town, or county) (State): Power County, Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 8/4/52

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: relatives attending
ADDRESS: Star Route, Pocatello.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3028
Local Reg. No. 59
Reg. Dist. No. 142

RECEIVED AUG 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 12, 1891
9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR Months: 6 | Days: 19 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Man 62
10b. KIND OF BUSINESS OR INDUSTRY: City Water System
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jesse L. James BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Price Owens BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank James ADDRESS: Pinehurst Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, left middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric ulcer
DUE TO (c) Subtotal gastrectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/29/52
19b. MAJOR FINDINGS OF OPERATION: Benign gastric ulcer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26, 1952, *to* 8/1, 1952, *that I last saw the deceased alive on* 8/1, 1952, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/4/52
24c. NAME OF CEMETERY OR CREMATORY: Crosby Minnesota
24d. LOCATION (City, town, or county) (State): Crosby Minnesota

DATE REC'D BY LOCAL REG.: 8/4-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 60
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print): a. (First) Paul b. (Middle) Arthur c. (Last) Jantti

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 10, 1913
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Paul Jantti — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Hulda Mattson — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-7557
17. INFORMANT'S OWN SIGNATURE: Paul Jantti — ADDRESS: Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auto Accident Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intoxication
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Massive rt hemothorax
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Blood in thorax & on aspiration
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kingston Shoshone Idaho

21d. TIME OF INJURY: (Month) AUG (Day) 5 (Year) 52 (Hour) 5 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* 5 AUG, 1952 *to* 5 AUG, 1952 *that I last saw the deceased alive on* 5 AUG, 1952 *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Gibbon (Degree or title): M.D.
23b. ADDRESS: Kellogg Ida
23c. DATE SIGNED: Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/10/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8-13-52
REGISTRAR'S SIGNATURE: Joe Savine
25. FUNERAL DIRECTOR: Grant McPhee — ADDRESS: Kellogg Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 62
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ping Creek
d. STREET ADDRESS (If rural, give location): Ping Creek Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Bernice c. (Last) McLeod

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 28, 1884

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months 6 Days 18 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Colfax Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Kuhn — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Mary Bowles — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George M. Leod — ADDRESS: Kellogg Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 260X Diabetes Mellitus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis & Hypertension

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 8-16, 52, *that I last saw the deceased alive on* 8-16, 1952, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James E. Stein (Degree or title)

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/20/52

24c. NAME OF CEMETERY OR CREMATORY: Forrest

24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: 8/23/52

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Grant M. Slade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 63
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 126 W. Riverside

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 126 W Riverside

3. NAME OF DECEASED (Type or Print): a. (First) Maud b. (Middle) Adelia c. (Last) Thornhill

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 12, 1885
9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR Months: 0 | Days: 9 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marshal Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert A. Taber — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Mary Crocket — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mildred Thornhill — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): 420.1 Apparently Heart failure as found dead in bed at 11 am
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis several yrs
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerosis General

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 8/20, 1952, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: H S Mowery (Degree or title): Coroner Wallace Ida
23b. ADDRESS:
23c. DATE SIGNED: 8/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/25/52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 8/23/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

111-52-9118

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No.
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) PAMELA b. (Middle) SUSAN c. (Last) ACHORD

4. DATE OF DEATH (Month) (Day) (Year) July 22 - 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH July 21-1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 23 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ted Achord, BIRTHPLACE Wallace Idaho
14. MOTHER'S MAIDEN NAME Shirley White, BIRTHPLACE Wallace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Theodore E. Achord ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity. INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Labor. (7 mo pg)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 July, 1952, *to* 22 July, 1952, *that I last saw the deceased alive on* 22 July, 1952, *and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert [illegible] 347 (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED Aug 4-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Aug 4. 1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARVEY
b. (Middle): GLENN
c. (Last): ZURNSTEIN

4. DATE OF DEATH (Month) (Day) (Year): July 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 4
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Gales Chev. Co.
11. BIRTHPLACE (State or foreign country): Mullan, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Zurnstein — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Bessie Wood — BIRTHPLACE: Nebraska
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Chas. Zurnstein — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Uremia & Renal failure. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic nephritis. — yrs
DUE TO (c) diabetes mellitus. — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 July, 1952, *to* 30 July, 1952, *that I last saw the deceased alive on* 30 July, 1952, *and that death occurred at* 7:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert T. Remmelsen 3+7 (Degree or title): M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: Aug 1 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 2-1952
NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county): Coeur D'Alene (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 1-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

State File No. 9031
Local Reg. No. [illegible] 9
Reg. Dist. No. 1-6

BIRTH NO. 111-52-010615

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ida
d. STREET ADDRESS (If rural, give location) Box

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Joseph c. (Last) Boy Philson

4. DATE OF DEATH (Month) Aug. (Day) 15. (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug. 15. 1952				2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	—	Wallace Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harold Philson	Mont.	Frances Rourke	Wallace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. R. Philson	Burke Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Labor

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/14, 19__, *to* 8/15, 19__, *that I last saw the deceased alive on* 8/15, 19__, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. — 23b. ADDRESS Wallace — 23c. DATE SIGNED 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE Aug 17-52 — 24c. NAME OF CEMETERY OR CREMATORY Woodlawn — 24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Aug 18-1952 — REGISTRAR'S SIGNATURE Dale L Cornell — 25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 12
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) King Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle)
c. (Last) OLIVER

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 17-1892
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 60 Days 6 IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Oliver BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Frank A. Oliver ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Coronary Disease Sustained

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis & Diabetes Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/9/52 *to* 8/22, 1952, *that I last saw the deceased alive on* 8/21, 1952, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE H. C. McWerg (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 8/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 25-1952
24c. NAME OF CEMETERY OR CREMATORY Holy Cross
24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. Aug 24-52
REGISTRAR'S SIGNATURE John A Brown
25. FUNERAL DIRECTOR John A Brown ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1908

State File No. 2036
Local Reg. No. 68
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): F.
c. (Last): SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year): August 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 29, 1908
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 5, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch Maker 75
10b. KIND OF BUSINESS OR INDUSTRY: Watch Maker
11. BIRTHPLACE (State or foreign country): Butte Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Schneider — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Minnie Brandel — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs A.V. Greer — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

016X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral Renal Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Collapse Left Lung

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1952 *to* 8-30, 1952 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:30 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Pauline Ellis MD 109
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 9-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/1/52 03
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 9/1/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

SEP 5 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3037
Local Reg. No. 7
Reg. Dist. No. 1-10

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): Bingville

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): KOUDELA

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-05-5111

17. INFORMANT'S OWN SIGNATURE: Elizabeth Koudela
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: 420.1 Coronary thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cataracts

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Howard 470 (Degree or title): Coroner

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: Aug 1 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 4 1952

24c. NAME OF CEMETERY OR CREMATORY: Mullan

24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: Aug 4-1952

REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell

ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 125
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On U.P.Train No.11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) -- - --; c. (Last) Indermuhle

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan.22,1896

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellensburg, Wash.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Christian Indermuhle — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Susan Zumbrennan — BIRTHPLACE: Monroe, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lena Indermuhle — ADDRESS: Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor 237X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 7-29-52

19b. MAJOR FINDINGS OF OPERATION: Lodge infiltrative of R. temporo parietal region

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-21, 1952, *to* 7-22, 1952, *that I last saw the deceased alive on* 7-22, 1952, *and that death occurred at* 3:35 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Am Thomas 424

23b. ADDRESS: 805 Fort St. Boise Ida

23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-12-52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 8-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B.W. Robison

ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
SEP 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 64
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Bunker Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Neil
b. (Middle):
c. (Last): Stewart

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1952

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 5, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Janitor
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: No Record — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Chronic Ischemia Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Silicosis Advanced — Several Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25, 1952, *to* 8/10, 1952, *that I last saw the deceased alive on* 8/10, 1952, *and that death occurred at* 29 *m., from the causes and on the date stated above.*

23a. SIGNATURE: N. Mowry MD (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/14/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg Idaho (State)

DATE REC'D BY LOCAL REG.: 9/5/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 31
Local Reg. No. 8
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Black Cloud
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Nine Mile

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LOUISA c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year) Aug 11 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 11 1871
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 9 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Mattson
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Marguerite Mattson
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. John Legg ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19—, *to* 11 Aug, 52, *that I last saw the deceased alive on* 10 Aug, 1952, *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert Hamilton MD
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 11 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 14-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Aug 11-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25 FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED
SEP 5 1952
DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 10
Reg. Dist. No. 140

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Highway 10~~ Providence Hospital Wallace Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash.
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DARLENE b. (Middle) YVONNE c. (Last) WILKERSON

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug -17-
9. AGE (In years last birthday) 23 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter Reeder. BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter A. Reeder ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Wound of Chest 825.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comminuted Fracture of Left Leg
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 miles west of Wallace
21c. (CITY, TOWN, OR TOWNSHIP) near Silverton (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) 8 (Day) 17 (Year) 52 (Hour) about 1:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* 8-17, 1952, *to* 8-17, 1952, *that I last saw the deceased alive on* 8-17, 1952, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. M. Peterson, M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug 18-1952
24c. NAME OF CEMETERY OR CREMATORY Hazen & Yeager Funeral Home
24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. Aug 18-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 5 1952
DIVISION OF VIT...

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mun
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #10.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Veta Village

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) ELANE c. (Last) REEDER
4. DATE OF DEATH (Month) (Day) (Year) AUG 17 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 22.
9. AGE (In years last birthday) 20 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hutong Mun.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Roy Spence — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Roy G. Spence — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull + Neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Laceration of Scalp
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 miles west of
21c. (CITY, TOWN, OR TOWNSHIP) Wallace near Silverton (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) 8 (Day) 17 (Year) 52 (Hour) about 1:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I attended the deceased from 8-17, 1952, to 8-17, 1952, that I last saw the deceased alive on 8-17, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [illegible] Peterson, M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug 18-1952
24c. NAME OF CEMETERY OR CREMATORY Nazen & Jenger Mortuary
24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. Aug 18-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 5 1952
DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 13
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO. 31-13-1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rooming House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) c. (Last) JAHNKE

4. DATE OF DEATH (Month) (Day) (Year): Aug 24. 1952

5. SEX: Male

6. COLOR OR RACE: W White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: March 5 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Laborer

10b. KIND OF BUSINESS OR INDUSTRY: C M St P & P R.R.

11. BIRTHPLACE (State or foreign country): St Paul Minn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
BIRTHPLACE

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 517-22-9897

17. INFORMANT'S OWN SIGNATURE
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in Room - Hotel — INTERVAL BETWEEN ONSET AND DEATH: Gas Inhal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.): Room
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Avery Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 24 52 2:30 a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell Caught fire Burned

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___ *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Wood (Degree or title): Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 5-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Aug 25-52
REGISTRAR'S SIGNATURE: Dale S Connell

25. FUNERAL DIRECTOR: Dale S Connell
ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 7 1952 DIVISION OF VITAL STATISTICS

State File No. 5244
Local Reg. No. 179
Reg. Dist. No. 460
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) May c. (Last) Patrick

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Peoria, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Wesley Newcomb — BIRTHPLACE: Nova Scotia

14. MOTHER'S MAIDEN NAME: Frances Dale — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs B. L. Patrick — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c) Rheumatic Fever — 1920

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Aug 1, 19 52, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean N. Officer, MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 8-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-5-1952

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-5-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: S. A. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3045
Local Reg. No. 183
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): DEL ROY
c. (Last): WEBB

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30, 1879
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fillmore, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edward Webb — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lizzie Fyfe — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: May Bell Webb — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

430.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct., 1949, *to* 5 Aug., 1952, *that I last saw the deceased alive on* 5 Aug., 1952, *and that death occurred at* 4a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer MD 024
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3046
Local Reg. No. 184
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Rural
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) C. c. (Last) Meyers

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 6, 1879
9. AGE (In years last birthday): (72) IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sutton, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Meyers — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Kruger — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-9730
17. INFORMANT'S OWN SIGNATURE: X Minnie Mae Manly — ADDRESS: Filer, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* Did not attend, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:50p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Aug 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-11-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME — ADDRESS: TWIN FALLS, IDAHO. James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 22 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 193
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place): 16 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location): 216 14th Street

3. NAME OF DECEASED (Type or Print): a. (First) Grace; b. (Middle); c. (Last) Stewart

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 7, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 8, 1891

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Mountain Grove, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mose McGowan, BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: ? Fox, BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXX

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Lee Copplewell — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension & arteriosclerosis — 4 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1952, *to* Aug 7, 1952, *that I last saw the deceased alive on* Aug 6, 1952, *and that death occurred at* 1:10A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H Anderson M.D (Degree or title) — **23b. ADDRESS**: Buhl, Idaho — **23c. DATE SIGNED**: Aug 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 11, 52

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 8-19-52

REGISTRAR'S SIGNATURE: Donna Reid

25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3348
Local Reg. No. 185
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls county farm

3. NAME OF DECEASED (Type or Print)
a. (First): Marcos
b. (Middle): Pete
c. (Last): Estrada

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1952

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): El Paso, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pete Estrada — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Augustina Jares — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-4243
17. INFORMANT'S OWN SIGNATURE: Myrtle Steed — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Heart disease - type undetermined — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2) Ayzera's disease — yrs
DUE TO (c) 3) Chronic right-sided intra-pulmonic hypertension — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4) Diabetes Mellitus — yrs
5) Hemachromatosis. yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Aug. 8, 1952, *that I last saw the deceased alive on* Aug 7, 1952 *and that death occurred at* 5:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 008 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Aug 11

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/52 05
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-11-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Jamie L. Reynolds — ADDRESS: Reynolds Funeral Home Twin Falls.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No.
Local Reg. No. 188
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO BEYMER,

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Magic Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum, Box 922
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) E. Morse c. (Last) Wilson

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Aug., 4, 08

9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR Months: 0 Days: 6 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Land-scape Gardner

10b. KIND OF BUSINESS OR INDUSTRY: S-V Resort

11 BIRTHPLACE (State or foreign country): Sameria, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James S. Wilson — BIRTHPLACE: Wanship, Utah

14. MOTHER'S MAIDEN NAME: Margaret Morse — BIRTHPLACE: Sameria, Utah

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 720 03 2304

17. INFORMANT'S OWN SIGNATURE: Irene Early Wilson — ADDRESS: Ketchum

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis Acute & Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation Sigmoid — 48 hrs.
DUE TO (c) Carcinoma Sigmoid — 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Aug., 1952, *to* 10 Aug, 1952, *that I last saw the deceased alive on* 10 Aug, 1952, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Beymer, M.D (Degree or title)

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 15 Aug 52

24a. BURIAL CREMATION REMOVAL (Specify): Burial

24b. DATE: 8-14-52

24c. NAME OF CEMETERY OR CREMATORY: Ketchum

24d. LOCATION (City, town, or county) (State): Ketchum, Idaho

DATE REC'D BY LOCAL REG.: 8-16-52

REGISTRAR'S SIGNATURE: Thomas Lindsay McGoldrick

25. FUNERAL DIRECTOR — ADDRESS: Hailey Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3050
Local Reg. No. 181
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 443 Filer

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): Mae
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lawrence County, Ind.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm Carter — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Rebecca Mundy — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Sterling Martin — ADDRESS: R.3 Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, metastatic - to Brain + right eye
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary tumor - carcinoma L. Breast (amputated 4 yrs. ago)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, mo.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/14/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Ce,etery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: Dereph Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3451
Local Reg. No. 191
Reg. Dist. No. 460

BIRTH NO. 111-52-010705 AUG 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 173 Austin Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) Jay c. (Last) Sheen

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 13, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 2 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Glen L. Sheen — BIRTHPLACE: Salem, Utah

14. MOTHER'S MAIDEN NAME: Vonda Hancock — BIRTHPLACE: Payson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Glen L. Sheen — ADDRESS: Twin Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Erythroleukosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/13/, 1952, *to* Aug. 15, 1952, *that I last saw the deceased alive on* 8-15, 1952 *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M/D

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/19/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-18-52

REGISTRAR'S SIGNATURE:

25. UNDERTAKER REYNOLDS FUNERAL HOME — **ADDRESS**: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 952
Local Reg. No. 192
Reg. Dist. No. 460

BIRTH NO. AUG 22 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Fruitland Addition

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Ann; c. (Last) Quigley

4. DATE OF DEATH: (Month) (Day) (Year): August 16, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 26, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Cardiff, So. Wales England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Heath
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Hannah Gleed
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Earle Quigley
ADDRESS: Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 584X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: One month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholelithiasis — several yrs.
DUE TO (c) Acute cholecystitis - one month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 7-28-52

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis, Empyema of G. B.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1952, *to* Aug 16, 1952, *that I last saw the deceased alive on* 8-16-, 1952, *and that death occurred at* 12:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Aug 18 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 20, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 9-19-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

4

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3953
Local Reg. No. 190
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Deer Lodge
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anaconda
d. STREET ADDRESS (If rural, give location): 210½ E. Park Street

3. NAME OF DECEASED (Type or Print): a. (First) Eileen; b. (Middle); c. (Last) Lynn

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 13, 1912

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anaconda, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sheehan — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Flora — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. S. Lynn — ADDRESS: Anaconda, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with rupture of esophageal varices with hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 8/18/52

24c. NAME OF CEMETERY OR CREMATORY: Anaconda Cemetery

24d. LOCATION (City, town, or county) (State): Anaconda, Montana

DATE REC'D BY LOCAL REG.: 8-18-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME — ADDRESS: TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 194
Reg. Dist. No. 4 6 9

BIRTH NO.

AUG 22 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1402 Poplar

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ANDREW c. (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 19, 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alderson, West Virginia

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Johnson
BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Agnes Hinchman
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jos A Johnson
ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

0224

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Abdominal Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 17 Aug, 1952, *to* 18 Aug, 1952, *that I last saw the deceased alive on* 18 Aug, 1952, *and that death occurred at* 4:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymer (0224)
(Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 19 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/19/52 03
24c. NAME OF CEMETERY OR CREMATORY: Sacramento, Calif.
24d. LOCATION (City, town, or county) (State): Sacramento, California

DATE REC'D BY LOCAL REG.: 8-19-52
REGISTRAR'S SIGNATURE: Norma Lieck
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3055
Local Reg. No. 198
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 251 6th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): ELWOOD
c. (Last): BOBIER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 4, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Business
11. BIRTHPLACE (State or foreign country): Alberta, Canada
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Richard Bobier — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Dietrich — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William Bobier — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1952, *to* Aug 18, 1952 *that I last saw the deceased alive on* Aug. 18, 1952, *and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen 435 Q Voyles M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/22/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Dwight W. Phillips — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 196
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1431 5th Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) c. (Last) BILBAO

4. DATE OF DEATH (Month) (Day) (Year): Aug. 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 16, 1909	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Partner 48	Beer Parlor	Jordan Valley, Oregon	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bilbao	Spain	Santa Guisasola	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W II		Mrs. Helen Bilbao	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac failure	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Virus pneumonia ?	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

492X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-19, 195x, *to* 8-19, 195x, *that I last saw the deceased alive on* 8-19, 195x, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. Schuerz 365		Twin Falls, Ida.	8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	02 8/23/52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-26-52	Donna Lieck	Hughes Mortuary	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8057
Local Reg. No. 197
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 4th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 412 4th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDIUS
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Music Store
11. BIRTHPLACE (State or foreign country): Draper, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Hyram Brown — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Emma Terry — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Claude Brown Jr. — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Stenosis — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1943, *to* 8-21, 1952, *that I last saw the deceased alive on* 8-20, 1952, *and that death occurred at* 4:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A A Boston 028 MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 8/25/52 29
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 205
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Intersect. of Kimberly Rd. & Locust Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jackie
b. (Middle): Junior
c. (Last): Kolb

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1932
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery
11. BIRTHPLACE (State or foreign country): Elm Creek, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack Kolb — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Hanna Galois — BIRTHPLACE: Lincoln, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 6/15/50-7/24/50
16. SOCIAL SECURITY NO.: 508-32-2026
17. INFORMANT'S OWN SIGNATURE: Jack Kolb — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Comminuted compound multiple fractures of the skull.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accicent
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Locust + Kimberly Rd
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 29 1952 1:15 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Thrown out f car when it collided with another

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *to* ___, 19__, *that I last saw the deceased alive on* did not see alive, 19__, *and that death occurred at* 1:18 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed MD. 073
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/1/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-4-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-9152

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3059
Local Reg. No. 203
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 231 4th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 435 Monroe St.

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) WAYNE c. (Last) WYNKOOP

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 2, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 27 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wayne E. Wynkoop — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Vera Lorene Freeman — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wayne E. Wynkoop — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Large Patent Ductus arteriosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Baby has multiple defects - Megacolon
DUE TO (c) Megalourethers Undescended testes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

754.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean N. Afflect M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 30 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/30/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Dwight Hullinger
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 209
Reg. Dist. No. 460

BIRTH NO. SEP 12 1952

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 423 E. 15th St.

3. NAME OF DECEASED (Type or Print): a. (First) Norman; b. (Middle) John; c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7, 1928

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR — Months: 1 Days: 22
IF UNDER 24 HRS. — Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Truck & Tractor

11. BIRTHPLACE (State or foreign country): Riverton, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John W. Taylor
BIRTHPLACE: New Harmony, Utah

14. MOTHER'S MAIDEN NAME: Thelma Nordstrom
BIRTHPLACE: Vineyard, Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-32-0106

17. INFORMANT'S OWN SIGNATURE: Mrs. Norman Taylor
ADDRESS: 423 E. 15th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anterior Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ___

DUE TO (c): ___

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ___

19b. MAJOR FINDINGS OF OPERATION: ___

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ___

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ___

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ___

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ___ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* Aug. 23, 1952, *to* Aug. 29, 1952, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 7:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: George L. Brown (Degree or title): M.D.

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: Sept. 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 204
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Bess b. (Middle) Leah c. (Last) Black

4. DATE OF DEATH (Month) (Day) (Year): August 30, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Knox County, Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arch Lamb
BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Lela Henry Lamb
BIRTHPLACE: Knox Co, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Howard Black
ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spongioblastoma of brain involving rt. post-central area — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

193X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-29, 1952, *to* 8-30, 1952, *that I last saw the deceased alive on* 8-30, 1952, *and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. W. Welford, M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/3/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Donna Lindley
25. FUNERAL DIRECTOR: Wm. Wilson
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 206
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Julian
b. (Middle): M.
c. (Last): Sandoval

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1952

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 70
10b. KIND OF BUSINESS OR INDUSTRY: Section Gang (RR)
11. BIRTHPLACE (State or foreign country): Farmington New Mexico
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Julian Sandoval — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXX
16. SOCIAL SECURITY NO.: 525 34 2084
17. INFORMANT'S OWN SIGNATURE: Franklin D Sandoval — ADDRESS: Mountain Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Head Injury, Prob Skull Fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lacerations, face and scalp.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 30, 1952
19b. MAJOR FINDINGS OF OPERATION: Suture of Lacerations
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1½ E. Buhl Ida.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl Twin Falls Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 30, 1952 12:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* Aug 30, 1952, *to* Aug 30, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Sept 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 2, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Cope Mortuary
24d. LOCATION (City, town, or county) (State): Farmington, New Mexico

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3063
Local Reg. No. 180
Reg. Dist. No. 460

RECEIVED AUG 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): Died enroute
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl,
d. STREET ADDRESS (If rural, give location): 711 Broadway No.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) C. c. (Last) McNealy

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 7, 1937

9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy 7

10b. KIND OF BUSINESS OR INDUSTRY: None (School Age)

11. BIRTHPLACE (State or foreign country): Coeur D'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence T. McNealy BIRTHPLACE: Seattle, Wash.

14. MOTHER'S MAIDEN NAME: Nerissa Haight BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X C. T. McNealy ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depressed Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall from Motor Truck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): STREET
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1 1952 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from Motor Truck

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952 and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE: C. R. McBratney (Degree or title) M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 8/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 9-8-52
REGISTRAR'S SIGNATURE: Anna Lines
25. FUNERAL DIRECTOR: B. J. Albertson ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 186
Reg. Dist. No. 460

RECEIVED AUG 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson
c. LENGTH OF STAY (in this place): hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Salmon River Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Twin Falls~~ Amsterdam
d. STREET ADDRESS (If rural, give location): Amsterdam

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Edward
c. (Last): Pastoor

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 27, 1943
9. AGE (In years last birthday): 9 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student Grade School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellsworth, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Neal Pastoor — BIRTHPLACE: Amsterdam, Idaho
14. MOTHER'S MAIDEN NAME: Gertrude VanderSlik — BIRTHPLACE: Antrim, Mich Co.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Neal Pastoor — ADDRESS: Amsterdam, Mich

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia by Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the [illegible] condition causing death.

929.8

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal - Salmon River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 11 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Slid off bank into the canal

22. *I hereby certify that I attended the deceased from* [illegible], 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 470 County Coroner 4 mo.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8.15.52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-12-52
REGISTRAR'S SIGNATURE: Donna Pearl
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 189
Reg. Dist. No. 460

BIRTH NO. AUG 22 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer Rural

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): E.
c. (Last): HAAG

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cullom, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Andrew Haag — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Caroline Hack — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Elmer E. Haag — ADDRESS: Filer, idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage c̄ paraplegia. — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Autopsy request refused
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall 243 MD
23b. ADDRESS: Twin Falls Clinic
23c. DATE SIGNED: 8/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/18/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-18-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. .....
Local Reg. No. 195
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 23 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place): 15 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamen
b. (Middle): Alexander
c. (Last): Drake

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 22, 1854
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Confectionary
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: E. A. Russell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal obstruction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralytic Ileus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14-, 1952, *to* 8 1, 1952, *that I last saw the deceased alive on* 8 15, 1952, *and that death occurred at* A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B A Drake M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): interment
24b. DATE: Aug. 18, 52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-21-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 29 1952
DIVISION OF VITAL

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 50
Local Reg. No. 300
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Zavala
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal City
d. STREET ADDRESS (If rural, give location): 1401 West Zavala

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David		Bendejn	August 18, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	March 15, 1904	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Transiet Laborer ok	Laborer	Avasolo, Mexico	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	xxxxxxxxx	399 26 0932	X Bob L. Mickelson	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 18, 1952, *to* Aug 18, 1952, *that I last saw the deceased* did not *alive on* Aug 18, 1952, *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson M.D	Buhl, Ida.	Aug. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 19, 52	Royce Manifold Mortuary	Crystal City, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-28-52	Donna Rieck	B. T. Albertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3068
Local Reg. No. 199
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 629 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 629 5th

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): M.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): August 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 28, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 36
10b. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Lake City, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Theron James Smith — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Sarah Bradt — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Harold Lancaster — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma, liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 7, 1951, *to* Aug 24, 1952, *that I last saw the deceased alive on* Aug 23, 1952, *and that death occurred at* 12:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Max W. Garver 068 — (Degree or title): M.D.
23b. ADDRESS: Filer Idaho
23c. DATE SIGNED: Aug 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/27/52 54
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 9-28-52
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 202
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Chloe	Marie	Greene	August 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.M.	White		8-31-52	11	11	11	11	5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harold Greene	Mich.	Georga Young	Calif.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harold F Greene
ADDRESS:

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

761.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation of Umbilical Cord. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolapse of Umbilical Cord.
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Rogerson Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-4-52 *to* Aug 31, 19 52, *that I last saw the deceased alive on* Aug 26, 19 52 *and that death occurred at* 8:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Douglas Kehar M.D.	Twin Falls Idaho	Sept 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 2, 1952	Twin Falls	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-3-52	Donna Lind	S.C. Phillips S C Phillips	Twin Falls Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2670
Local Reg. No. 14
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Louisa b. (Middle) Jane c. (Last) Tegarden

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 4th, 1870

9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Aseph Rogers — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Hawkins — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edgar Tegarden — ADDRESS: Cascade, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9 Aug, 1952, *to* 11 Aug, 1952, *that I last saw the deceased alive on* 11 Aug, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley L. Parker — (Degree or title): M.D.

23b. ADDRESS: P.O. Box 530 Cascade, Idaho

23c. DATE SIGNED: 15 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Margaret Cemetery

24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: Aug 15-1952

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3071
Local Reg. No. 38
Reg. Dist. No. 318

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ISAAC	VICTOR	SAARI	August 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 27, 1885	66-11-22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Finland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Finland	Unknown	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Bruno Saari	McCall Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 Aug, 1952, *to* 19 Aug, 1952, *that I last saw the deceased alive on* 19 Aug, 1952, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stanley C. Parker	MD	P O Box 530 Cascade, Idaho	22 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 22, 1952	Finnish Cemetery	Lake Fork, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 22 1952	Myrtle M. Gardner	Clyde E. Dunn Sumpter's Funeral Home	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 3-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIS	LEVI	ZIMMERMAN	August 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 21, 1906	46-3-4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder - Brown Tie & Lumber Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dry Buck, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Lee Zimmerman-Orleans, Nebr.
14. MOTHER'S MAIDEN NAME: Alta Gockley-Maple Park, Illinois
BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-20-8332
17. INFORMANT'S OWN SIGNATURE: Mrs Nellie Zimmerman ADDRESS: P.O. 904 McCall Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probably Acute Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 25, 1952 *to* Aug 25, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. F. Vranelle M.D.	McCall, Idaho	8/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/27/52	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 3-1952	Myrtle M. Gardner	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 31 yrs in Ida
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Summer cottage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1504 Blaine St.

3. NAME OF DECEASED (Type or Print): a. (First) Dr. b. (Middle) R. c. (Last) Whittenberger

4. DATE OF DEATH: (Month) (Day) (Year): August 29-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 8-1889	63	3	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Osteopathic Physician		Mercer County, Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allison Whittenberger	Hadley, Penn.	Minnie Stuart	Hadley, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 1	None	Ethel B. Whittenberger	Caldwell

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Myocardial Damage — 8 yrs
DUE TO (c) Rheumatic Fever — 13 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Aug. 29, 1952, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. Susan B. Kerr	D.O.	McCall, Idaho	9/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 3-1952	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 5 1952	Myrtle M. Gardner	C. V. Peckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-18021

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AUG 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 7
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 6th and Hanthorn

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) R c. (Last) Pritchard

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 26 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 38

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Don't Know
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William F Pritchard
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 8/6/4 Traumatic Shock
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body injuries including Cerebral damage
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 Hr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Midvale, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 2, 1952 - 10pm m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Two car collision

22. *I hereby certify that I attended the deceased from* 8-2 *, 19*52 *to* 8-3 *, 19*52 *that I last saw the deceased alive on* 8-3 *, 19*52 *and that death occurred at* 1A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Van Eaton, M.D. (Degree or title): 656
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/5/52
24c. NAME OF CEMETERY OR CREMATORY: Hillc rest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 8/5/52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Dr. McGrath

Certificate of Death

STATE OF IDAHO

State File No. 3575
Local Reg. No. 12
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser, Rock
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mann Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stibnite
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELEANOR
b. (Middle):
c. (Last): REESE

4. DATE OF DEATH (Month) (Day) (Year): 8-16-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-7-1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Dewey, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: don't know — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXX — (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Fred Reese — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Toses

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Ovary

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 21st, 1952, *to* Aug. 16th, 1952, *that I last saw the deceased alive on* Aug. 16th, 1952, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M S McGrath MD 248
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 8-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 8-19-52 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 8-16-52
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: Dave Thomason — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7276
Local Reg. No. 10
Reg. Dist. No. 3-2-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HELEN	DORIS	BARTENHAGEN	Aug.	17	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 16, 1922	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Weiser, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Delbert H. Jackson	Weiser Idaho	Pearl Thompson	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		x Mrs. Delbert H. Jackson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

456X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Disseminated Lupus Erythematosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 16, 1952 *to* Aug. 17, 1952, *that I last saw the deceased alive on* Aug 17, 1952 *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Wyatt M.D.	16 E. Idaho St.	Aug. 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-20-52	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 20, 52	Marie Hawthorn	Lee Thomason	Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 32 C

BIRTH NO. 11-52-010763

RECEIVED SEP 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 6 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1011 W. Galloway St

3. NAME OF DECEASED (Type or Print): a. (First) Kathleen b. (Middle) Mary c. (Last) Walsh

4. DATE OF DEATH (Month) (Day) (Year): 8/19/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 8/18/1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Weiser Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Michael J. Walsh — BIRTHPLACE: Boise Idaho

14. MOTHER'S MAIDEN NAME: Thera Fletcher — BIRTHPLACE: Calif

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mike J. Walsh — ADDRESS: Weiser Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7544

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-18- , 1952, *to* 8-19- , 1952, *that I last saw the deceased alive on* 8-19- , 1952, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. McGrath M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 19th. 1952
24c. NAME OF CEMETERY OR CREMATORY: St John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise- Idaho

DATE REC'D BY LOCAL REG.: 8-19-52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 578
Local Reg. No. 13
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pioneer Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Pioneer, Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): SUSAN
b. (Middle): MAUDIE
c. (Last): MC CORMICK

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Shaver, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Turner — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs Paul Towell — ADDRESS: Harper, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Hemaphysis — INTERVAL BETWEEN ONSET AND DEATH: 5-1048

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not Cerebral Hemorrhage, Hugh Blood Pressure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12-38, 19__, *to* 8-29, 1952, *that I last saw the deceased alive on* 8-29, 1952, *and that death occurred at* 6 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F A Schmitz M D
23b. ADDRESS: Weiser Ida
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 8-29-52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: K. Dee Thomason — ADDRESS: Weiser Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3079
Local Reg. No. 8
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) BOYD c. (Last) ALLISON

4. DATE OF DEATH (Month) (Day) (Year): 8-3-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 22, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming of
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Salubria, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William B. Allison — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ruhama Hedgcock — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Arthur Wilson — ADDRESS: Cambridge Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerosis. — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-52, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* 7-6-52, *19*___ *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.
23b. ADDRESS: Cambridge Idaho
23c. DATE SIGNED: 8/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/52
24c. NAME OF CEMETERY OR CREMATORY: Salubria
24d. LOCATION (City, town, or county) (State): Cambridge Idaho

DATE REC'D BY LOCAL REG.: 8/6/52
REGISTRAR'S SIGNATURE: Marie Hautborn
25. FUNERAL DIRECTOR: C. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3080
Local Reg. No. 9
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): ALZADA
b. (Middle): DETLOR
c. (Last): LARSON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Webster City, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Byard Detlor — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Ella Bowman — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Archie M. Larson — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 325.5 Mental Deficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Aug, 1952, *to* 6 Aug, 1952, *that I last saw the deceased alive on* 5 Aug, 1952, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Hancher 146
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 8/8/52 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 8/8/52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3081
Local Reg. No. 341
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1414 Bella Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) DAVID c. (Last) EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 6, 1879

9. AGE (In years last birthday): 72-11-26 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Edwards — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Ann Herrick — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-01-0742

17. INFORMANT'S OWN SIGNATURE, ADDRESS: Hattie E. Edwards Boise Idaho 1414 Bella

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Benign Hypertrophy of Prostate — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) abscess of prostate — ?

DUE TO (c) acute suppurative & ulcerative colitis — ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/27/52

19b. MAJOR FINDINGS OF OPERATION: See above (b)

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 25, 1952, *to* Sept 2, 1952, *that I last saw the deceased alive on* Sept 2, 1952, *and that death occurred at* 12:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Jeppesen MD

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/5/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3082
Local Reg. No. 321
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 829 Wade Circle Drive

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): M.
c. (Last): AVERY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2, 1875
9. AGE (In years last birthday): 76-9-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Cox — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Claude K. Sligh — ADDRESS: Boise Idaho 828 Wade Circle Dr

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia - terminal — INTERVAL BETWEEN ONSET AND DEATH: Aug 31, 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Left hemiplegia — July 9, 52
DUE TO (c): Arterial hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* Sept 2, 1952, *that I last saw the deceased alive on* Aug 31, 1952, *and that death occurred at* 6:53A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather NID
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Sept 2, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3083
Local Reg. No. 322
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1107 Washington Street

3. NAME OF DECEASED (Type or Print)
a. (First): STANLEY
b. (Middle): L.
c. (Last): SIROKY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1892
9. AGE (In years last birthday): 59-9-21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Sawmill work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prague, Bohemia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Siroky — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Everett Biehn — ADDRESS: Klamath Falls Oreg. 2714 Kane St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic hypertension — 10 yrs
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-, 1951, *to* 9-2, 1952, *that I last saw the deceased alive on* 9-1, 1952, *and that death occurred at* 7:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey S. Smith MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gd
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Bell

RECEIVED
SEP 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3084
Local Reg. No. 328
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809 Lemp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 809 Lemp

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle); c. (Last) Garlick

4. DATE OF DEATH: (Month) (Day) (Year): 9/3/52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/25/62
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teamster
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Fairview, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph G. Garlick — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Amy Jones — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: W. Ralph Parks — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Caranoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Sept, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* 8:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max F. Bell (Degree or title): M.D. — 23b. ADDRESS: Boise Idaho — 23c. DATE SIGNED: 9/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/6/52
NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) / (State): Boise / Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Kelyea — ADDRESS: Boise
KELYEA MORTUARY — Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3085
Local Reg. No. 323
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Gaius
c. (Last): Call, Sr.

4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 4/4/84
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman
10b. KIND OF BUSINESS OR INDUSTRY: Cyclery
11. BIRTHPLACE (State or foreign country): Chesterfield Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chester Call — BIRTHPLACE: Macedonia, Ill.
14. MOTHER'S MAIDEN NAME: Sarah Dixon — BIRTHPLACE: Salt Lake City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X Chester A. Call — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

902.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage from fractured skull — INTERVAL BETWEEN ONSET AND DEATH: 13 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Store
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) Sept (Day) 3 (Year) 1952 (Hour) 9:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell with elevator

22. *I hereby certify that I attended the deceased from* 9-3, 1952, *to* 9-3, 1952, *that I last saw the deceased alive on* 9-3, 1952, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H A Loelsch MD (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/6/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer Jr.
25. FUNERAL DIRECTOR: Russell A. Rely — RELYEA MORTUARY — ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 308
Local Reg. No. 331
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 930 East First Street

3. NAME OF DECEASED (Type or Print)
a. (First): ATTIE
b. (Middle): M.
c. (Last): TRABERT

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1877
9. AGE (In years last birthday): 74-11-17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frankfort, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathan Franklin Stafford — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Atlanta Flora Folts — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James W. Trabert — ADDRESS: Meridian Idaho, P.O. Box 484

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardio vascular
DUE TO (c) renal disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 30, 1952, *to* Sept 3, 1952, ~~*that I*~~ *last saw the deceased alive on* Sept 3, 1952, *and that death occurred at* 6 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3087
Local Reg. No. 325
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 408 North Fifth Street

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) CORDELIA c. (Last) BRUCE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 11, 1877
9. AGE (In years last birthday) 74-9-23 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leadville, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ira Barcus — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James E. Bruce ADDRESS Boise, Idaho 611 Reserve St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* — *, 19__, to* — *, 19__, that I last saw the deceased alive on* Sept 4 1952 *death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature], M.D.
23b. ADDRESS Boise
23c. DATE SIGNED 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/8/52
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 9-11-52
REGISTRAR'S SIGNATURE Myrtle Palmer gf
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

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SEP 19 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3026
Local Reg. No. 332
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): 407 East 4th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) H. c. (Last) Oliver Jr.

4. DATE OF DEATH: (Month) (Day) (Year) September 4/1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 28/1934

9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Service

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David H. Oliver — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Julia C. Campbell — BIRTHPLACE: Anatone, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 531-30-7392

17. INFORMANT'S OWN SIGNATURE: A. J. Whitfield — ADDRESS: 314 West 1st Ave. Kennewick, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shock, Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Trauma & auto accident — 11
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-1-52
19b. MAJOR FINDINGS OF OPERATION: Internal Injuries
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In-way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home, Elmore, Idaho

21d. TIME OF INJURY: (Month) 9 (Day) 1 (Year) 52 (Hour) 11 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto acc.

22. *I hereby certify that I attended the deceased from* 9-1, 1952, *to* 9-4, 52, *that I last saw the deceased alive on* 9-4, 1952 *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard G. Lowery M.D.
23b. ADDRESS: 105 N. 8th St. Boise
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/5/1952
24c. NAME OF CEMETERY OR CREMATORY: Riverview Heights cem.
24d. LOCATION (City, town, or county) (State): Kennewick, Washington

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3009
Local Reg. No. 324
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): Oakley

3. NAME OF DECEASED (Type or Print): a. (First) Ora; b. (Middle) Hague; c. (Last) Peterson

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 4/27/01

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Basin, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lemuel T. Hague
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary Dayley
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -------
(If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: x. Wilma Peterson
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Melanosarcoma
INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1952 *to* Sept 4, 1952, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice A. Rudolph, M.D.
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/6/52
24c. NAME OF CEMETERY OR CREMATORY: Oakley, Idaho
24d. LOCATION (City, town, or county) (State): Oakley Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: Boise
RELYEA MORTUARY Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 11 1952

Certificate of Death

STATE OF IDAHO

State File No. 3020
Local Reg. No. 316
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1605 No. 22nd. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1605 No. 22nd St

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle):
c. (Last): Brewer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 14. 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ryanville Canada
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Mathew Ryan. BIRTHPLACE: Buckingham Canada
14. MOTHER'S MAIDEN NAME: Ellen Ryan BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mary B. Marrison ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Pulmonary Edema
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertensive & arteriosclerotic Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV, 1949, *to* SEPT 5, 1952, *that I last saw the deceased alive on* SEPT 3, 1952 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Cuffard MD
23b. ADDRESS: 311 Ida Boise Ida
23c. DATE SIGNED: 9/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8. 52
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3091
Local Reg. No. 326
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian.
d. STREET ADDRESS (If rural, give location): R.D. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) LULA b. (Middle) M. c. (Last) MEADERS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 4, 1882

9. AGE (In years last birthday): 69-11-1
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 DAY: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant Hill, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Shelton-Pleasant Hill, Ill.
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Martha Pryor
BIRTHPLACE: Eldora, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ray Litton
ADDRESS: R #4 Caldwell Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 4, 19 52, *to* Sept 5, 19 52, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rudkin M.D.
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/8/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gf.

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3032
Local Reg. No. 317
Reg. Dist. No. 370

BIRTH NO. 22 Ward SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1301 Hays

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Philip	John	Evans	Sept	6	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 14 1882	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Law	Mountain Ash Wales	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Evans	Wales	Sarah Jenkins	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Alma H. Evans	1301 Hays

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 5 *1952, to* Sept 6 *, 1952, that I last saw the deceased alive on* Sept 6 *, 1952, and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lorene Ward MD	Boise - Idaho	9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 9 1952	Morris Hill	Boise, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-9-52	Myrtle Palmer Jr.	Schreiber-McCann-Gibson-Boise	Daniel B. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3033
Local Reg. No. 333
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1818. North 18 Street.

3. NAME OF DECEASED (Type or Print): a. (First) DELLA b. (Middle) c. (Last) BRETT.

4. DATE OF DEATH: (Month) (Day) (Year) September. 6.52.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: July. 31.1877.

9. AGE (In years last birthday): 75-1-5. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Red Oak, Iowa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac Priest. BIRTHPLACE: Illinois.

14. MOTHER'S MAIDEN NAME: Amy Bright, Unknown. BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Jack Brett Boise, Idaho 2113 N. 17th St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-6., 1952, *to* 9-6, 1952, *that I last saw the deceased alive on* 9-6, 1952, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. J. Brundell (Degree or title) M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: September. 10.1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 9-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Clyde A. Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3094
Local Reg. No. 334
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6020 Fairview Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) E.; c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 13, 1921

9. AGE (In years last birthday): 31-7-26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Red Cloud, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Everett Mitchell
BIRTHPLACE: Red Cloud, Nebr.

14. MOTHER'S MAIDEN NAME: Lola Hunsicker
BIRTHPLACE: Eagleville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Everett Mitchell
ADDRESS: 6020 Fairview

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4167

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Adhesive Pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-18, 1952, *to* 9-9, 1952, *that I last saw the deceased alive on* Sept 9, 1952, *and that death occurred at* 11:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson (Degree or title): M D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9. 12. 52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3095
Local Reg. No. 342
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 120. West Jefferson.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNE
b. (Middle): MARIE
c. (Last): PHIPPEN.

4. DATE OF DEATH: September. 9. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: June. 16. 1892.

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months: 2 | Days: 23. | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rico. Colorado.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Kirby. BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dan'l K. Phippen ADDRESS: Hq USAFE APO 633 c/o Postmaster NYNY

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 4 3 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertensive Cardiovascular disease. — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Carcinoma of Liver — 5yr.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1939, *to* 9-1-, 1952, *that I last saw the deceased alive on* 9-1-, 1952, *and that death occurred at* 12:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Summers (Degree or title): M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Sept. 17. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum.

24d. LOCATION (City, town, or county) (State): Morris Hill. Boise, Idaho.

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3096
Local Reg. No. 327
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Faith
c. (Last): Kurry

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Diller, Nebr.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Chas. Riddle — BIRTHPLACE: Palmira Illinois ~~Unknown~~
14. MOTHER'S MAIDEN NAME: Winnie Maw — BIRTHPLACE: Unknown, [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert Kurry — ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): NEPHRITIS — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes. Cardiac Failure — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1951, *to* Sept. 10, 1952, *that I last saw the deceased alive on* Sept. 9, 1952, *and that death occurred at* 3:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder M.D.
23b. ADDRESS: 401 Idaho St. Boise Ida
23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/52
24c. NAME OF CEMETERY OR CREMATORY: Meridi an
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Myrtle Palmer of [illegible]
25. FUNERAL DIRECTOR: [illegible] Robinson — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3097
Local Reg. No. 149
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1621 Mountain View Drive

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) E. c. (Last) HUGGINS

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 20, 1888

9. AGE (In years last birthday): 63-9-20 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Esper S. Larsen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Louisa Pauley BIRTHPLACE: Cleveland, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Reich M. Huggins ADDRESS: Boise, Idaho 1621 Mt. View Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurring Carcinoma (Metastasis) of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgery Carcinoma of Recto Sigmoid
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Jaundice due to Carcinoma Liver last surgery 1 year

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: 3 months ago Carcinoma Recto Sigmoid Removed at Operation

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 728 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? No injury

22. *I hereby certify that I attended the deceased from* Aug, 1951, to Sept 10, 1952, *that I last saw the deceased alive on* Sept 9, 1952, *and that death occurred at* 845 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Mize

23b. ADDRESS: 5[illegible] Eastman Boise, Idaho

23c. DATE SIGNED: 9/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3098
Local Reg. No. 338
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1025 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1025 Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): J.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Sept 11th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan 10. 1872
9. AGE (In years last birthday): 80Yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Granite Creek. Boise Co. Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Michael Corcoran
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary McCarty
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. M. Wilson
ADDRESS: 1915 State, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-27-, 1952, *to* 9-3-, 1952, *that I last saw the deceased alive on* 9-3-52, 19__, *and that death occurred at* 4 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart C. Merrill M.D.
23b. ADDRESS: Boise Ida.
23c. DATE SIGNED: 12 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15 1952.
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise.
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3095
Local Reg. No. 337
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin; b. (Middle); c. (Last) Mills

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 11th. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 19th 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Stockman. Retired
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Trout Creek. Owyhee Co Idaho
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Ezra Mills — BIRTHPLACE: N.Y. State
14. MOTHER'S MAIDEN NAME: Catherine Boehmer. — BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruby S. Lindsey — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 610 X Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Benign Enlargement of Prostate — 1yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Large benign prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Jeppesen M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morr is Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

Schreiber-McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mr. Davis

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3100
Local Reg. No. 335
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): Leroy
b. (Middle): -----
c. (Last): Thomson

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 11, 1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Butlerville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Thomson — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Maude M. Butler — BIRTHPLACE: Butlerville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X Leroy Thomson Jr — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Cardio-Vascular disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1952, *to* 9-11, 1952, *that I last saw the deceased alive on* 9-11, 1952, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. G. Davies — (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: RELYEA MORTUARY - Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9361
Local Reg. No. 343
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 820 Roberts

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Urry c. (Last) Pidd

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 3, 1868

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Farmington, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilson Poulter
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Goodyear
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: F. W. Urry
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

451X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-11, 1952 *to* 9-12, 1952, *that I last saw the deceased alive on* 9-12, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice H. Burkholder M.D. (Degree or title)
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Plain City
24d. LOCATION (City, town, or county) (State): Plain City Utah

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: Boise, Idaho
RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 344
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 803 Iowa Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): LEROY
c. (Last): ABBOTT

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 24, 1881
9. AGE (In years last birthday): 71-3-18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman and Partsman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waverley, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. F. L. Leonard — ADDRESS: 803 Iowa St Boise Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning. Was working around yard and apparently stumbled and fell face down in small irrigation ditch. Accidental.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/12/52 5:45p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Apparently stumbled and fell

22. *I hereby certify that I* ~~[illegible]~~ saw ~~[illegible]~~ *the deceased* ~~[illegible]~~ *and that death occurred at* 5:45pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers — (Degree or title): Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho
23c. DATE SIGNED: 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: SUMMERS FUNERAL HOME Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 345
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sentaro		Oki	Sept.	13	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Yellow.	?	Mar. 6 1888	64	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Japan	Japan

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
?	Japan	?	Japan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-28-0676	K. Odachi	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert E. Lloyd, M.D.	Eastman Bldg - Boise	9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 14	Shoshone	Shoshone Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-23-52	Myrtle Palmer	Clyde E. Summers	SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

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SEP 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 339
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 518 Eagleson Road

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): JAMES
c. (Last): KOHLS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1924
9. AGE (In years last birthday): 28-2-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-Dixon Paper Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Green Bay, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Clarence H. Kohls-Green Bay, Wisc.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elma Woodward-Green Bay, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clarence H. Kohls — ADDRESS: Boise Idaho 4706 Trumpley Road

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from intestinal tract — INTERVAL BETWEEN ONSET AND DEATH: 4 Shr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal injuries — 17 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Depressed skull fracture — 17 day

19a. DATE OF OPERATION: 8-30-52
19b. MAJOR FINDINGS OF OPERATION: Depressed fracture of skull - extra dural hematoma
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Meridian Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 29 52 7:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* 8-29-52, 19__, *to* 9-14-52, 19__, *that I last saw the deceased alive on* 9-14-52, 19__, *and that death occurred at* 6 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 340
Reg. Dist. No. 870

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 328 Ada Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	RANDOLPH	COMPTON	Sept. 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 22, 1869	82-10-23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compton Transfer and Storage Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boonville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gershom Michael Compton-Davis Co. BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Anna Maria Peyton-Boonville, Mo. BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-9282
17. INFORMANT'S OWN SIGNATURE: M Compton ADDRESS: Boise Idaho 1017 Harrison Blvd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 60 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 3
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—		—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 9/14, 1952, *to* 9/15, 1952, *that I last saw the deceased alive on* 9/14, 1952, *and that death occurred at* 6:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Randolph M D	Boise	9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/17/52	Boise Mausoleum, Morris Hill Cemetery, Boise, Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-23-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3106
Local Reg. No. 356
Reg. Dist. No. 270

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Rt # 3

3. NAME OF DECEASED (Type or Print)
a. (First) IRVIN
b. (Middle) FAY
c. (Last) ALLEN

4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 24, 1908
9. AGE (In years last birthday) 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard E. Allen
BIRTHPLACE Montana

14. MOTHER'S MAIDEN NAME Erma Wolfe
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-34-5591

17. INFORMANT'S OWN SIGNATURE Ernest Allen ADDRESS Nampa Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 722.0
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Addison's Disease in crisis — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cortisone administration — 1½ years
DUE TO (c) Rheumatoid arthritis — 12 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 19 52, *to* Sept 15, 19 52, *that I last saw the deceased alive on* Sept 15, 19 52, *and that death occurred at* 2:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Roy C. Cosby (Degree or title) M.D.
23b. ADDRESS 1320 Vista Ave, Boise
23c. DATE SIGNED 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 16, 52
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise Ada (State) Idaho

DATE REC'D BY LOCAL REG. 9-30-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Wm. F. Cox, Jr. ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

PR 1 EUSBY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-10850

Certificate of Death

STATE OF IDAHO

State File No. 21697
Local Reg. No. 349
Reg. Dist. No. 270

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 7 & hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 413 No. Atlantic

3. NAME OF DECEASED (Type or Print): a. (First) Gilbert b. (Middle) Donald c. (Last) Dunn

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ------

8. DATE OF BIRTH: 9/15/52

9. AGE (In years last birthday) IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: Hours 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ 02

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert S. Dunn — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Martha R. Skora — BIRTHPLACE: Detroit, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Martha R. Dunn — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity — 6 hours.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/15 19 52, *to* 9/15 19 52, *that I last saw the deceased alive on* 9/15 19 52, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 247 Robert S. McKean M.D

23b. ADDRESS: 200 E. Bannock Boise Ida.

23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/17/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Relyea Mortuary — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3108
Local Reg. No. 346
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1405 Bannock Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3117 Rose Hill Street

3. NAME OF DECEASED (Type or Print)
a. (First): MERTON
b. (Middle):
c. (Last): ELLIS

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16, 1894

9. AGE (In years last birthday): 58-2-29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Paris, Maine

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 005-26-6399

17. INFORMANT'S OWN SIGNATURE: Mrs Elmira Ellis ADDRESS: Rose Hill Rd - 3117

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural causes. Died suddenly while

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): at work. Nothing of a criminal
DUE TO (c): nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner
23b. ADDRESS: 1205 Bannock Street of Ada County, Boise, Idaho
23c. DATE SIGNED: 9/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3109
Local Reg. No. 336
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1726 Howe St;

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1726 Howe St.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Ella
c. (Last): Edwards

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan.2,1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Saginaw, Mich.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis Wm. Bailey — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Ella Amelia Saxton — BIRTHPLACE: Michigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x [illegible] Edwards — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, malig. severe. — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, severe, chronic — Yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Mar. 5, 1948, *to* Sept. 15, 1952, *that I last saw the deceased alive on* Sept. 15, 1952, *and that death occurred at* 7:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank A. Minas 261 MD (Degree or title)
23b. ADDRESS: 214 Eastman Bldg. Boise, Idaho
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [illegible] RELYEA MORTUARY — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 347
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): One Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May 20. 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perrysville Ind.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-01-6772
17. INFORMANT'S OWN SIGNATURE: x R. W. Green — ADDRESS: Idaho City, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio sclerosis — 10 years
DUE TO (c) Senility — 10 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1952, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept 18, 1952, *and that death occurred at* 6 45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C Ward MD
23b. ADDRESS: Boise. Idaho
23c. DATE SIGNED: 9-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 22. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise
J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 352
Reg. Dist. No. 370

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 5, #9 Chester Drive

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): Webb
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleman
10b. KIND OF BUSINESS OR INDUSTRY: Boise Implement Co
11. BIRTHPLACE (State or foreign country): Nephi, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Hyder Evans — BIRTHPLACE: Nephi, Utah
14. MOTHER'S MAIDEN NAME: Annretta Webb — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-5471
17. INFORMANT'S OWN SIGNATURE: x Amelia Evans — ADDRESS: Rt. 5 Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malignant lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): unknown — —
DUE TO (c): — —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None - Biopsy for proof of diagnosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1952, *to* Sept 20, 1952, *that I last saw the deceased alive on* Sept. 20, 1952, *and that death occurred at* 5:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier, M.D.
23b. ADDRESS: Eastman Bldg, Boise, Idaho
23c. DATE SIGNED: 9.22.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Ida.
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 357
Reg. Dist. No. 310

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 1.

3. NAME OF DECEASED (Type or Print): a. (First) ROMAN b. (Middle) c. (Last) HOWELL.

4. DATE OF DEATH (Month) (Day) (Year): September. 20.52.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.

8. DATE OF BIRTH: June. 4. 1905.

9. AGE (In years last birthday): 47 | IF UNDER 1 YEAR Months: 3 Days: 16. | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Clifton, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Henry. J. Howell, Payson, Utah.

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Lucy Bingham, Payson, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 519-01-4793.

17. INFORMANT'S OWN SIGNATURE: David E. Howell ADDRESS R.R.1. Meridian Ida

18. CAUSE OF DEATH 434.3

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes, Died suddenly, Had

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) heart Disease for 35 years.

DUE TO (b) Nothing of a Criminal Nature.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I saw the deceased from* Sept. 20., 19 52. [illegible] *and that death occurred at* 11.45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Summers Coroner of Ada County. Boise, Idaho.

23b. ADDRESS: 1205. Bannock Street

23c. DATE SIGNED: Sept. 22. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 22. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Dayton, Idaho.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 9-30-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2111
Local Reg. No. 353
Reg. Dist. No. 370

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 49 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1103 State St.

3. NAME OF DECEASED (Type or Print): a. (First) Eulajia b. (Middle) c. (Last) Arego

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 8. 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Natitua Spain

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Manuel Arego
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Eulana Arego
ADDRESS: Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — many years
DUE TO (c) accompanied by myocardial infarction — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 22, 1952, *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept. 21, 1952, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Dozier M.D.

23b. ADDRESS: Eastman Bldg. Boise Idaho

23c. DATE SIGNED: 9.23.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 25. 1952.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. N. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3114
Local Reg. No. 334
Reg. Dist. No. 270

BIRTH NO. OCT 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1415 Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 Garfield

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) McGarvey c. (Last) BUCK

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 30, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ce has S. Buck — BIRTHPLACE: Washington Co. Va.

14. MOTHER'S MAIDEN NAME: Kate Shelburne — BIRTHPLACE: Lee County, Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elsie M. Buck — ADDRESS: 1415 Garfield Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J W Forney (Degree or title) M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A E Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Amended Oct. 7, 1 52

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 154
Reg. Dist. No. 371

BIRTH NO NON-RESIDENT

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 3 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4009 Kootenia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Spokane

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane

d. STREET ADDRESS (If rural, give location): Davenport Hotel

3. NAME OF DECEASED (Type or Print)

a. (First): HJALMER

b. (Middle): ELMER

c. (Last): LINDGREN

4. DATE OF DEATH: (Month) SEPT. (Day) 21, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 26, 1895

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial artist

10b. KIND OF BUSINESS OR INDUSTRY: Adv.

11. BIRTHPLACE (State or foreign country): Porters Mill, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Lindgren — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Greta Davidson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 532-32-3467

17. INFORMANT'S OWN SIGNATURE: Mrs. J. E. Lindgren — ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Angina Pectoris

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Sept., 1952, *to* 21 Sept., 1952, *that I last saw the deceased alive on* 21 Sept., 1952, *and that death occurred at* 12:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. G. Daines M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise

Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

RECEIVED
OCT 6 1952
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash } ss. Certificate No. L. Reg #154
County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Hjalmer E. Lindgren (Name on Original Certificate) who died (Was Born or Died) on Sept. 21, 1952 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Greta Anderson	Anna Greta Davidson
Birthplace #11	Eau Claire, Wisconsin	Porters Mill, Wisconsin

Subscribed and sworn to before me this 4 day of October, 1952

Edith M. Hart
Notary Public, residing at Spokane Wn
My commission expires May 20-1954
(Seal)

Signed Stanley May
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1124 W Riverside Spokane Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 154
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4009 Kootenia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): Davenport Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Hjalmer b. (Middle) Elmer c. (Last) Lindgren

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 21 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 26 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Artist

10b. KIND OF BUSINESS OR INDUSTRY: Adv.

11. BIRTHPLACE (State or foreign country): Eau Claire Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Lindgren
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Greta Anderson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 532-32-3467

17. INFORMANT'S OWN SIGNATURE: X Mrs. J. E. Lindgren
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina Pectoris
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Sept, 1952, *to* 21 Sept, 1952, *that I last saw the deceased alive on* 21 Sept, 1952, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Davis MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 23 1952

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson--Boise

David T. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3116
Local Reg. No. 365
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): 721 Hartford Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEROLD
b. (Middle): ERVIN
c. (Last): ACORN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 17, 1922
9. AGE (In years last birthday): 30-6-4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Silt, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Gerald Ernest Acorn-Arvada, Colorado
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Velma Eunice Ormsbee-Litchfield, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — W.W.#2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hugh A. McColley — ADDRESS: 318 Douglas Richland, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shell Fracture Moderation 7 Brain Hbr — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): into accident 5 am

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elmore Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 21 52 5 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Ran into bridge

22. *I hereby certify that I attended the deceased from* 9-21, 1952, *to* 9-21, 1952, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Bennington M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kennewick, Washington

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3117
Local Reg. No. 164
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at 2701. Wymer St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2701. Wymer Street.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): WILSON
c. (Last): HUTCHINSON.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21. 1952.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: March. 8.1863.
9. AGE (In years last birthday): 89-6-13. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aberdeenshire, Scotland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown. BIRTHPLACE: Scotland,
14. MOTHER'S MAIDEN NAME: Elizabeth Skinner, BIRTHPLACE: Scotland.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: J E Hutchinson Payette ADDRESS: 126 no 9th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatoses — INTERVAL BETWEEN ONSET AND DEATH: 2 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of gall bladder — 6 month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cardio vascular renal disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1938, 19__, *to* 9-21-52, 19__, *that I last saw the deceased alive on* 9-20, 1952, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Springer M.D. (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: September.
24c. NAME OF CEMETERY OR CREMATORY: 23.1952. Riverside Cemetery, Payette, Idaho.
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 348
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Curington Nurse: Home 1114.N. 14th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1423 Hays St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): P
c. (Last): Leary

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21.st 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 8 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Granite Creek. Idaho.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Michael Leary — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Leehan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 519-18-1759
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1423 Hays St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage, Coronary & Myocardial Heart [illegible]
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no injury
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? no injury

22. *I hereby certify that I attended the deceased from* June 24, 1952 *to* Sept 21, 1952 *that I last saw the deceased alive on* Sept 19, 1952 *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 515 Eastman Bldg Boise Idaho
23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho.

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise.

[signature] McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 366
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 216 North 19th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VIOLA		DAVIS	Sept. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 7, 1866	86-7-14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perry, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hardman Crowel — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Ellen McMillan — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Glenn Davis ADDRESS: Boise Idaho 216 N. 19th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 3 Yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1951, *to* 9-16, 1952, *that I last saw the deceased alive on* 9-16, 1952, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature illegible] M.D.	Boise Idaho	9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 24, 1952	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-7-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 355
Reg. Dist. No. 310

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 6 - Kerr St.

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): ELSWORTH
c. (Last): LYNCH

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 24, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Allendale, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David Lynch
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lavina Chapman
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-30-9588

17. INFORMANT'S OWN SIGNATURE: Pearl Jackson
ADDRESS: Eagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Enlargement of Prostate - benign 1yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Enlarged prostate
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: F B Jeppesen (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Asotin
24d. LOCATION (City, town, or county) (State): Asotin, Washington

DATE REC'D BY LOCAL REG.: 9-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

111-52-10908

Certificate of Death

STATE OF IDAHO

State File No. 350
Local Reg. No. 350
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2115 No. 8th St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Roger Davies c. (Last) III Jr.

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ------

8. DATE OF BIRTH: 9/20/52

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: — Days: 3 — IF UNDER 24 HRS. — Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ 0X

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James R. Davies, Jr. BIRTHPLACE: Shelley, Ida.

14. MOTHER'S MAIDEN NAME: Rachel Wilde BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. R. Davies Jr. ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 20, 1952, *to* 9-23, 1952, *that I last saw the deceased alive on* 9-23, 1952, *and that death occurred at* 6:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank L Fletcher M.D. **(Degree or title)**

23b. ADDRESS: 700 E Bannock Boise Ida.

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/24/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or cour (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Boise

RELYEA MORTUARY Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 163
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1726 Columbus Street

3. NAME OF DECEASED (Type or Print)
a. (First): PHILIP
b. (Middle): ALLEN
c. (Last): BERGEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 15, 1934
9. AGE (In years last birthday): 18-3-9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Harry Leon Bergey-Philadelphia, Pa.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Dorothy Groff-Piedmont, S. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-30-9774
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Harry L. Bergey, 1726 Columbus St. Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide. Shot himself in back — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): of head with 22 calibre revolver.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 24, 1952 8:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Suicide

22. *I hereby certify that I* ~~attended the deceased from~~ saw, ~~to~~ ~~that I last saw~~ *the deceased* ~~alive on~~, *and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers, Coroner of Ada County.
23b. ADDRESS: Boise, Idaho.
23c. DATE SIGNED: Sept 27. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 1 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 361
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Hour.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Macklin b. (Middle) Maria c. (Last) Arana

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24. 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept 24. 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 0 Min.: 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pedro Arana BIRTHPLACE: Boise Idaho

14. MOTHER'S MAIDEN NAME: Margaret Netz BIRTHPLACE: Aberdeen Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Pedro G. Arana ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth - 5 months — INTERVAL BETWEEN ONSET AND DEATH: 1/4 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 1952, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Koelsch (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 26. 1952.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3324
Local Reg. No. 161
Reg. Dist. No. 971

BIRTH NO. OCT 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2105 Gourley

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) LOUISE c. (Last) WENTWORTH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 8, 1882

9. AGE (In years last birthday): 70-4-16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calumet, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Unternahrer — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Olter, Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Delauna M. Wentworth — ADDRESS: R#3 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Was found dead sitting in her chair. Had seen

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) a doctor about 7 years ago for a heart condition. Nothing

DUE TO (c) of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended* ~~saw~~ *the deceased from* ~~xxxx

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 358
Reg. Dist. No. 370

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1815 North 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First) ELLIS
b. (Middle) OLIVER
c. (Last) PAULSON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 3, 1885
9. AGE (In years last birthday) 67-4-22 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ralph C. Paulson — ADDRESS Boise Idaho 612 Stanley St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Sept. 25, 1952, *that I last saw the deceased alive on* Sept. 1, 1952, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson (Degree or title) MD
23b. ADDRESS Boise Ida
23c. DATE SIGNED 9.25.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 9-30-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 359
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.O.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2821 Palouse Street

3. NAME OF DECEASED (Type or Print)
a. (First): LYLE
b. (Middle): STANLEY
c. (Last): EGE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 30, 1943

9. AGE (In years last birthday): 8-8-26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyle Stanley Ege
BIRTHPLACE: Moline, Ill.

14. MOTHER'S MAIDEN NAME: Emeline Pidwell
BIRTHPLACE: San Pedro, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Rebekah Dana
ADDRESS: Boise Idaho 416 Cleveland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental. Was shot in right side 9/26

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with 12 guage shotgun.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/26/52 4:30p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Children playing with gun. Boy was shot by playmate.

22. *I hereby certify that I attended the deceased from [illegible] last saw the deceased alive on [illegible], and that death occurred at 4:45p m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers (Degree or title): Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho
23c. DATE SIGNED: 9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/30/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 367
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1110½ Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110½ Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): SEIICHI
c. (Last): KAWAMOTO

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28, 1952

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 13, 1898

9. AGE (In years last birthday): 54-6-15
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Japan

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown
BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 534-10-8317

17. INFORMANT'S OWN SIGNATURE: Alton D. McMurtrey
ADDRESS: 1205 Bannock Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis — Unk.

DUE TO (c): Hypertension with — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchiectasis — Unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-1-, 1950 *to* 9-28, 1952, *that I last saw the deceased alive on* 9-27, 1952, *and that death occurred at* 12:30 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Knudson 391
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/1/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3128
Local Reg. No. 362
Reg. Dist. No. 370

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1923 State St.

3. NAME OF DECEASED (Type or Print): a. (First) Nathaniel; b. (Middle); c. (Last) Campbell

4. DATE OF DEATH: (Month) (Day) (Year) 1952 9 29 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 11/23/82

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maintenance

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): American Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Campbell — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Burnside — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE: x [illegible] Campbell — ADDRESS: Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute perforation of rectum with acute generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): carcinoma of rectum — 6 to 12 mths
DUE TO (c): ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
hypertensive cardiovascular disease — years

19a. DATE OF OPERATION: 9-29-52

19b. MAJOR FINDINGS OF OPERATION: perforation of bowel, generalized peritonitis

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 5, 1952, *to* 9-29-52, 19____, *that I last saw the deceased alive on* 9-29-52, 19____, *and that death occurred at* 3 15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.

23b. ADDRESS: Boise, Ida.

23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Victor

24d. LOCATION (City, town, or coun.) (State): Victor Idaho

DATE REC'D BY LOCAL REG.: 10-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A Kelly — ADDRESS: Boise

RELYEA MORTUARY — Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 363
Reg. Dist. No. 370

111-52-10956
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Elko
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Infant; b. (Middle); c. (Last) Tate

4. DATE OF DEATH: (Month) Sept. (Day) 30th (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 30th. 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter P. Tate — BIRTHPLACE: Bruneau Idaho.
14. MOTHER'S MAIDEN NAME: Beulah L. Culley. — BIRTHPLACE: Rupert Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Walter P. Tate — ADDRESS: Mountain City. Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth 6½ months. — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-30, 1952, *to* ____, 19__, *that I last saw the deceased alive on* 9-30, 1952, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Oct. 1st 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

[signature] McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 145
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): I
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) Q.; c. (Last) Claunch

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-4-11

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months 11, Days 29
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ely, Nevada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira M. Claunch
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Beulah Atwood
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Nov 32 to May 34

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease with congestive failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1952, *to* Sept 3, 1952, *that I last saw the deceased alive on* Sept. 3, 1952, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): C. P. Stevenson, M. D. Chief Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 6. 1952
24c. NAME OF CEMETERY OR CREMATORY: Ely
24d. LOCATION (City, town, or county) (State): Ely Nevada

DATE REC'D BY LOCAL REG.: 9-6-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

S S McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 11 1952

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Rt. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 4

3. NAME OF DECEASED (Type or Print)
a. (First): Alejo
b. (Middle):
c. (Last): Coscorrosa

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18. 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ea. Viscaya Spain
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Francisco Coscorrosa. BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. H. P. Bienapfl ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 4:15 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Maurice H. Rubholder, M.D. (Degree or title)
23b. ADDRESS: 401 Idaho St., Boise, Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer gs.
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. D-[illegible]
Local Reg. No. 148
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 139 Warm Spring Ave

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) C; c. (Last) Pelton

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown

8. DATE OF BIRTH: 9/9/75

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO. 519-03-[illegible]

17. INFORMANT'S OWN SIGNATURE: Mrs. Ward Troxel — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1952, *to* 9-9, 1952 *that I last saw the deceased alive on* 9-9, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Crusty MD — 23b. ADDRESS: Meridian — 23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 9/13/52 — 24c. NAME OF CEMETERY OR CREMATORY: Meridian — 24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 9-12-52 — REGISTRAR'S SIGNATURE: Myrtle Palmer — 25. FUNERAL DIRECTOR — ADDRESS: Russell A. Relyea — RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 152
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho

c. LENGTH OF STAY (in this place): 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho

d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) Adolph b. (Middle) R. c. (Last) Kasel

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-14-90	61	11	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Washington, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Kasel — BIRTHPLACE: Washington, Mo.

14. MOTHER'S MAIDEN NAME: Anna Luckner — BIRTHPLACE: Bellville, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGN. SIGNATURE: Wm. H. Bales — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, massive — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive & Arteriosclerotic Heart Disease — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4300

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, , 1952, *to* Sept 10 , 1952, *that I last saw the deceased alive on* Sept 10, , 1952, *and that death occurred at* 11:50 am *from the causes and on the date stated above.*

23a. SIGNATURE (Official or title): C. P. STEVENSON, M. D. Chief Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/12/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: John F. Alsip Jr.

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3134
Local Reg. No. 151
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print): a. (First) Edgar b. (Middle) L. c. (Last) Twitchell

4. DATE OF DEATH (Month) (Day) (Year): September 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-18-91

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 1 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oxford, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sanford Twitchell BIRTHPLACE: Beaver, Utah

14. MOTHER'S MAIDEN NAME: Mary Fredrickson BIRTHPLACE: Copehagen, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic aortic endocarditis with insufficiency — 40 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 4, 1952, *to* Sept. 11, 1952, *that I last saw the deceased alive on* Sept. 11, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15.1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 156
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Hwy. #30 & Overland Road

3. NAME OF DECEASED (Type or Print): a. (First) CARL; b. (Middle) CLAYTON; c. (Last) KITCHEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 21, 1890

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 61-10-22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Legal Publisher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stanton, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown Home Date, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Carl Clayton Kitchen Jr.
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — ?
DUE TO (c): — ?

II. OTHER SIGNIFICANT CONDITIONS: Taken Borgalis; Cirrhosis of Liver — ?
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 4/1, 1952, *to* 9/13, 1952, *that I last saw the deceased alive on* 9/8, 1952, *and that death occurred at* 6:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/17/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 150
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midleton
d. STREET ADDRESS (If rural, give location) Box 105

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) J. c. (Last) Endicott

4. DATE OF DEATH (Month) (Day) (Year) September 14, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-27-95

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months 8 Days 17
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tarkio, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rothburn Endicott BIRTHPLACE Mills Co. Iowa

14. MOTHER'S MAIDEN NAME Dora M. Lane BIRTHPLACE Freemont Co. Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 71-096554

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Ventricular Infarction, old — Unknown
DUE TO (c) Coronary Occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right Basal Ganglia of Brain Infarction.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Recent Cholecystectomy

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 2, 1952, *to* Sept. 14, 1952, *that I last saw the deceased alive on* Sept. 14, 1952, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Joseph Beeman, M. D. Pathologist

23b. ADDRESS VA Hospital, Boise, Idaho

23c. DATE SIGNED 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept. 16. 1952.

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell Idaho

DATE REC'D BY LOCAL REG. 9-16-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 157
Reg. Dist. No. 371

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 miles north of Boise
c. LENGTH OF STAY (in this place): City limits
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2314 W. Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): DON
b. (Middle):
c. (Last): HEADRICK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1902
9. AGE (In years last birthday): 50-7-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheriff of Ada County, Idaho
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burr Oak, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WARREN COOPER HEADRICK — BIRTHPLACE: Burr Oak, Kas.
14. MOTHER'S MAIDEN NAME: MAY LUCINDA RINARD — BIRTHPLACE: Casey, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dean Headrick — ADDRESS: 1305 Federal Way, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide. Shot himself in mouth

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): with 38 calibre revolver.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE XX HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 Miles No. Boise
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 19, 1952 - 11:30 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot himself with 38 Caliber revolver

22. *I hereby certify that I* ~~attended~~ saw *the deceased* ~~from~~ 9/19/52 ~~, and that death occurred at~~ about 11:30 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers, Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho
23c. DATE SIGNED: 9/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ~~SUMMERS FUNERAL HOME~~
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5-16
Local Reg. No. 125
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home, Idaho
d. STREET ADDRESS (If rural, give location): Box 501

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) V. c. (Last) Hines

4. DATE OF DEATH (Month) (Day) (Year): September 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-25-84

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR Months: 9 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Custer County, Nebr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Hine
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Anna Martha Hensley
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: [signature] Records, VA Hospital, Boise, Idaho
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right main bronchus — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — Terminal bronchopneumonia. — Terminal

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Subacute pericarditis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 14, 1952, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept. 19, 1952, *and that death occurred at* 7:45 AM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 23, 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-22-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

F. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 3139
Local Reg. No. 158
Reg. Dist. No. 371

BIRTH NO. OCT 1 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3815 St. Street

3. NAME OF DECEASED (Type or Print): a. (First) George Newton b. (Middle) c. (Last) Dolan

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 52

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8/21/1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector 7

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Dolan
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Sarah (last name unknown)
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebro-vascular hypertensive disease
INTERVAL BETWEEN ONSET AND DEATH: work.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1952 *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept 20, 1952, *and that death occurred at* 6:32 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/25/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian, Ida
24d. LOCATION (City, town, or cour... (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 9-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: RELYEA MORTUARY
ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 162
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs 19 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint, Idaho
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Bert; b. (Middle) C; c. (Last) McCOY

4. DATE OF DEATH (Month) (Day) (Year): September 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9-12-88

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days: 10
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D. McCoy
BIRTHPLACE: Peoria, Ill.

14. MOTHER'S MAIDEN NAME: Clarabella Hanson
BIRTHPLACE: Chillahotny, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] Records, VA Hospital, Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease

INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, 1949, *to* Sept 22, 1952, *that I last saw the deceased alive on* Sept 22, 1952, *and that death occurred at* 8:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson
(Degree or title): Chief Medical Service
C. P. STEVENSON, M.D.

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 26.1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-1-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 159
Reg. Dist. No. 371

BIRTH NO. OCT 1 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lida b. (Middle) Lee c. (Last) Amend

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March, 7, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Childress Co. Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Newton A. Laughli n
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Narcissa Billingsly
BIRTHPLACE: Tex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 547-34-6747

17. INFORMANT'S OWN SIGNATURE: James V. Amend
ADDRESS: Meridian Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-1-52, 19___, *to* 9-22-, 1952, *that I last saw the deceased alive on* 9-19, 1952 *and that death occurred at* 3:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Brumm MD

23b. ADDRESS: Meridian Idaho

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/25/52

24c. NAME OF CEMETERY OR CREMATORY: Joplin

24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 9-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bell Robison
ADDRESS: Meridian, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No.
Local Reg. No. 160
Reg. Dist. No. 371

BIRTH NO.

OCT 1 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1421 Willow Street

3. NAME OF DECEASED (Type or Print): a. (First) Grover b. (Middle) G. c. (Last) EVERITT

4. DATE OF DEATH (Month) (Day) (Year): September 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-11-94

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months: 3 Days: 11
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Voucher Examiner

10b. KIND OF BUSINESS OR INDUSTRY: Accountant

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George H. Everitt
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Hannah Swanson
BIRTHPLACE: Polk Co., Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1952, *to* Sept 22, 1952, *that I last saw the deceased alive on* Sept 22, 1952, *and that death occurred at* 5:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. STEVENSON M. D. Chief Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-25-52

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 9-25-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise, Idaho

Robert G. Hyman

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 155
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1602 Arthur St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) S. c. (Last) Brannam

4. DATE OF DEATH (Month) (Day) (Year): September 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-27-94

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR Months: 8 Days: 25 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gallico, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Brannam — BIRTHPLACE: Knoxville, Tenn.

14. MOTHER'S MAIDEN NAME: Celia Anne Rose — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute fulminating bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer with pylorie obstruction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 22, *19*52, *to* Sept. 22, *19*52, *that I last saw the deceased alive on* Sept. 22, *19*52, *and that death occurred at* 5:45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 25. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 9-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson, Boise

Daniel S. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2144
Local Reg. No. 308
Reg. Dist. No. 510

BIRTH NO. 111-52-3687

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 45 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 122 North 8th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) KATHI b. (Middle) JANE c. (Last) HAVENS

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 13, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 0 Min.: 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jasper C. Havens — BIRTHPLACE: Patterson, Calif

14. MOTHER'S MAIDEN NAME: Sally Freda White — BIRTHPLACE: Memphis, Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: J. S. Havens — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Macrosomia — Not known
DUE TO (c) Maternal fetal disproportion — Not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Potential diabetic mother — Not known

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on July 13, 1952, to ~~XXXXXXXXXXXXXX~~, *that I last saw the deceased alive on* July 13, 1952, *and that death occurred at* 5:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ARCH T. WIGLE, M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Oct. 16, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-9503
BIRTH NO.

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 309
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 938 West Sublette Street

3. NAME OF DECEASED (Type or Print)
a. (First): TONI
b. (Middle): SUE
c. (Last): FULLMER

4. DATE OF DEATH (Month) (Day) (Year): August 17 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 17, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 2 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Paul Fullmer — BIRTHPLACE: San Francisco, Cal
14. MOTHER'S MAIDEN NAME: Betty Jean Currey — BIRTHPLACE: Callbrow, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: Paul Fullmer — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 15, 1952, *to* Aug. 17, 1952 *that I last saw the deceased alive on* Aug. 17, 1952, *and that death occurred at* 11:45 a., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) ARCH T. WIGLE, M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 18, 1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Grand Junction, Colorado

DATE REC'D BY LOCAL REG.: Oct. 16, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DR. MC MAHON
111-52-9566
BIRTH NO.

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 279
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 32 TOPONCE DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) STEPHEN; b. (Middle); c. (Last) DENISON

4. DATE OF DEATH: (Month) (Day) (Year): SEPTEMBER 1, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: AUGUST 29, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: F. HEBER DENISON — BIRTHPLACE: MANTI, UTAH

14. MOTHER'S MAIDEN NAME: HELEN WHITING — BIRTHPLACE: SHELLEY, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: F. Heber Denison — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/29, 1952, *to* 9/1, 1952 ~~*that I last saw the deceased alive on* 9/1, 1952~~, *and that death occurred at* 12:03A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: SEPTEMBER 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK, IDAHO

DATE REC'D BY LOCAL REG.: SEP 12 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Mannung — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 280
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 957 NorthBuchanan Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 957 North Buchanan Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) EMIL c. (Last) THOMAS

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 11, 1885	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright
10b. KIND OF BUSINESS OR INDUSTRY: Colo. Mill & Elev.
11. BIRTHPLACE (State or foreign country): Belvedere Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: B. F. Thomas — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Shiveley — BIRTHPLACE: Peru, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-09-9807
17. INFORMANT'S OWN SIGNATURE: Jennie Thomas — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	919.0	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 2 '52 8 p.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gunshot wound through right eye

22. *I hereby certify that I attended the deceased from* ---- *, 19____, to* ---- *, 19____, that I last saw the deceased alive on* ---- *, 19____, and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Acting County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 3, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 281
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1304 S. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1304 S. 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Estelle
c. (Last): Bidwell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 11, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Saginaw Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Herbeck — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Ladd — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred F Bidwell — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio Renal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-1 *, 19*40*, to* 9-1 *, 19*52*, that I last saw the deceased alive on* 9/3/52*, and that death occurred at* 24 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 139 (Degree or title) — 23b. ADDRESS: Pocatello Idaho — 23c. DATE SIGNED: 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Mausoleum
24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello Idaho
by John P. Groome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR. RICHARD HOWARD

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 272
Reg. Dist. No. 511

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 13 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE RT. #2 NO. BALLARD RD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): RT. #2 NORTH BALLARK ROAD.

3. NAME OF DECEASED (Type or Print): a. (First) TOLA b. (Middle) ARLENE c. (Last) LISTER

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 3, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: MARCH 27, 1932

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): REXBURG, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: EUGENE N. LISTER BIRTHPLACE: RIGBY, IDAHO

14. MOTHER'S MAIDEN NAME: ORA MOCK BIRTHPLACE: REXBURG, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Eugene N. Lister ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Auricular Fibrillation, congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart disease — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
marked spinal scoliosis — several years.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1952 *to* Sept 3, 1952 *that I last saw the deceased alive on* Sept 3, 1952 *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.D. Howard M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: SEP 9 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2556
Local Reg. No. 282
Reg. Dist. No. 511

BIRTH NO.

REC'D SEP 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eugene; b. (Middle); c. (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 24, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas X. Smith
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Anne Howe
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: H.R. Bennett
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 350X Parkinsons Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Sept 3, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 9/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/3/52
24c. NAME OF CEMETERY OR CREMATORY: Cedar Butte
24d. LOCATION (City, town, or county) (State): Annis Idaho

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR: Russell Mann
ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 283
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Riverside Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Riverside Drive

3. NAME OF DECEASED (Type or Print)
a. (First): BERNIECE
b. (Middle): MUNDON
c. (Last): KNOWLDEN

4. DATE OF DEATH (Month) (Day) (Year): September 5 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 21, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: State Highway Shop
11. BIRTHPLACE (State or foreign country): Bedford Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James W. Mundon — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Cora Belle Littlefield — BIRTHPLACE: no data
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-05-8934
17. INFORMANT'S OWN SIGNATURE: Roland L Knowlden — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

171X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of cervix uteri — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

metastatic lesions in brain and lungs presumably due to (a)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Sept. 5, 1952, *that I last saw the deceased alive on* Sept. 5, 1952, *and that death occurred at* noon *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Hearn MD (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 6, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 291
Local Reg. No. 511
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Rural - South of Blackfoot

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle); c. (Last) Littlejohn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Littlejohn
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Tazeno
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Minnie Littlejohn
ADDRESS: Blackfoot Rt 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pancreatic mass. — 8 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Healed Tuberculosis Lung — 20 yrs.

220 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 19 51 *to* Sept. 8, 19 52 *that I last saw the deceased alive on* Sept. 8, 19 52, *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Sept. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-8-52

24c. NAME OF CEMETERY OR CREMATORY: Gibson Mission Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: SEP 30 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11360

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 284
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1710 Wilson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 89 Toponce Drive

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Robert c. (Last) Pino

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	never married	Sept. 5 1952			5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Pino — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Delta Bennett — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 759-3
17. INFORMANT'S OWN SIGNATURE: John R Pino — ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Stricture at Resto-Liquid junction.
INTERVAL BETWEEN ONSET AND DEATH: Congenital.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 5th, 1952, *to* Sept. 9th, 1952, *that I last saw the deceased alive on* Sept. 7th, 1952, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Allen, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-12-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home
by John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]4
Local Reg. No. 285
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 N. 11th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 511 S. Garfield

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle) T.; c. (Last) OLIVER

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 15 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wyoming New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Thomas
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Reddish
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. L. E. Brady
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure & decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — 5 yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Sept 11, 1952, that I last saw the deceased alive on Sept 10, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: John R. McMahon (Degree or title)
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Sept. 12-52
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): Ashland Nebraska

DATE REC'D BY LOCAL REG.: SEP 12 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR
ADDRESS: Downard Funeral Home Pocatello Idaho
by John R Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 286
Reg. Dist. No. 511

BIRTH NO. 111-57-0193

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Beverly	Ann	Wilcox	9-13-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	single	Jan. 11, 1952		8	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Am Falls, Idaho.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arden J. Wilcox	Castle Dale, Utah	Betty Jane Beach	Roysville, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		—	Arden J Wilcox	Aberdeen Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

474X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute tracheitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/13, 1952, *to* 9/13, 1952 *that I last saw the deceased alive on* 9/13/52, 19—, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Louis S Bush MD	804 E Center	15 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-52	Aberdeen	Aberdeen, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 19 1952	Eva M. Wallin	W. L. Dennis	Am Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. FORREST HOWARD.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 293
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
OCT 3 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 146 ROOSEVELT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 146 ROOSEVELT

3. NAME OF DECEASED (Type or Print): a. (First) ESTHER b. (Middle) EUGENIA c. (Last) SWENSEN ATKINSON

4. DATE OF DEATH: (Month) SEPT. (Day) 13, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 16, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): SANDY, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CARL SWENSEN
BIRTHPLACE: SWEDEN

14. MOTHER'S MAIDEN NAME: ANNA JOHANSEN ANDERSEN
BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO.
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: X Geo. L. Atkinson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 16 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Sudden Death — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease
DUE TO (c): Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 5, 1952, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPTEMBER 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: OCT 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 289
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 1018 No. 9TH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1018 NORTH 9TH. AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) LEWIS c. (Last) MAHON

4. DATE OF DEATH: (Month) SEPT. (Day) 19, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 31, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN

10b. KIND OF BUSINESS OR INDUSTRY: POCATELLO POLICE FORCE

11. BIRTHPLACE (State or foreign country): BALLIANT, OKLAHOMA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES EDWARD MAHON
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: MARY ALICE SNOW
BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES WORLD WAR # 2

16. SOCIAL SECURITY NO.: 441-07-7153

17. INFORMANT'S OWN SIGNATURE: x Mrs. Mildred L. Mahon
ADDRESS: 1018 N 9th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Merrell MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: SEPT 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: SEP 25 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 293
Reg. Dist. No. 510

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 830 Jefferson Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 830 Jefferson Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle) CARL; c. (Last) MONROE

4. DATE OF DEATH: (Month) (Day) (Year): September 22 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: August 21, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred C. Monroe — BIRTHPLACE: Grover, Colorado

14. MOTHER'S MAIDEN NAME: Dorothy G. Louquist — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Fred Monroe — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

921.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aspiration of gastric contents — 11

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——— *19*—, *to* ———, *19*—, *that I last saw the deceased alive on* ———, *19*—, *and that death occurred at about* 6:30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves, M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Sept. 23, '5[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 2 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 290
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 605 S. Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 605 S. Garfield

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) GUSTALDA c. (Last) MADER

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-24-9341

17. INFORMANT'S OWN SIGNATURE: Mack Mader
ADDRESS: Pocatello, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Cerebral hemorrhage March, 1951

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19 52, *to* Sept 22, 19 52, *that I last saw the deceased alive on* Sept 22, 19 52, *and that death occurred at* 2:27 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. F. Overturf (Degree or title): M. D. O.

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED: Sept 23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-25-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: SEP 25 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 294
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Howe
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Elizer Rodgers
c. (Last): Ireland

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 6, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR — Months: 9 Days: 17
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John R. Rodgers
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Annie Martin
BIRTHPLACE: Yorkshire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Cecil Hollis
ADDRESS: Howe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Tumor
DUE TO (c) Arteriosclerosis and Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 23, 1952, *to* Sept 23, 1952, *that I last saw the deceased alive on* Sept 23, 1952 *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Bur.
24b. DATE: Sept. 23, '52 (9-26-52)
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: OCT 2 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Howard Peckham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 295
Reg. Dist. No. 511

BIRTH NO. 111-52-4132

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DANNY		JONES	Sept.	25	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	July 22, 1952	0	2	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Matt Jones — BIRTHPLACE: Prestonberg, Kentucky
14. MOTHER'S MAIDEN NAME: Tara Tackett — BIRTHPLACE: Prestonberg, Kentuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Matt Jones — ADDRESS: Fort Hall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 571.0 Acute infectious diarrhea — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21, 19 52, *to* Sept. 25, 19 52, *that I last saw the deceased alive on* Sept. 25, 19 1952 *and that death occurred at* 7:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
326 DC Ray	M.D.	Pocatello, Idaho	Sept. 26, '5

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 27, 1952	Moreland Cemetery	Moreland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 2 1952	Evan M. Wallin	Jas. Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 296
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 733 N. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) c. (Last) Denton

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1952

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 3, 1872
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 65
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pittsburg Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Denton — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Eliza Bakeman — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs C. H. Gerard — ADDRESS Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio - Renal, Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 11, 1952, *to* Sept. 26, 1952, *that I last saw the deceased alive on* Sept. 26, 1952, *and that death occurred at* 5:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 171 — 23b. ADDRESS Pocatello, Idaho — 23c. DATE SIGNED 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept. 27-52
24c. NAME OF CEMETERY OR CREMATORY Logan
24d. LOCATION (City, town, or county) Logan (State) Utah

DATE REC'D BY LOCAL REG. OCT 2 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Lindquist Mortuary — ADDRESS Logan Utah

G. H. L.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 297
Reg. Dist. No. 510
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 349 E. Dunne

3. NAME OF DECEASED (Type or Print): a. (First) Gary b. (Middle) Lee c. (Last) Gardner

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 30 1944

9. AGE (In years last birthday): 8
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Boseman Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vern D. Gardner
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Margie Sexton
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Vern D. Gardner
ADDRESS: Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute cerebral injury. — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Head trauma.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm to market

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Inkom Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-27-52 2 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Fell from moving truck.

22. *I hereby certify that I attended the deceased from* 9-27, 1952, *to* 9-27, 1952, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: 156 So. 6th, Poca.

23c. DATE SIGNED: 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9-30-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 2 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello
by John P. Thornton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3 8
Local Reg. No. 299
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): ----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DIED IN ROUTE TO BANNOCK MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1207 SOUTH 3RD.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CLARENCE		BRADLEY	SEPT.	28,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	OCTOBER 26, 1907	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIREMAN 22	RAILROAD	BLACKFOOT, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JEROME P. BRADLEY	MORONU, UTAH	EVELYN STORY	FORT ATKINSON, WISCONSIN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO.	----------	-------	X Lena Colleen Bradley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute coronary arteriosclerosis

DUE TO (c) Fibrosis of Posterior wall

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. and Septum

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Old Healed Coronary Thrombosis	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Anthony J. Hall	Coroner	Pocatello Idaho	Oct 2-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	OCTOBER 4, 1952	MOUNTAIN VIEW CEMETERY	POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 1952	Eva M. Wallin	Allen J. Manning	HALL-GRANT MORTUARY POCATELLO, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 300
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 355 SOUTH 7TH.

3. NAME OF DECEASED (Type or Print)
a. (First): GUY
b. (Middle): SIDNEY
c. (Last): SNYDER

4. DATE OF DEATH (Month) SEPT. (Day) 29, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 29, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER AND MINER 57
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION & MINING
11. BIRTHPLACE (State or foreign country): ELM CREEK BUFFALO COUNTY, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ADELBERT P. SNYDER — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: ELIZA JANE BIRD — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR #1
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lucy A. Doty — ADDRESS: 355 So 7th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Concussion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auto mobile accident causing multiple Fractures. Including Skull fracture. + Leg + Pelvis Fractures.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pocatello, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) 9 (Day) 25 (Year) 52 (Hour) 8 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Run over By auto

22. *I hereby certify that I attended the deceased from* 9-25, 1952, *to* 9-29, 1952, *that I last saw the deceased alive on* 9-29, 1952 *and that death occurred at* 7 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCTOBER 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, BANNOCK COUNTY IDAHO

DATE REC'D BY LOCAL REG.: OCT 9 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible] C
Local Reg. No. 298
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VALLEY VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDDIE; b. (Middle); c. (Last) COSTELLO

4. DATE OF DEATH: (Month) SEPT. (Day) 5, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: JANUARY 1, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEEP HERDER

10b. KIND OF BUSINESS OR INDUSTRY: SHEEP

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE / ADDRESS: VALLEY VIEW HOSPITAL RECORDS, LAVA HOT SPRINGS, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Interstitial — 6 mos.

DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-22-2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 5, 1952, to Sept. 5, 1952, *that I last saw the deceased alive on* Sept. 5, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Harris, M.D.
23b. ADDRESS: 303 Hays B. Pocatello Idaho
23c. DATE SIGNED: 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: OCT 9 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elise
b. (Middle): Mortenson
c. (Last): Lundgren

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 29 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Genarps Sweden
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Morten Nelson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Petronella Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rudolph Lundgren — ADDRESS: Downey Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Arteriosclerosis
ANTECEDENT CAUSES — Acute gastro enteritis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Chalecystitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF ~~OPERATION~~:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE ~~AT WORK~~ ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1951, *to* Aug, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Burkettmy
23b. ADDRESS: Downey Idaho.
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10 52
24c. NAME OF CEMETERY OR CREMATORY: Downey
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Sept 10 1952
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: [signature] Benson — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 302
Reg. Dist. No. 511

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DOWNEY
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARSH VALLEY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARIMO
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HYRUM b. (Middle) EDWARD c. (Last) PARRIS

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 24, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 28, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: CATTLE & WHEAT
11. BIRTHPLACE (State or foreign country): WILMONT, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TEBO FRANCIS PARRIS — BIRTHPLACE: NORTH CAROLINA
14. MOTHER'S MAIDEN NAME: MARY ELLEN WYKE — BIRTHPLACE: NORTH CAROLINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. H. E. Parris — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis (General)
DUE TO (c) and Severe Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Sept. 24, 19 52, *that I last saw the deceased alive on* Sept. 24, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED: 10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: MARSH CENTER CEMETERY
24d. LOCATION (City, town, or county): MARSH CENTER (State): BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: OCT 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Grant Mort. Pocatello, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 1952 **Certificate of Death**

STATE OF IDAHO

State File No. C
Local Reg. No.
Reg. Dist. No.

BIRTH NO. Marsh Valley Hospital

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey, Idaho.
c. LENGTH OF STAY (in this place) 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Marsh Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Downey, Idaho b. COUNTY Bannock.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth, Irene	Evans	Christiansen	Sept.	26	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Nov. 21, 1911	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse-Housewife		Idaho, Bannock.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Evans	Malad Idaho	Mag Owens	Malad Idaho

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no.		Charles W. Evans	Downey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver Atrophy due to Infectious Hepatitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Downey Id	9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 29. 1952	Downey	Downey, Bannock - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 29 1952	Orissa Salvesen	J. Guy Hansen	Malad Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5174
Local Reg. No.
Reg. Dist. No. 582

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sharon Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Granville c. (Last) Shepherd

4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 4 1913
9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sharon Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Shepherd BIRTHPLACE St. Charles Ida
14. MOTHER'S MAIDEN NAME Lucy Lewis BIRTHPLACE Dingle Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable aneurism of Circle of Willis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Massive hemorrhage in Cerebro Spinal fluid.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1952, *to* Sept 9, 1952, *that I last saw the deceased alive on* Sept 9, 1952 *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE L. P. Gardner M.D. (Degree or title)
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 12 1952
24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
24d. LOCATION (City, town, or county) Liberty (State) Idaho.

DATE REC'D BY LOCAL REG. 9/16/52
REGISTRAR'S SIGNATURE N Young
25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 30 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 852

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 30 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Fold c. (Last) Morris

4. DATE OF DEATH: (Month) (Day) (Year): Sept 21 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 2 1907

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.: 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sebetha Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Morris — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or probably): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 81814

17. INFORMANT'S OWN SIGNATURE: Mrs Jess Morris — ADDRESS: Cokeville Wyo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental – Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture — 2 hrs.
DUE TO (c) Automobile pedestrian accident — 2 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shock

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): yes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30N-wyo.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cokeville, Wyoming (Lincoln county)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9- 21 52 11:35 A m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Stepped of running board of truck in front of passenger car.

22. *I hereby certify that I attended the deceased from* Sept 21, 1952 *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept 21, 1952, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G F Lindsay M.D.

23b. ADDRESS: Montpelier Idaho

23c. DATE SIGNED: 9.22.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 25 52

24c. NAME OF CEMETERY OR CREMATORY: Cokeville Cemetery

24d. LOCATION (City, town, or county) (State): Cokeville Wyoming

DATE REC'D BY LOCAL REG.: 9/25/52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3172
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nounan Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nounan Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) Wyler c. (Last) Bartschi

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 22, 1921
9. AGE (In years last birthday) 30 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nounan Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wyler Bartschi BIRTHPLACE Nounan Idaho
14. MOTHER'S MAIDEN NAME Florence Johnson BIRTHPLACE Ovid, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-30-7143
17. INFORMANT'S OWN SIGNATURE Yaama Budge ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1952, *to* July 28, 1952, *that I last saw the deceased alive on* Not alive, 19____, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Burgoyne 542 (Degree or title) M.D.
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 8/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 2 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 9/16/52
REGISTRAR'S SIGNATURE N. N. Reeg
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3173
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bennington Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bennington Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Margaret c. (Last) Ipsen

4. DATE OF DEATH (Month) (Day) (Year) Aug 1, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Mar. 4, 1858
9. AGE (In years last birthday) 94 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brigham City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lars A. Larsen BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Karren Hansen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lloyd Ipsen ADDRESS Bennington, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952 *to* August 1, 1952, *that I last saw the deceased alive on* July 25, 1952, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich MD (Degree or title) 333
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 9/16/52
REGISTRAR'S SIGNATURE N N Kerg
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 130

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2038 Idaho Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 2038 Idaho Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUE	ANN	THOMPSON	9	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Never	8-14-52			18	—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Spokane, Washington.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Grover Thompson		Lois Kyllo	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	—	None	x Lois Thompson	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute tracheobronchitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Not attended, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp	M.D.	St. Maries, Idaho	9-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/7/52	Shadlawn	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/8/52	Esper L. Bubner	Gerald E. Browning	St. Maries

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3175
Local Reg. No. 43
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Rural - Milltown

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): S.
c. (Last): BAKER

4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-10-1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilerman
10b. KIND OF BUSINESS OR INDUSTRY: Smelter
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not available — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not available — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-4761
17. INFORMANT'S OWN SIGNATURE: Mrs Ucal Baker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma - Left Lung upper lobe — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

16 BX

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 3 Sept., 1952, *that I last saw the deceased alive on* 3 Sept, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. Sullivan, M.D.
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 5 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-6-52
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 9/8/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3176
Local Reg. No. 44
Reg. Dist. No. 120

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WARREN	HEMPEL	Adams	9	4	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-16-1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Various	Boscobel, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Adams	Not available	Rosa Schofield	Not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	—	518-01-9660	x Mrs Warren Adams	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Rt Lung upper lobe — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 4 Sept, 1952, *that I last saw the deceased alive on* 4 Sept, 1952, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E M Sullivan, M D	St Maries, Idaho	5 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/7/52	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/8/52	Esper A. Brebner	Gerald E. Browning	St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 45
Local Reg. No.
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carney Pole Co. Warehouse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Carney Pole Co. Warehouse

3. NAME OF DECEASED (Type or Print): a. (First) Theodore b. (Middle) Alexander c. (Last) Novak

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	9-29-1886	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Logging	Spillville, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph P. Novak	Czechoslavakia	Anna Boyska	Czechoslavakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		538-16-7939	x Fern J. Novak	Calmar, Iowa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. E. Wessel	Coroner	St. Maries, Ida.	9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-12-52	Spillville	Spillville, Iowa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/24/52	Esper D. Brebner	Gerald E. Browning	St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 4
Reg. Dist. No. 135

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Her Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIET
b. (Middle): LYDIA
c. (Last): OLMSTEAD

4. DATE OF DEATH (Month) (Day) (Year): Sept 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 20, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert W. Adams — BIRTHPLACE: Illinoic
14. MOTHER'S MAIDEN NAME: Nancy (Not known) — BIRTHPLACE: Illinois ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: not known
17. INFORMANT'S OWN SIGNATURE: Harley Yarber — ADDRESS: Harley Yarber, Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 10 yrs.
DUE TO (c): Myocarditis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 June, 1952, *to* 11 Sept, 1952, *that I last saw the deceased alive on* 11 Sept, 1952 *and that death occurred at* 9:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: StMaries, Idaho
23c. DATE SIGNED: 13 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-1952
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Plummer, Idaho

DATE REC'D BY LOCAL REG.: 9/14/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: H. J. Joeger — ADDRESS: Fairfield, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED January 19, 1953

Certificate of Death

STATE OF IDAHO

State File No. 3179
Local Reg. No. 46
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chatcolet
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chatcolet Lake, Heybern Park, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colfax
d. STREET ADDRESS (If rural, give location): S 806 Lake Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) M.; c. (Last) McCroskey

4. DATE OF DEATH: (Month) (Day) (Year) September 20, 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 11, 1899

9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Farm Implements

11. BIRTHPLACE (State or foreign country): Colfax, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: Fred H. McCroskey, Sweetwater, Tennessee

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Bertha Roberts, Cartersville, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Robert McCroskey, Jr. Colfax, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart failure brought on by accident — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Chatcolet Lake

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Chatcolet, Benewah, Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): Sept. 20, 1952 m. 11:30 A. M.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Fell into Lake from outboard motor boat

22. *I hereby certify that I attended the deceased from* ~~about 11:30 A. M.~~ _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Wessa, Coroner

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal and burial

24b. DATE: Sept. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Colfax

24d. LOCATION (City, town, or county) (State): Colfax, Washington, (Whitman Co)

DATE REC'D BY LOCAL REG.: 9-24-52

REGISTRAR'S SIGNATURE: Esper G. Brebner

25. FUNERAL DIRECTOR — ADDRESS: L. L. Bruning Funeral Home, Colfax, Wash.
By-W. R. Goodrich, Manager

Federal Security Agency
United States Public Health Service

Form DPH-48021

HONORABLE DISCHARGE

FROM THE

106

Cong. Summers
R. 242

State of Washington
This instrument made the basis of application for payment of equalized compensation in the sum of $80.00

STATE AUDITOR'S OFFICE

Army of the United States

TO ALL WHOM IT MAY CONCERN:

This is to Certify, that Robert Walton McCroskey

[illegible] Battalion [illegible]

[illegible]

[illegible]STIMONIAL of HONEST AND FAITHFUL SERVICE, is hereby [illegible] DISCHARGED from the military service of the UNITED [illegible]

[illegible] was born [illegible], in the State of Washington [illegible] years of age and by occupation a [illegible] eyes, black hair, dark complexion, and [illegible] inches in height.

[illegible] my hand at [illegible] this [illegible], one thousand nine hundred and [illegible]

[illegible]
Captain Inf. U. S. A.
Commanding.

Washington [illegible] Apr. 29, 1919
[illegible] Act of Congress approved February 24, 1919
[illegible] Gray
Major [illegible]

Washington [illegible] Aug. 8, 1919
[illegible] Act of Congress approved February 28, 1919
[illegible] A. E. Gray
Major [illegible]

ENLISTMENT RECORD

[illegible] Grade: [illegible]
[illegible] at [illegible]
enlistment period at date of discharge.

[illegible] qualification or rating.* [illegible]

[illegible] kirmishes, expeditions [illegible]

Victory Button
[illegible]

[illegible] in service
[illegible] discharged [illegible]
[illegible] completed [illegible]
[illegible] completed [illegible]

[illegible]

[illegible] honest and faithful. No objection to re-enlistment is known.

[illegible] Robert Walton McCroskey

Wallace J. Hunt
Captain Inf. U. S. A.
Commanding Candidate Co. "N".

[illegible] or department, with inclusive dates
[illegible] rating and number, date, and source of order

STATE OF WASHINGTON, } ss
[illegible] County.

Filed the [illegible] day of June 1932, at 8 o'clock and [illegible] minutes A.M.
Recorded at request day of Fred McCroskey '19
Deputy. Cliff Hills, County Auditor.

State of Washington)
) ss
County of Whitman)

I hereby certify that this photograph is a true copy of an Honorable Discharge from the United States Army which is of record in my office in Book 2 of Discharge Records on page 197.

PAULINE H. LUST, COUNTY AUDITOR

By Mary Penn Deputy

Re: Death of Robert M. McCroskey, Colfax, Washington.

STATE OF WASHINGTON)
) ss.
COUNTY OF WHITMAN)

Paul G. Weisman, being first duly sworn upon his oath says: That he is now and has been a physician and surgeon duly licensed in the State of Washington, and located in the City of Colfax therein, for approximately 40 years; that he was well and personally acquainted with Robert M. McCroskey, who died on September 20th, 1952, at Chatcolet, Idaho; that he had been his physician since August, 1949, to the time of his death. During this period affiant saw him at least once a month. At no time during such period did he ever complain of angina pain or other cardiac pain, and affiant is of the opinion and states that he did not die as the result of angina pectoris.

That on September 21st, 1952, affiant at the request of the widow of said deceased, performed an autopsy on his body, and as a result of his examination, found the following, together with his opinion, to-wit:

"(1) Bruise 2 inches in diameter over right malar bone - Bruise evidently recent -

"(2) Heart not enlarged - Firm adhesions between left ventricle and pericardium. Contracted scar 3/4 inch in diameter in out wall of right ventricle - This probably the result of coronary infarction 3 yrs ago - Myocardium over scarred area about 1/8 of inch thick - Nothing else remarkable in heart upon gross examination.

"(3) Lungs contained air - no water. Right pleura adherent over axilla & back

"Opinion - This man was starting a 14 HP motor with which he was unaccuainted. Possibly the motor whirled about upon starting & struck him on right malar bone - causing him to fall in to water - The cold water caused him to struggle & hold his breath - This unaccustomed & violent strain with asphyxia - caused heart failure & de-.

"Opinion - Heart failure brought on by accident."

Paul G. Weisman M.D.

Subscribed and sworn to before me this 31st day of December, 1952.

F. L. Stotler

Notary Public in and for the State of Washington, Residing at Colfax therein.

Re: Robert M. McCroskey, deceased.

NOV 17 1952

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF WHITMAN)

I.
Gladys McCroskey, being first duly sworn, on her oath says:

That she is the widow of Robert M. McCroskey late of Colfax, Washington, who died on September 20th, 1952, at Chatcolet, Idaho.

That said Robert M. McCroskey was honorably discharged from the United States Army, although the death certificate of the coroner of Benewah County, Idaho, states that he had not been in the armed services of the United States.

That said Robert M. McCroskey died from an accident, in that he was thrown from a boat in Chatcolet Lake, at Chatcolet, Idaho, on September 20th, 1952, and as a result thereof he was drowned, and his death did not result from "probably angina pectoris" as stated in said death certificate.

That attached hereto is a true copy of the report of Dr. Paul G. Weisman of Colfax, Washington, resulting from a post mortem examination of the body of said Robert M. McCroskey.

Gladys J. McCroskey

Subscribed and sworn to before me this 12th day of November, 1952.

F. Z. Statler

Notary Public in and for the State of Washington, Residing at Colfax therein.

RALPH R. BRESHEARS
ATTORNEY AND COUNSELOR
IDAHO BUILDING
BOISE, IDAHO

January 7, 1953

RECEIVED
JAN 8 1953
DIVISION OF VITAL STATISTICS

Department of Public Health
Bureau of Vital Statistics
State House
Boise, Idaho

Gentlemen:

I am enclosing herewith an affidavit executed by Gladys I. McCroskey and an affidavit executed by Dr. Paul G. Weisman, for the purpose of having the death certificate of Robert M. McCroskey, deceased, corrected to show that he died as a result of an accident in that he was thrown from a boat in Lake Chatcolet at Chatcolet, Idaho on September 20, 1952.

I have discussed this matter with the office of the attorney general, and am advised that by submitting these two affidavits there will be no question about the correction of the death certificate.

If there are any questions about this matter, I should like to have you call me. My telephone number is 3-4686.

Yours very truly,

Ralph R. Breshears

RALPH R. BRESHEARS

RRB:mk
Encs.

A F F I D A V I T

STATE OF WASHINGTON)
) ss.
COUNTY OF WHITMAN)

Gladys I. McCroskey, being first duly sworn on her oath, deposes and says: That she is the widow of Robert M. McCroskey, who died on September 20th, 1952, at Chatcolet, Idaho; that he enlisted in the Army of the United States and was honorably discharged therefrom as Robert Milton McCroskey; that said names represent one and the same person, to-wit: Said Robert M. McCroskey, who is referred to in the certificate covering his death, and other documents with respect to his death now on file in the Department of Public Health of the State of Idaho, at Boise therein, as Robert M. McCroskey.

Gladys I. McCroskey

Subscribed and sworn to before me this 14th day of January, 1953.

F. L. Stotler,
Notary Public in and for the State of
Washington, Residing at Colfax therein.

RECEIVED OCT 8 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 46
Reg. Dist. No. 190

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chatcolet
c. LENGTH OF STAY (in this place): 1 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chatcolet Lake, Heybern Park, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colfax
d. STREET ADDRESS (If rural, give location): S.806 Lake Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): M.
c. (Last): McCROSKEY

4. DATE OF DEATH (Month) (Day) (Year): September 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Farm Implements
11. BIRTHPLACE (State or foreign country): Colfax, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Fred H. McCroskey, Sweetwater, Tennessee
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Bertha Roberts, Cartersville, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert McCroskey, Jr. — ADDRESS: Colfax, Washington

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Had history of heart disease and previous cerebral hemorrhage

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Chatcolet Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Chatcolet, Benewah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 20, 1952 11:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell into lake from outboard motor boat.

22. *I hereby certify that I attended the deceased from* ____ *19*__, *to* ____, *19*__, *that I last saw the deceased alive on* ____, *19*__, *and that death occurred at* About 11:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Wessa, Coroner
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: Sept. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Colfax
24d. LOCATION (City, town, or county) (State): Colfax, Washington (Whitman Co.,

DATE REC'D BY LOCAL REG.: 9/24/52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR — ADDRESS: L.L. BRUNING FUNERAL HOME, Colfax, Washington
By W. R. Goodrich Manager

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LEN JORDAN, GOVERNOR
EX-OFFICIO COMMISSIONER

L. J. PETERSON, M.S.P.H.
ADMINISTRATIVE DIRECTOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3800

BOISE, IDAHO

SECTIONS

LABORATORIES
VITAL STATISTICS
ACCOUNTS AND FINANCE
NURSING
PERSONNEL
HOSPITAL FACILITIES
HEALTH INFORMATION

November 21, 1952

Ruleberg
I think not
do you agree RS

RECEIVED NOV 24 1952

Mr. Robert Smylie
Attorney General
State of Idaho
B U I L D I N G

Dear Mr. Smylie:

Will you please inform us whether or not the two attached affidavits are sufficient to change the cause of death on the death certificate.

Very truly yours,

W. W. Penson, State Registrar
Division of Vital Statistics

WWP/eh

Enclosures

No

Nov. 28, 1952

Gladys [illegible] McCroskey
S. 806 Lake Street
Colfax, Washington

1952-3179

Dear Mrs. McCroskey:

We have been advised by the Attorney General that we cannot change the cause of death, on the death certificate of Robert M. McCroskey, by the enclosed affidavits.

Yours very truly,

DEPARTMENT OF PUBLIC HEALTH

Mabel F. Elder, Deputy Registrar
Vital Statistics

JAN 19 1953

COPY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-2679
BIRTH NO.

RECEIVED
OCT 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 47
Local Reg. No.
Reg. Dist. No. 130

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries.
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries, Route 2
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print): a. (First) Nancy; b. (Middle) Kay; c. (Last) Koshney

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 19, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6 Days: 9; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Maries, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Koshney — BIRTHPLACE: Beach, North Dakota
14. MOTHER'S MAIDEN NAME: Gladys Mullendore — BIRTHPLACE: Crosby, Wyoming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: x Paul Koshney — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Entero-Colitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Sept, 1952, *to* 28 Sept, 1952, *that I last saw the deceased alive on* 27 Sept, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. M. Sullivan M.D. (Degree or title)
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 30 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 10-3/52
REGISTRAR'S SIGNATURE: Esper E. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 143
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 283 South University Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 283 South University Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN (JACK)
b. (Middle): WILLIAM
c. (Last): WAGNER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Starch Maker
10b. KIND OF BUSINESS OR INDUSTRY: Potato Starch Mfg.
11. BIRTHPLACE (State or foreign country): Shenandoah, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-7826
17. INFORMANT'S OWN SIGNATURE: Mrs Sarah Wagner — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 31, 1952, *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept. 1, 1952, *and that death occurred at* 12:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-52
24c. NAME OF CEMETERY OR CREMATORY: Groveland Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 4 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Pater
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 147
Reg. Dist. No. 6 and

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 8 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennedy Park Addition
d. STREET ADDRESS (If rural, give location): Kennedy Park Addition

3. NAME OF DECEASED (Type or Print): a. (First) Kathleen b. (Middle) K. c. (Last) Witt

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: January 15, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 22; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reuben Witt — BIRTHPLACE: Zap, North Dakota

14. MOTHER'S MAIDEN NAME: Clara Messmer — BIRTHPLACE: Halliday, North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Reuben L. Witt — ADDRESS: Blackfoot Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Wilms Tumor of Left Kidney — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 25, 52

19b. MAJOR FINDINGS OF OPERATION: Wilms tumor of Left Kidney

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-21, 1952, *to* 9-7, 1952, *that I last saw the deceased alive on* 9-7, 1952 *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Hampton M.D. — **23b. ADDRESS**: Blackfoot Ida — **23c. DATE SIGNED**: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9-10-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Grove City Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1952 — REGISTRAR'S SIGNATURE: Mrs Walter E Eaton — **25. FUNERAL DIRECTOR**: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3183
Local Reg. No. 148
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Meridian at Brodway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Utah Auto Courts, South Broadway.

3. NAME OF DECEASED (Type or Print): a. (First) PATRICIA b. (Middle) c. (Last) SIMS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 24, 1940

9. AGE (In years last birthday): 11 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 6th Grade

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Colorado Springs, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James S. Sims — BIRTHPLACE: Hartford, Kansas

14. MOTHER'S MAIDEN NAME: Gwendolyn Mann — BIRTHPLACE: Pocatello, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James Sims — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Strangulation — 936.0 — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Small rope attached to chain swing caught around neck when she fell from swing.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 9, 1952 7p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Small rope attached to swing caught around neck.

22. *I hereby certify that I attended the deceased ~~from~~ on* Sept. 9, 1952, *to* ____, 19____, *that I last saw the deceased* Dead ~~alive~~ *on* Sept. 9, 1952, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: Sept. 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-13-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 13-1952

REGISTRAR'S SIGNATURE: Mrs. Walter E. Farnsworth

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

State File No. ...
Local Reg. No. 154
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Whitlock

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Abt. 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Transient
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 530-07-4807
17. INFORMANT'S OWN SIGNATURE: Howard Packham — ADDRESS: Blackfoot, IdahO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant asthma — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1952 *to* ____, 19__, *that I last saw the deceased alive on* 9-12, 1952 *and that death occurred at* 11:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Sept. 22-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Willard Casper — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 157
Reg. Dist. No. 600

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 50 North University Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MARIA
b. (Middle): ELIZABETH
c. (Last): BUCHANAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 28, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Glenwood, Sevier Co. Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Lamon Killian — BIRTHPLACE: New London, Iowa
14. MOTHER'S MAIDEN NAME: Rachel Powell- Tipton — BIRTHPLACE: Stratfordshire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Var O. Buchanan — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

B32X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 6 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1952, *to* Sept 16, 1952, *that I last saw the deceased alive on* Sept. 16, 1952, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph G. Goates M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 19-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3186
Local Reg. No. 152
Reg. Dist. No. 600

Certificate of Death

BIRTH NO. SEP 22 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 160 So. Stout Street

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza Minerva
b. (Middle): Hutchings
c. (Last): Avery

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Springville, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Shepherd Pierce Hutchings — BIRTHPLACE: Norwalk, Ohio
14. MOTHER'S MAIDEN NAME: Eliza Ann Pectol — BIRTHPLACE: Floyd Ct'y. Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Naomi C. Forman — ADDRESS: Blf't. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 490X Pneumonia Lobar Rt. lower — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease 3 yrs.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* Sept. 17, 1952, *that I last saw the deceased alive on* Sept 17, 1952, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Parkhurst (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, '52
24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery
24d. LOCATION (City, town, or county) (State): Victor, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Removal

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 153
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809 South University

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 809 South University

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): JOSEPH
c. (Last): STORKUP

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 14, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taylor
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Prague, (Bohemia) Czechoslovaka
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Storkup — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary ?? — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-4750
17. INFORMANT'S OWN SIGNATURE: F. L. Hansen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

159X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach & Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19, 1952, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept 19, 1952, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Hampton (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Sept 21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 22/52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 22 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 1 J-8
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 6 1952

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
c. LENGTH OF STAY (in this place) 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grand Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
d. STREET ADDRESS (If rural, give location) Grand Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GEORGE	HENRY	HODGE	Sept.	23,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 8, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rancher
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Richfield, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Hodge — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-34-9239
17. INFORMANT'S OWN SIGNATURE Tom Hodge — ADDRESS Kelso, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ~~Sept 23~~, 19 52, to Sept 23, 19 52, *that I last saw the deceased alive on* Sept 23, 19 52, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. O. Harrington	M.D.	Blackfoot, Idaho.	9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 27-52	Grove City Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 27 1952	Mrs Velma E. Fairing	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 144
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 8Mo, 18 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: POWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
d. STREET ADDRESS (If rural, give location): 345 MADISON

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): A.
c. (Last): VAN VALKENBURG

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 5, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: JULY 31, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SMITHLAND, WANDBURG, IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: ISSAC VANVALKENBURG — BIRTHPLACE: CANADA
14. MOTHER'S MAIDEN NAME: HELEN BOWER — BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 17, 1951, *to* SEPT. 5, 1952, *that I last saw the deceased alive on* SEPT. 5, 1952, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Hammond Mo
23b. ADDRESS: Blackfoot, Idaho. Blackfoot
23c. DATE SIGNED: 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): American Falls, Idaho.

DATE REC'D BY LOCAL REG.: Sept 6 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: John C. Sandberg, Blackfoot, Idaho.
For Davis Mortuary, American Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3196
Local Reg. No. 143
Reg. Dist. No. 601

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 37Yr, 8mo, 18da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTON
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): PHOEBE
b. (Middle):
c. (Last): KOFOED

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 6, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB. 17, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WESTON, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 42011
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic heart disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 17, 1914, *to* SEPT. 6, 1952, *that I last saw the deceased alive on* SEPT. 5, 1952, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Howard 654 M.D.
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-6-52
24c. NAME OF CEMETERY OR CREMATORY: Weston
24d. LOCATION (City, town, or county) (State): Weston Idaho

DATE REC'D BY LOCAL REG.: Sept. 6 1952
REGISTRAR'S SIGNATURE: Mrs Walter G. Patrick
25. FUNERAL DIRECTOR: Herman J. Richards — ADDRESS: Preston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3101
Local Reg. No. 146
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11yr, 9mo, 1da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNKNOWN
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): DELORETTA
b. (Middle):
c. (Last): NEESER

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 7, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: FEB. 22, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MALAD, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

***MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) fracture of hip

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-23-1949 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in bathroom

22. *I hereby certify that I attended the deceased from* DEC. 6, 1940, *to* SEPT. 7, 1952, *that I last saw the deceased alive on* SEPT. 7, 1952, *and that death occurred at* 9:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Howard 654 Tuxedo
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal BURIAL
24b. DATE: Sept. 7 1952
24c. NAME OF CEMETERY OR CREMATORY: McCAMMON
24d. LOCATION (City, town, or county) (State): McCAMMON IDAHO

DATE REC'D BY LOCAL REG.: Sept. 7 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Pocatello Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 149
Reg. Dist. No. 601

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 21Y, 1M, 13d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle):
c. (Last): HUNT

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 13 1952

5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: OCT. 8, 1890
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 11 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEVADA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W Lamont
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 31, 1931, *to* SEPT. 13, 1952, *that I last saw the deceased alive on* SEPT. 12, 1952, *and that death occurred at* 2:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merle L. Howard MD
23b. ADDRESS: Bloomfoot, Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-52
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. So. Cem.
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 19-1952
REGISTRAR'S SIGNATURE: Mrs [illegible] E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 150
Reg. Dist. No. 601

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wapello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carlson Lane -U.S. 91

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 821 J St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Cyril c. (Last) Burt

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 5, 1947

9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Child)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cyril Burt — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Maxine Hobbs — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Cyril Burt — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull- Multiple injuries — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Wheel came off tractor while travilling
Child thrown from fathers lap beneath
DUE TO (c) axel.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway 91
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Rt. 3 Bingham Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 14, 1952 1:45p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Wheel came off tractor. Child crushed beneath axel.

22. *I hereby certify that I attended the deceased* ~~was~~ Dead *on* _____, 19____, *to* Sept. 14, 1952, *that I last saw the deceased alive on* Sept 14, 1952, *and that death occurred at* 1:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-52
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15-1952.
REGISTRAR'S SIGNATURE: Mrs Valera E. Tatum
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 153
Local Reg. No. 153
Reg. Dist. No. 601

RECEIVED
SEP 27 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 16yrs. 4Mo. 19Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Gooding.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): unknown.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Guillermo
b. (Middle):
c. (Last): Obar.

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1952.

5. SEX: Male

6. COLOR OR RACE: Latin

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown.

8. DATE OF BIRTH: unknown

9. AGE (In years last birthday): unknown — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Spain.

12. CITIZEN OF WHAT COUNTRY?: unknown.

13. FATHER'S NAME: unknown — BIRTHPLACE: -

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE & Thurman — ADDRESS: Records State Hospital So. Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Autopsy ordered by Bingham County Coroner— Al Trolin -over.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* about 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Blackford MD

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/19/52

24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept 19 1952

REGISTRAR'S SIGNATURE: Maldwin E. Farris

25. FUNERAL DIRECTOR — ADDRESS: John C. Sandberg. Blackfoot, Idaho.

John C. Sandberg

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 156
Reg. Dist. No. 601

BIRTH NO.

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 44Yrs 1m16d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LENA
b. (Middle):
c. (Last): Bahem

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 19, 1952

5. SEX: F
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1886 - 7 - 15
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scranton, Kansas
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: HERMAN Boehm or Bahem — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Christina Schwice — BIRTHPLACE: Schlazing, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

051X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strepted [illegible] of Throat.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 3, 1908, *to* SEPT. 19, 1952, *that I last saw the deceased alive on* SEPT. 18, 1952, *and that death occurred at* 5:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 658 MD
23b. ADDRESS: Blackfoot Id E
23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-23-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: Sept 23-1952
REGISTRAR'S SIGNATURE: Mrs Walter E [illegible]
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 157
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr, 1mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) SAM b. (Middle) ANDREW c. (Last) SANDERS

4. DATE OF DEATH: (Month) SEPT. (Day) 21 (Year) 1952

5. SEX: M
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 22 1875
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: 6 Days: 29 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN Farmer
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): SPOKANE, WASHINGTON
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JOEL SANDERS
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MAY COURTNEY
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: [illegible] RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Lobar pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 21, 1950, *to* SEPT. 21, 1952, *that I last saw the deceased alive on* SEPT. 21 1952, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. T. Harvard (Degree or title) M D
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 9/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/52
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cem.
24d. LOCATION (City, town, or county) (State): City Wendell Idaho.

DATE REC'D BY LOCAL REG.: Sept. 22 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatur
25. FUNERAL DIRECTOR: J. Farrel Weaver
ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 602

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling, Idaho
c. LENGTH OF STAY (in this place): 45 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home of son

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho.
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Luther	L.	Burgess	9	24	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	July 12, 1883	69	2	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Bricklayer	Masonery	Lebanon Smith Co., Kansas	USA

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Thomas Day Burgess, Ney York City, N.Y.	Liddy Jane Schemmerhorn, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-05-8857	William Burgess	Sterling, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.*

4201

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Myocardial infarction	2 hrs.
	ANTECEDENT CAUSES	
DUE TO (b)	*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* Coronary insufficiency	2 yrs.
DUE TO (c)	Arteriosclerosis	5 yrs.
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and "Stroke" 1951	1year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ##

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-24- , 1952, *to* 9-24- , 19 53 *that I last saw the deceased alive on* 9-24- , 1952, *and that death occurred at* 10:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M. D.	Aberdeen, Idaho.	10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-52	Mountain View Cemetery	Pocatello, Bannock Co. Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-3-52	F. L. Harris	Davis Mortuary American Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 159
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 3mo, 22da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) c. (Last) TURNBAUGH

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 25 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: JULY 6 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 2 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: GEORGE AVERTT
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: (c/o Records)
ADDRESS: STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Coronary thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 3, 1952, *to* SEPT. 25, 1952, *that I last saw the deceased alive on* SEPT. 25, 19 52 *and that death occurred at* 7:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Stennett (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-26-52
24c. NAME OF CEMETERY OR CREMATORY: Filer
24d. LOCATION (City, town, or county) (State): Filer, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 27 1952
REGISTRAR'S SIGNATURE: Wm Walter E. Palmer
25. FUNERAL DIRECTOR: Tom C. Hawley
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3199
Local Reg. No. 43
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Pettit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Pettit Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 211 7th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) VALDI b. (Middle) B. c. (Last) FUENDELING

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
Female	White	Married	Oct. 21, 1902	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Medicine 14	Doctor	Sundance, Wyoming	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James G. Bush	Unk.	Edna Rounds	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
No			[signature] Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning in Pettit Lake - Blaine County -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Overturning of Motor Boat on Pettit Lake -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident		Blaine Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 10/12, 19 52, *and that death occurred at* 8:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Capt. Blaine Casey	Hailey, Idaho	10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/12/52	Twin Falls, Idaho	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-15-1952	Robert H. Wright per [illegible] Dep. Reg.	[signature]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3200
Local Reg. No. 40
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pettit Lake
c. LENGTH OF STAY (in this place): 52 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pettit Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 211 7th Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle):
c. (Last): Fuendeling

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 26, 1945

9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School - Grade

11. BIRTHPLACE (State or foreign country): San Francisco, California

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Dr. M. J. Fuendeling
BIRTHPLACE: San Francisco, Calif.

14. MOTHER'S MAIDEN NAME: Valdi B. Bush
BIRTHPLACE: Sundance, Wyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X M. J. Fuendeling
ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning in Pettit Lake, Blaine County -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Overturning of Motor Boat
DUE TO (c): on Pettit Lake -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY): Blaine (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* dead 9/22, 1952, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine County Coroner

23b. ADDRESS: Hailey, Idaho

23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/22/52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept-25-52

REGISTRAR'S SIGNATURE: Robert H. Wright - per

25. FUNERAL DIRECTOR: Hugh A. Sullivan

ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

6 B.V.

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 37
Reg. Dist. No. 410

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

Dr Hawkes

3. NAME OF DECEASED (Type or Print): a. (First) JAMES - b. (Middle) WALTER - c. (Last) SKYLES

4. DATE OF DEATH: (Month) 9 - (Day) 1 - (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): GERTRUDE

8. DATE OF BIRTH: SEPT 8, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 11 | Days 23
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK-MUSICIAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VICHY. MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm SKYLES 49
BIRTHPLACE: unknown ~~Vichy Mo~~

14. MOTHER'S MAIDEN NAME: NANCY A. FANNON
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 443X

17. INFORMANT'S OWN SIGNATURE: Ida Jones
ADDRESS: Hailey Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure right — Interval between onset and death: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive heart dis — 2 years

DUE TO (c) Hypertension — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 3 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug 31, 1952, *that I last saw the deceased alive on* Aug 31, 1952, *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.H. Hawkes M.D. (Degree or title)

23b. ADDRESS: Hailey Idaho

23c. DATE SIGNED: 3 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 9-3-52

24c. NAME OF CEMETERY OR CREMATORY: Hailey

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: 9-4-1952

REGISTRAR'S SIGNATURE: Robert H. Wright-per

25. FUNERAL DIRECTOR: Ray W. Goodrick

ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-45021

Certificate of Death

STATE OF IDAHO

State File No. 3202
Local Reg. No. 39
Reg. Dist. No. 410

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
c. LENGTH OF STAY (in this place) 50 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) ELMER c. (Last) ROCKWELL

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 52

5. SEX Male

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify) LALLAH RHOOK

8. DATE OF BIRTH 12-25-62

AGE (In years last Birthday) 89
IF UNDER 1 YEAR: Months 8 Days 27
IF UNDER 24 HRS.: Hours Min.

9. BIRTHPLACE (State or foreign country) SUN PRAIRIE, WIS

10. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY LEAD-SILVER

11. BIRTHPLACE (State or foreign country) Unknown

12. FATHER'S NAME JAMES ROCKWELL

13. BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME EMMA Williams

15. BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

(If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 331X

17. INFORMANT'S OWN SIGNATURE Calvin A. Rockwell

ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis, Hypertension — 1 yr 6 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1952, *to* 9/22, 1952, *that I last saw the deceased alive on* 9/22, 1952, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E.W. Jones M.D.

23b. ADDRESS Hailey, Idaho

23c. DATE SIGNED 9/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE 9-25-52

24c. NAME OF ~~CEMETERY~~ OR CREMATORY PORTLAND CREMATORIUM

24d. LOCATION (City, town, or county) PORTLAND (State) OREGON

DATE REC'D BY LOCAL REG. Sept 30 1952

REGISTRAR'S SIGNATURE Robert H. Wright per le B.Y.

25. FUNERAL DIRECTOR Kay McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 6 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Garden Valley
c. LENGTH OF STAY (in this place): 4 Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at Bedal Loggihg Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1402 No. 13th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Merlin	J.	Francis	Sept. 2. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov 26. 1894	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Log Scaler. 08	Logging	Payson Utah	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R. Francis	Nebraska	Nellie Heaton.	Payson Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-6966	X R. Francis	Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	18 miles from Crouch	Crouch	Boise	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
September 2nd 1952. 1:20 p.m.		Dead tree fell over without warning

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reginald John Neffor.	Coroner	Idaho City. Boise County. Idaho	Sept. 4. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5th 1952.	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-4-52	Mrs E. S. Robison	Schreiber-McCann-Gibson.	Boise

J. N. McCann

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3254
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): Cecellia
c. (Last): McIntyre

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 8, 1876
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 7 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): North Plate, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Geo. William Say
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarrah Ann Marshallsay
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Mrs Julia C Rowe
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediately

ANTECEDENT CAUSES — Patient dead on arrival

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Patient dead on *19__, to* arrival *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 9:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson M.D.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 10-8-52
REGISTRAR'S SIGNATURE: Mrs. E. S. Robison
25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3205
Local Reg. No. 76
Reg. Dist. No. 110

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. Seimsen's Office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Blue Lake

3. NAME OF DECEASED (Type or Print): a. (First) Mickey b. (Middle) May c. (Last) Huml

4. DATE OF DEATH (Month) (Day) (Year): 9/2/52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 7, 1951

9. AGE (In years last birthday): 1 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Newport, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dominick Huml
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lucille Lundcek
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X D. Huml
ADDRESS: Priest River

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronch-pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 28, 1952, *to* September 2, 1952, *that I last saw the deceased alive on* September 2, 1952, *and that death occurred at* 10:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank H Seimsen (595) (Degree or title): MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: September 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8-1952
REGISTRAR'S SIGNATURE: Marlene M. Miley

25. FUNERAL DIRECTOR: L B Moon Jr
ADDRESS: Moon Funeral Home, Priest River, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3206
Local Reg. No. 79
Reg. Dist. No. 110

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 Pine Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 222 Pine Street

3. NAME OF DECEASED (Type or Print): a. (First) Catherine b. (Middle) A. c. (Last) McBride

4. DATE OF DEATH (Month) (Day) (Year): 9/11/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Single	Mar. 4, ??	Approx 80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse	Nursing Prof.	Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	x Mary A. Lindelar	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. & Coroner	Sandpoint, Idaho.	Sept 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/13/1952	Lakeview Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 16-1952	Merlene H. Miley	[signature]	Moon Funeral Home, Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3307
Local Reg. No. 80
Reg. Dist. No. 110

BIRTH NO. 52-12008

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby Boy; b. (Middle); c. (Last) Sutton

4. DATE OF DEATH (Month) (Day) (Year): 9/13/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9/11/1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months; Days: 2; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rex B. Sutton — BIRTHPLACE: Quitman Co., Mo.

14. MOTHER'S MAIDEN NAME: Rose Marie Ainsworth — BIRTHPLACE: Spokane, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rex B Sutton — ADDRESS: Priest Lake

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Congenital malformation of placenta and umbilical cord. 759.3

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Birth wt 4# at 40wks gestation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 11, 1952, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 13, 1952, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C Hayden M.D.

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/16/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Sept. 23-1952

REGISTRAR'S SIGNATURE: Merlene H. Miley

25. FUNERAL DIRECTOR: L D Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 91
Local Reg. No.
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle); c. (Last) Hanson

4. DATE OF DEATH: (Month) (Day) (Year) 9/30/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/22/1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Piler

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Trondheim, Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans Moen
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Lorenza Hanson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-5953

17. INFORMANT'S OWN SIGNATURE: Anna M Hanson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/27, 1952, *to* 9/30, 1952, *that I last saw the deceased alive on* 9/30, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L T Munson (Degree or title): M.D
23b. ADDRESS: 1013 Oak St. Sandpoint, Ida
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/3/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR ADDRESS: L G Moon Jr — Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3209
Local Reg. No. 77
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
c. LENGTH OF STAY (in this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Bradetich

4. DATE OF DEATH (Month) (Day) (Year): 9/4/1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/5/1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Raspon, Yugoslovia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Blas Bozich — BIRTHPLACE: Yugoslovia
14. MOTHER'S MAIDEN NAME: Anna Bozich — BIRTHPLACE: Yugoslovia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: ✓ John Bradetich Sr. — ADDRESS: Sagle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Paralysis agitans — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946, *to* Sept 4, 1952, *that I last saw the deceased alive on* Feb 23, 1952, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 440 C C Rudle M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Sept 9 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 9/8/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Sept. 12-1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: L. G. Moore Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 78
Local Reg. No. 78
Reg. Dist. No. 110

BIRTH NO.

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BONNER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORDEMAN
c. LENGTH OF STAY (In this place): 2MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): YOUNGS RESORT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON b. COUNTY: SPOKANE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPOKANE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) W. c. (Last) PEET

4. DATE OF DEATH: (Month) SEPT. (Day) 12, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	JULY 14, 1891	60 Yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET. OIL DEALER	SHELL OIL COMPANY	ANAMOSA IOWA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE S. PEET	UNKNOWN	BESSIE WILLIAMS	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW I	UNKNOWN	SIG. Mrs Nola Peet	SPOKANE WN.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of 2 yrs heart trouble-
DUE TO (c) Overexertion Just Prior to death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Was Pulling Boat out on Shore of Lake

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____ 19____ *to* _____, 19____, *that I last saw the deceased alive on* 9/12/52, 19____, *and that death occurred at* 1:30PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Sandpoint, Idaho	9/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/15/52	Smith funeral Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Sept 15-1952	Merlene H. Miley	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3211

Local Reg. No. 176

Reg. Dist. No. 610

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

Certificate of [illegible]

STATE OF IDAHO

1. PLACE OF DEATH
a. [illegible]
b. CITY OR TOWN [illegible] (Township) [illegible] (this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and [illegible]) Idaho Falls
d. STREET ADDRESS (If rural, give location) 575-16-13th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bruce	Ross	Tyson	Aug 16th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Child	Feb-1-1947	5	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
02		Idaho Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ross S. Tyson	Salt Lake City Utah	Coy Liljenquist	Hyrum, Utah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Ross S Tyson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Polio — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia (aspiration)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-15, 1952, *to* 8-15, 1952, *that I last saw the deceased alive on* 8-15, 1952, *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred R Anderson, MD	1547 So. 2nd	9-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial -	Aug 19-1952	Fielding Memorial	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 19-1952	Anna Budge	Geo A. Sheets	Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Bruce Ross Tyson

now lying buried in Fielding Memorial Cemetery, in the City or Town of Idaho Falls

County of Bonneville State of Idaho, who died on the 16 day of August, 1952, Aged 5 years ____ months ____ days, the cause of death being Polio and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Reed Anderson attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Logan Cemetery in the City or Town of Logan County of ____

State of Utah to take effect upon the approval by the local board of health of the City, Town, or County of Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 17th day of April, A.D. 1963.

Permit issued to:
Leo A. Williams
Williams Memorial Chapel
Idaho Falls, Idaho

Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 3212
Local Reg. No. 164
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 839 East South Temple

3. NAME OF DECEASED (Type or Print)
a. (First): ADRIAN
b. (Middle): BENNINK
c. (Last): PEMBROKE

4. DATE OF DEATH (Month) (Day) (Year): September 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 3, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Commercial Stationers
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herbert Pembroke — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Jane Margetts — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-03-9038
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Salt Lake C., Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/27, 1952, *to* 9/2, 1952, *that I last saw the deceased alive on* 9/2, 1952, *and that death occurred at* 1:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S McMillin 673 (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. ~~Aug.~~ 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cremation
24d. LOCATION (City, town, or county): Salt Lake City (State): Utah

DATE REC'D BY LOCAL REG.: Sept. 3-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3512
Local Reg. No. 168
Reg. Dist. No. 610

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Avalon Apartments

3. NAME OF DECEASED (Type or Print): a. (First) Clyde; b. (Middle); c. (Last) Bates

4. DATE OF DEATH: (Month) Sept. (Day) 6, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 16, 1874	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakland, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Bates — BIRTHPLACE: -
14. MOTHER'S MAIDEN NAME: Margaret Huff — BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ernest Bates — ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 3 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Faull — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls.
23c. DATE SIGNED: 9-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Oakland, Iowa

DATE REC'D BY LOCAL REG.: Sept. 8-1952
REGISTRAR'S SIGNATURE: Elma Bridges
25. FUNERAL DIRECTOR: Jack L. Wood, Jr. — ADDRESS: Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3214
Local Reg. No. 170
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L/D/S/ Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonniville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): Collage 642

3. NAME OF DECEASED (Type or Print): a. (First) Doyle; b. (Middle) LeRoy; c. (Last) Johnson

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1920

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months 6 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelley, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: LeRoy Johnson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Hennreitta Christa Madson,
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): No 2 1908

16. SOCIAL SECURITY NO.: 519-10-9073

17. INFORMANT'S OWN SIGNATURE: x Pauline Miles
ADDRESS: Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Malignant Melanocarcinoma
INTERVAL BETWEEN ONSET AND DEATH: 2½

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Sept 10, 1952, *that I last saw the deceased alive on* Sept 10, 1952, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Steven Hatch
(Degree or title): MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Sept 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-13-52

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest

24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Sept. 19 1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Tom M Walker
ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11206

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No.
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 Linden Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 305 Linden Drive

3. NAME OF DECEASED (Type or Print): a. (First) Diane; b. (Middle) —; c. (Last) Wilson

4. DATE OF DEATH: (Month) (Day) (Year): September 11 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: September 1 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 10; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T.R. Wilson Jr. — BIRTHPLACE: Bartlesville Okla.

14. MOTHER'S MAIDEN NAME: Bobette Williams — BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Thomas R. Wilson Jr. — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 11, 1952 - 8 am.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Sept *19* 52 *to* 11 Sept *19* 52 *that I last saw the deceased alive on* 11 Sept *19* 52 *and that death occurred at* 8:50A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Worlton — (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 26 1952

REGISTRAR'S SIGNATURE: Anna Bilyeu

25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 172
Local Reg. No. 172
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 469 E. 18th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 469 E. 18th Street

3. NAME OF DECEASED (Type or Print): a. (First) RULON b. (Middle) ROBERT c. (Last) RIGBY, Jr.

4. DATE OF DEATH (Month) (Day) (Year): September 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1920

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rulon R. Rigby, Sr. — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Veda Merrill — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Rulon R. Rigby Sr. — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Smoke & flames in
DUE TO (c): fire at Rome.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept-12 1952 7:00 AM m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fire in Home.

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Kellems M.D. (Degree or title): Co Coroner

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 19-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 173
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 53 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 170 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): HANSINE
b. (Middle):
c. (Last): HOFF

4. DATE OF DEATH (Month) (Day) (Year): September 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 14, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Baggerud — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. Mark Hoff — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture Rt. Hip. — 3 weeks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 27, 1952 - 9:30am
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Slipped and fell in back yard

22. *I hereby certify that I attended the deceased from* Aug 27, 1952, *to* 9/14, 1952, *that I last saw the deceased alive on* 9/14, 1952, *and that death occurred at* 9:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. R. Sedenquist 377 M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 19-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 177
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edgar c. (Last) McKay

4. DATE OF DEATH: (Month) (Day) (Year): Sept 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 19, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James McKay
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Mollie Wallace
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 43010

17. INFORMANT'S OWN SIGNATURE: Mrs. Wm McKay
ADDRESS: Irwin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A.S.V.D. — 5 months' Coronary Insufficiency

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 Aug, 1952, *to* 15 Sept, 1952, *that I last saw the deceased alive on* 15 Sept, 1952, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leeann K. Young MD
23b. ADDRESS: 220
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 22-52
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible] 175
Local Reg. No. 611
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meppen Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 926 Quincy St.

3. NAME OF DECEASED (Type or Print): a. (First) Dennis b. (Middle) Leon c. (Last) Bailey

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 195 2

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Jan 22 1948
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ogden Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leon R. Bailey — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Valerie Theall — BIRTHPLACE: Ogden Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frances B. Theall — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonn (STATE) Ida.
21d. TIME OF INJURY (Month) Sept (Day) 17 (Year) 195 2 (Hour) 6:30 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Accidentally fell into water

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Sullivans (Degree or title) Coroner
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 20-195 2
24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden - Utah

DATE REC'D BY LOCAL REG.: Sept. 19-1952
REGISTRAR'S SIGNATURE: Anna Rudges
25. FUNERAL DIRECTOR: Leo A. Sullivans — ADDRESS: Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3820
Local Reg. No. 181
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dan		Bahm	Sept. 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 13, 1873	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07		Germany	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	Germany	Anna unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	$19-01-7964	Carole Bahm	Challis, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

519X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uhemia
DUE TO (c) Lower Nephron Nephrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/4/52	Benign Prostatic Hypertrophy	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
0		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/2, 1952, *to* 9/17, 1952, *that I last saw the deceased alive on* 9/17, 1952, *and that death occurred at* 8 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds MD	357 E. 4th St. Idaho Falls Idaho	9/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-17-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-18-52	Anna Briggs	Orland LeBuck	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Guyer

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 174
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 218 So Water

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route - 4 -

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Francis c. (Last) Feltman Dr.

4. DATE OF DEATH (Month) (Day) (Year) Sept-18-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed -
8. DATE OF BIRTH Oct-12-1878
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 11 Days 6 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew F. Feltman Sr BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Mary alice Bell BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-10-3204
17. INFORMANT'S OWN SIGNATURE Lloyd B. Feltman ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — — — — — INTERVAL BETWEEN ONSET AND DEATH 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial damage Arteriosclerosis & arterio hypertension 2 yrs 10 yrs
DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/1/52, 19__, *to* 9/18, 1952 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE N E Guyer MD 141 (Degree or title)
23b. ADDRESS Idaho Falls
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9/20/52
24c. NAME OF CEMETERY OR CREMATORY Richmond -
24d. LOCATION (City, town, or county) (State) Richmond - Utah

DATE REC'D BY LOCAL REG. Sept. 19-1952
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A Williams ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant [illegible] BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers [illegible] after [illegible] investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and [illegible] address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11262

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3222
Local Reg. No. 17
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Clyde c. (Last) Hall.

4. DATE OF DEATH (Month) (Day) (Year) Sept 21, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant

8. DATE OF BIRTH Sept 19, 1952

9. AGE (If over 1 year last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. Clyde Hall BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Anita Faye Cruden BIRTHPLACE Mankato-Kan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE J. C. Hall ADDRESS Ririe Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1952, *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept 20, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS

23c. DATE SIGNED 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 23, 1952

24c. NAME OF CEMETERY OR CREMATORY Ririe Cemetery

24d. LOCATION (City, town, or county) (State) Ririe Idaho

DATE REC'D BY LOCAL REG. Sept 26 52

REGISTRAR'S SIGNATURE Emma Burgess

25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 193
Local Reg. No. 193
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Heber	Almy	Hammon	Sept.	26	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 17. 1904	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Wilford Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel R. Hammon	Kaysville Utah	Sarah Ann Waters	Provo Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-18-2154	Florence Hammon	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Polycystic kidney disease	8 mth
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Hypertension Heart disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/26/52, 19___, *to* 9/26/52, 19___, *that I last saw the deceased alive on* 9/25/52, 19___, *and that death occurred at* 12:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. Nicholls 673	M.D.	355 F St. Idaho Falls	9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept. 29, 1952	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 29-52	Anna Bridges	Orland LeSueur	

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

State File No. 9224
Local Reg. No. 169
Reg. Dist. No. 611
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon, Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Passed away in ambulance on way to hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Gallatin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) CAROLINE c. (Last) AMENDA SANFORD

4. DATE OF DEATH: (Month) Sept., (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21, 1911

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods Worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Amenda — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Louise Buck — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.: 477-22-6851

17. INFORMANT'S OWN SIGNATURE: Walter Sanford, — ADDRESS: West Yellowstone, Mont.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ruptured right Lung, Broken

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): ribs on right side,

DUE TO (c): Probable Ruptured liver

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Timber

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West Yellowstone, Montana

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept.,6,1952 4PM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Wind blew a dead tree over hitting her on right shoulder and rt.side below right shoulder.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo A. Williams 470 (Bonn Co. Coroner)

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 10 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 9 Sept 52

24c. NAME OF CEMETERY OR CREMATORY: River Falls, Wisconsin

24d. LOCATION (City, town, or county) (State): River Falls, Wisconsin

DATE REC'D BY LOCAL REG.: Sept 8-1952

REGISTRAR'S SIGNATURE: Verna Bridges

25. FUNERAL DIRECTOR: Mel Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

M. F. Rigby

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3225
Local Reg. No. 184
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Irwin
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) WESLEY b. (Middle) JAN c. (Last) VIRGIN

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 21, 1942

9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Ogden, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Jehu Virgin
BIRTHPLACE: Idaho Falls, Idaho.

14. MOTHER'S MAIDEN NAME: Fern Wilcox
BIRTHPLACE: Sunny Dell, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. J. Virgin
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

351 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spastic Hemiplegia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1944 *to* May, 1952, *that I last saw the deceased alive on* May 15, 1952 *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Rigby 337 (Degree or title) M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: Oct. 3-1952
REGISTRAR'S SIGNATURE: Anne Bingen
25. FUNERAL DIRECTOR: Bruce A. Eskuell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3226
Local Reg. No. 37-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eastport
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Essie
b. (Middle): Fern
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): Sept 13, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 21, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Laurel Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wesley D. Helm — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Clara L. Dempster — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: W.M. Adams — ADDRESS: Eastport Idaho

18. CAUSE OF DEATH 203X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): nephrosis
DUE TO (c): Multiple Myeloma — 2 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 11, 1952, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 13, 1952, *and that death occurred at* 9:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dunn 097 M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation 2
24b. DATE: Sept. 16, 52 01
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: R. M. Bowle
25. FUNERAL DIRECTOR: E. H. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3227
Local Reg. No. 32-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moravia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): Ross
c. (Last): Gudbaur

4. DATE OF DEATH (Month) (Day) (Year): Sept 13 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 3, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stock rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Redwing Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Alfred Gudbaur — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. L. R. Gudbaur — ADDRESS: Bonners Ferry RR1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1952, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 12, 1952, *and that death occurred at* 2:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W Dunne 097 M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview cemetery
24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: E. H. Whiting — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3228
Local Reg. No. 34-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry-Rural
c. LENGTH OF STAY (in this place) 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Indian Mission

3. NAME OF DECEASED (Type or Print) (First) Grayson (Middle) Mickola (Last)

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1952

5. SEX Male

6. COLOR OR RACE Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1900

9. AGE (In years last birthday) 52

UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nickola Jerome BIRTHPLACE Bonners Ferry Idaho

14. MOTHER'S MAIDEN NAME Lucy Abraham BIRTHPLACE Bonners Ferry Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 322-0

17. INFORMANT'S OWN SIGNATURE Simon Francis ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) exposure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonners Ferry Boundary Idaho

21d. TIME OF INJURY (Month) Sept. (Day) 13 (Year) 1952 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Allured Coroner

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 9-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-20-52

24c. NAME OF CEMETERY OR CREMATORY Indian Cemetery

24d. LOCATION (City, town, or county) (State) Bonners Ferry Idaho

DATE REC'D BY LOCAL REG. 9-20-52

REGISTRAR'S SIGNATURE C. M. Bonner

25. FUNERAL DIRECTOR ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3229
Local Reg. No. 35-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie
b. (Middle) none
c. (Last) Gieszelmann

4. DATE OF DEATH (Month) Sept (Day) 19, (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 12/1/1871
9. AGE (In years last birthday) 80 years — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Venice Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Brockman — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Elmer Gieszelmann — ADDRESS Bonners Ferry Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Cerebral hemorrhage — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept 18, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ruth Bowell 037 (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED 9/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1
24b. DATE 9/22/52 01
24c. NAME OF CEMETERY OR CREMATORY Grandview cemetery
24d. LOCATION (City, town, or county) (State) Boundry County Idaho

DATE REC'D BY LOCAL REG. 9/21/52
REGISTRAR'S SIGNATURE R. M. Bowell
25. FUNERAL DIRECTOR F. H. Whitney — ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3230
Local Reg. No. 38-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners ferry
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Jane c. (Last) Knight

4. DATE OF DEATH: (Month) September (Day) 19 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/I/I882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Hess BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: White BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Bill Tompkins ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

#22.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cystic tumor posterior Mediastinum undiagnosed

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1952, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept 19, 1952, *and that death occurred at* 8:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred W Dunbar 097 (Degree or title): M D
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 9/I9/I952
24c. NAME OF CEMETERY OR CREMATORY: Rogers Funeral Home
24d. LOCATION (City, town, or county) (State): Tremontnn Utah

DATE REC'D BY LOCAL REG.: 9/20/52
REGISTRAR'S SIGNATURE: Ken Bonnell
25. FUNERAL DIRECTOR: [illegible] ADDRESS: Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3231

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) Elliott c. (Last) Stephens

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 26-1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Sheffield England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Elliott — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Mackewman — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Glen Hunter — ADDRESS: Arco

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): hypertension — 20 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1951, *to* Sept 23, 1952, *that I last saw the deceased alive on* Sept 22, 1952, *and that death occurred at* 7⁰⁰ A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Reines 357 — (Degree or title): M.D. — **23b. ADDRESS**: Box 566, Arco, Idaho — **23c. DATE SIGNED**: Sept 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 25-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest — **24d. LOCATION** (City, town, or county) (State): Arco Idaho

DATE REC'D BY LOCAL REG.: Sept. 25-1952 — **REGISTRAR'S SIGNATURE**: Betty J. Marvel — **25. FUNERAL DIRECTOR**: Betty J. Marvel — ADDRESS: Arco

Federal Security Agency
United States Public Health Service

Form PHS-43021

#670

F.D. 19

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3232
Local Reg. No. 35
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720½ Arthur Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 720½ Arthur Street

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) L.; c. (Last) Sines

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 5 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1390

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Operator 74

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Zanesville, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Sines
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Rickett
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ********

16. SOCIAL SECURITY NO.: 517-01-4354

17. INFORMANT'S OWN SIGNATURE: X Lelan L. Sines
ADDRESS: 720½ Arthur St. Caldwell Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 5, 1952 *to* Sept 5, 19 52, *that I last saw the deceased alive on* Sept 5, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (319): John H Patterson (Degree or title) M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 9/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 8, 1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 9-13-52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home Caldwell, Ida
Marvelle D. Davis
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3233
Local Reg. No. 42
Reg. Dist. No. 960

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1701 North Ohio on Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): E.
c. (Last): Nickel

4. DATE OF DEATH: (Month) September (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: September 14-1894

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR — Months: 11 Days: 27
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): State of Samyra, Russia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Goeringer, BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Margaret Klim, BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Margaret Nickel, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

174X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Body of Uterus & Metastasis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 10, 1952, *to* Sept 12, 1952, *that I last saw the deceased alive on* Sept 12, 1952, *and that death occurred at* 5 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: R.S. Cross 343 (Degree or title): MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Beckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3236
Local Reg. No. 41
Reg. Dist. No. 960

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 712 Fillmore St.

3. NAME OF DECEASED (Type or Print): a. (First) Warren; b. (Middle) Bush; c. (Last) Lowe

4. DATE OF DEATH: (Month) (Day) (Year): September 12-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 8-1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months: 0, Days: 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: B & M. Equipment
11. BIRTHPLACE (State or foreign country): Augusta, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bush Lowe — BIRTHPLACE: Augusta, Wisconsin
14. MOTHER'S MAIDEN NAME: Bessie Kleindup — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-1734
17. INFORMANT'S OWN SIGNATURE: Mrs. Frances Lowe — ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature Arteriosclerosis
DUE TO (c): Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Krause, M.D.
23b. ADDRESS: 222 E. Logan Caldwell, Idaho
23c. DATE SIGNED: Sept. 16 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 16-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3235
Local Reg. No. 45
Reg. Dist. No. 360

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Boin; b. (Middle) Napoleon; c. (Last) Fortin

4. DATE OF DEATH (Month) (Day) (Year): September 14-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 4-1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cloud, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Fortin, BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Philomene Sorrell, BIRTHPLACE: Montreal, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-9425

17. INFORMANT'S OWN SIGNATURE: E. G. Fortini, ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Paralytic ileus	13 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Uremia	Unknown
DUE TO (c) — Concurrent with	Cerebro-vascular accident	Unknown
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Inanition	13 days

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4 September *1952, to* 14 Sept. *, 1952, that I last saw the deceased alive on* 13 Sept. *, 1952, and that death occurred at* 8:13 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray M. Kellogg, M.D.
23b. ADDRESS: 1100 South Kimball, Caldwell
23c. DATE SIGNED: 16 Sept. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3236
Local Reg. No. 222
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print): a. (First) BESSIE b. (Middle) MARY c. (Last) SMITH

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vernon, Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gortman
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Chas E Smith
ADDRESS: Melba Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Cancer of stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Cancer of stomach

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 14, 1952, *to* Sept 17, 1952, *that I last saw the deceased alive on* Sept 17, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 118 M.D.

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 01 Sept. 19, 52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Town Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct 4, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Stuck

25. FUNERAL DIRECTOR: John F Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3237
Local Reg. No. 46
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 722 South 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Elizabeth
c. (Last): Wentz

4. DATE OF DEATH (Month) (Day) (Year): September 18-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 5, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakwood, North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Julius LeBlanc, Province Quebec, Canada
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Honore French, Province Quebec, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thomas M. Wentz — ADDRESS: Burns, Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Multiple myocardial — 4 years

DUE TO (c): infarction with Complete heart block.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Sept 18, 1952, *that I last saw the deceased alive on* Sept 18, 1952, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chale E. Newick 222 (Degree or title) M.D.
23b. ADDRESS: 220 E. Logan
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 22-1952
NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Oakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3238
Local Reg. No. 47
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 210 N. 10th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) MAY c. (Last) HAMILTON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 16, 1870

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Milford, Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: M.S. Tennant — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Ellen Mowry — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Lista M Hamilton — ADDRESS: 1103-6th St. So Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 20 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular disease — 20 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1951, 19___, *to* Sept. 20, 1952, *that I last saw the deceased alive on* Sept. 19, 1952, *and that death occurred at* 2:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Shupe M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/23/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 9/25/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Lewis Edmunds — **ADDRESS**: Nampa, Idaho

Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3239
Local Reg. No. 44
Reg. Dist. No. 260

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1917 "P" St.

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Christine c. (Last) Thiel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22 1952

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 13, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Westegier-dorf Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pushman
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Gemany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X [illegible] Hansell
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Old age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1952, *to* 9-22, 1952, *that I last saw the deceased alive on* Sept 21, 1952, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas E Jennick (Degree or title) MD
23b. ADDRESS: 220-Ea. Logan Caldwell, Idaho
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24 1952
24c. NAME OF CEMETERY OR CREMATORY: Ten Davis
24d. LOCATION (City, town, or county) (State): Notus, Idaho

DATE REC'D BY LOCAL REG.: 9/23/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [illegible] D. Davis
ADDRESS: Davis-W[illegible]ick Funeral Home, Caldwell

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 32407
Local Reg. No. 58
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2419 Montana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Rebecca b. (Middle) Annie c. (Last) Cramer Gross

4. DATE OF DEATH: (Month) Sept. (Day) 23. (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 5, 1876

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kerbyville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Cramer — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Jane Cogguvrn — BIRTHPLACE: Bates Co, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jamie Kimball — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): primary unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Sept 1952

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9-22, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Robinson MD — (Degree or title): 310

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 10/16/52

REGISTRAR'S SIGNATURE: Agnes Mdenman

25. FUNERAL DIRECTOR ADDRESS: Glenn W Beatty — Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3241
Local Reg. No. 59
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 502 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Schechter

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: October 4-1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 11 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. George Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: ✓ Roy Raines
ADDRESS: Caldwell Rt 6

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Sept 25, 1952, *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Hubler M D 613
23b. ADDRESS: 221 E Logan St Caldwell, Ida
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 29-1952
NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/13/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C. P. Peckham-Pakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3242
Local Reg. No. 52
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rickard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1313 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Auguste
b. (Middle):
c. (Last): Schneckloth

4. DATE OF DEATH (Month) (Day) (Year): September 25-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 21-1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Schleswig-Holstein, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Not Known Carstensen, Not Known — BIRTHPLACE: Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Emily S. Dozier — ADDRESS: 1313 Blaine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: a few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia — 12 hours
DUE TO (c): advanced age & general debility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1950, *to* Sept 25, 1952, *that I last saw the deceased alive on* Sept 25, 1952, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Hewick 222 (Degree or title)
23b. ADDRESS: 220 E. Logan
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 29-1952 01
NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3243
Local Reg. No. 51
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Box 274

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Hoyt c. (Last) Carver Sr.

4. DATE OF DEATH: (Month) (Day) (Year) September 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 13-1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR Months: 8 Days: 13 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knox County, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — BIRTHPLACE: Barton B. Carver, Madison, Wisconsin
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Happy J. Sherman, Roanoke, Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-2104
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Viola Carver, Wilder, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause, LCG (Degree or title): M.D.
23b. ADDRESS: 227 E. Logan, Caldwell, Ida.
23c. DATE SIGNED: Sept. 30 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30-1952
NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 10/3/52
REGISTRAR'S SIGNATURE: Agnes Mdenmas
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3244
Local Reg. No. 54
Reg. Dist. No. 96 1

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Eugene; c. (Last) Whiffin

4. DATE OF DEATH: (Month) September (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 18-1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 5, Days 12
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horticulturist 92

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bedford, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Whiffin
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Amelia Shaffer,
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Adrian W. Whiffin
ADDRESS: Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — 420.1
INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 30, 1952, *to* Sept. 30, 1952, *that I last saw the deceased alive on* Sept 30 1952, *and that death occurred at* 3:1 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 10/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Middleton
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 10/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3245
Local Reg. No. 216
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Abby; b. (Middle) Lex; c. (Last) Bradley

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Fayette County

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C.S. Bradley — BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Rose Creamer — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: M.O. Bradley — ADDRESS: Nampa Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis respiration
DUE TO (c) Arteriosclerosis & senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-21, 1952, *to* 9-2, 1952, *that I last saw the deceased alive on* 9-2, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.O. Belknap MD — **23b. ADDRESS**: Nampa Ida — **23c. DATE SIGNED**: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 9-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Canyon Hill — **24d. LOCATION** (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept. 20, 1952 — REGISTRAR'S SIGNATURE: Mrs Jane Steck — **25. FUNERAL DIRECTOR**: C.V. Peckham — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3246
Local Reg. No. 208
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 504 Juniper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 504 Juniper

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): LETNER

4. DATE OF DEATH (Month) (Day) (Year): Sept 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 25, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Earlam, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Letner — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Buelah Davis — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs J F Dillon — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Breast & Lungs — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No Surgery
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* Sept 3, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 285 W C Nolte M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3247
Local Reg. No. 270
Reg. Dist. No. 962

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1411 8th St So

3. NAME OF DECEASED (Type or Print): a. (First) CHRIS b. (Middle) c. (Last) JACOBSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1880

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Heber City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hans Jacobsen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Christina Neilsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wesley H. Jacobsen — ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/19, 19__, *to* 9/5, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9/5 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jno. Saltzer 361 MD (Degree or title)

23b. ADDRESS: Nampa

23c. DATE SIGNED: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 7, 52

24c. NAME OF CEMETERY OR CREMATORY: Burley Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Sept 19, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: John F. Alsip — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3248
Local Reg. No. 211
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle):
c. (Last): HANS ON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 27, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Zurich, Switzer land
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No record — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 542 09 0795D
17. INFORMANT'S OWN SIGNATURE: William A. Volker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No Surgery None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Sept 8, 1952, *that I last saw the deceased alive on* Sept 7, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 275 W C, Nolte MD,
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 01 Sept. 9 1952
24c. NAME OF CEMETERY OR CREMATORY: Troy, Idaho
24d. LOCATION (City, town, or county) (State): Troy, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — Alsip Funeral Home
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3249
Local Reg. No. 213
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 904 15th. Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERT	L.	ROGERS	Sept. 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jan. 17, 1877	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Carpenter 37		Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Rogers	No record	Lovelace	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 03 1728	Helen R. Johnson	908-15 Ave. So. Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 13, 1947, *to* Sept 9, 1952, *that I last saw the deceased alive on* Sept 4, 1952, *and that death occurred at* 4:25 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesbe M.D	Nampa - Idaho	9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 11, 52	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 19, 1952	Mrs. Jane Stack	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3250
Local Reg. No. 198
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 1615 8th Street So.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Sister Mary Majella Desrosiers

4. DATE OF DEATH (Month) (Day) (Year): Sept 9 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 12, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 2, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grand Junction, Colo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME BIRTHPLACE: Louis Desrosiers
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Marie Desrosiers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE ADDRESS: Joseph M Desrosiers

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart disease with Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia Secondary Cause? — 2-3 ma.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/6, 1952, *to* 9/9, 1952, *that I last saw the deceased alive on* 9/9, 1952, *and that death occurred at* 5 10/P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 344 W B Ross [signature]
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-52
24c. NAME OF CEMETERY OR CREMATORY: Mont. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR ADDRESS: George H. Walker Nampa Idaho

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Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3251
Local Reg. No. 218
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 Schley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 311 Schley

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Milton c. (Last) Friesen

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27, 1905

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 61

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crimea, Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dietrich Friesen
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Carolina No record
BIRTHPLACE: Prussia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 473-03-9021

17. INFORMANT'S OWN SIGNATURE: Madge Friesen
ADDRESS: Nampa

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Not known
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sudden death unkn.
DUE TO (c) Autopsy shows no anatomic cause for death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Partial arteriosclerosis of heart

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-7-, 1949, *to* 9-10, 1952, *that I last saw the deceased alive on* 9-7-, 1952, *and that death occurred at* 4:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest E. Kuehl MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlemlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept 25 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stark
25. FUNERAL DIRECTOR: John J. Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

NON-RESIDENT Certificate of Death

State File No. 3252
Local Reg. No. 199
Reg. Dist. No. 363

BIRTH NO.

SEP 23 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Denver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver
d. STREET ADDRESS (If rural, give location): 1619 Milwaukee Street

3. NAME OF DECEASED (Type or Print): a. (First) Sister b. (Middle) Mary c. (Last) Perll

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 29, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 6 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sister

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Neideranoen, Luxemburg Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Perll
BIRTHPLACE: Luxemburg Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Waggoner
BIRTHPLACE: Luxemburg Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Sister Mary Austin, Nampa Ida.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion.
INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19__, *to* — , 19__, *that I last saw the deceased alive on* 9/14, 19 52, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Pace. M.D.

23b. ADDRESS: Nampa Idaho.

23c. DATE SIGNED: 9/16/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/16/52

24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet

24d. LOCATION (City, town, or county) (State): Denver, Colorado

DATE REC'D BY LOCAL REG.: Sept 18, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Pfanff Funeral Chapel Caldwell, Ida
ADDRESS: C-230 Nampa Idaho
George H. Hatkenson

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11419

BIRTH NO.

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3253
Local Reg. No. 221
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 6

3. NAME OF DECEASED (Type or Print): a. (First) MICHARL b. (Middle) DEAN c. (Last) WALTZ

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept. 11, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hal Waltz
BIRTHPLACE: Detroit, Mich.

14. MOTHER'S MAIDEN NAME: Sylvia N. Boal
BIRTHPLACE: Moorewood, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Hal Waltz
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Sub-arachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Patent Foramen Ovale
Partial atelectasis both lungs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9/14, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Farber (Degree or title): M.D.

23b. ADDRESS: 311½ - 14th Ave So.

23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 9-17-52

24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 1, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: Paul L. Alsip

ADDRESS: NAMPA, IDAHO
ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

State File No. 3254
Local Reg. No. 217
Reg. Dist. No. 362
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospitel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 208 12th Ave No.

3. NAME OF DECEASED (Type or Print): a. (First) LEE b. (Middle) c. (Last) WOOLARD

4. DATE OF DEATH: (Month) Sept (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1908

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13

10b. KIND OF BUSINESS OR INDUSTRY: Nampa Transfer

11. BIRTHPLACE (State or foreign country): Lanagan, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J.A. Woolard — BIRTHPLACE: Bethdage, Mo.

14. MOTHER'S MAIDEN NAME: Louisa Smith — BIRTHPLACE: Bethdage, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 09 6365

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease — Valvular — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Fever. Acute 1934. — 2

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Coronary Artery Disease
Conditions contributing to the death but not related to the disease or condition causing death.
2-3 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/13 *19* 52 *to* 9/17 *, 19* 52 *, that I last saw the deceased alive on* 9/17 *19* 52 *, and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — 23b. ADDRESS: Nampa Ida — 23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 22, 52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1952

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 220
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): LOU
c. (Last): PALMER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 27, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lebonon Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Marshall Jones — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Amanda Rains — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert Palmer — ADDRESS: Grandview Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~Cer~~ Arterial Sclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Renal Sclerosis with Uremia → 1 mo. — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23, 1952, *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept 21, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Rodwell MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Grandview Idaho

DATE REC'D BY LOCAL REG.: Oct. 1, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Felix J. Bey Mountain — ADDRESS: Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3256
Local Reg. No. 225
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 208 15th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	M.	TROVATTEN	Sept. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
fem.	white	divorced	Oct. 9, 1886	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richill, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Hurst — BIRTHPLACE: Clinton, Mo.
14. MOTHER'S MAIDEN NAME: Mary Schoonover — BIRTHPLACE: Clinton, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-4298
17. INFORMANT'S OWN SIGNATURE: A E Trotter — ADDRESS: Lawdale, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 9-22, 1952, to 9-24, 1952, that I last saw the deceased alive on 9-24, 1952 and that death occurred at 1:15p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Nampa, Ida.	10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/3/52	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 10, 1952	Mrs. Jane Stuck	Lewis Edmunds Mortuary	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3257
Local Reg. No. 223
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 10 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 107 South State

3. NAME OF DECEASED (Type or Print): a. (First) JUDITH ANN b. (Middle) c. (Last) SHUMATE

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug 31 1942

9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Ronald Shumate
BIRTHPLACE: Nampa

14. MOTHER'S MAIDEN NAME: Doris Lee
BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Ronald Shumate
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia acute. — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. An astro-cytoma of the right cerebral hemisphere removed surgically in 1951.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1946, *to* Sept. 27, 1952, *that I last saw the deceased alive on* 9/27/52, 19__, *and that death occurred at* 9:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9 30 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: Oct 3, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3258
Local Reg. No. 226
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home Airbase
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): V
c. (Last): Michalak

4. DATE OF DEATH (Month) (Day) (Year): Sept 28 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 5, 1927
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier 41
10b. KIND OF BUSINESS OR INDUSTRY: US Airforce
11. BIRTHPLACE (State or foreign country): Bay City Mich.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Jennie T. Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6½ hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Internal hemmorrhages — 6½ hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture L. femur — 6½ hr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 27 52 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* Sept. 26, 1952, *to* Sept. 27, 1952, *that I last saw the deceased alive on* Sept 27, 1952, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Koehne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Sept. 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 03
24b. DATE: 9-27-52
24c. NAME OF CEMETERY OR CREMATORY: Bay City Mich.
24d. LOCATION (City, town, or county) (State): Bay City, Michigan

DATE REC'D BY LOCAL REG.: Oct. 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Carl S. Chybarczyk — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3259
Local Reg. No. 227
Reg. Dist. No. 363

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Wallawa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enterprise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Minnie	Belle	Hovis	Sept	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	May 8 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison County Mo.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert B ess — BIRTHPLACE: Madison County Mo.
14. MOTHER'S MAIDEN NAME: Josephine Kelly — BIRTHPLACE: Madison County M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Ryle Hovis — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis and Gastritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Sept 28, 1952, *that I last saw the deceased alive on* 9-27, 1952, *and that death occurred at* 2:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Morgan MD 241	Nampa Idaho	9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	9 28 52 01	Enterprise Cem.	Enterprise Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 10, 1952	Mrs. Jane Stack	Paul L. Clark Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3260
Local Reg. No. 209
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 5 Wayne Naugle Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Patricio
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mathis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roberto		Mercado	Sept. 5, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Single	Feb. 12, 1951.	1	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant or		Mathis, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Mercado	Texas	Lucia De Lion	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Joe Mercado	Mathis, Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 9 2 9 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Little boy fell in 1 ft. of water in field ditch while unattended.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Farm	Near Nampa Canyon Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 5, 1952 p.		Fell into field ditch filled with water

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* about 11a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Alsip, Jr. Coroner	Nampa, Idaho	9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/6/52		Mathis, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 9, 1952	Mrs. Jane D. Steck	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3261
Local Reg. No. 224
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print): a. (First) STELLA b. (Middle) IOWA c. (Last) CARPENTER

4. DATE OF DEATH: (Month) Sept. (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 8, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Valisca, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Neil Carpenter
ADDRESS: R#2 Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: months or years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Patient refused medical attention when seen once at request of family. Cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I saw the deceased once from* Aug 29, 1952, to ——, 19—, *that I last saw the deceased alive on* Sept 6, 1952, *and that death occurred at* 1:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title) M.D.

23b. ADDRESS: 1320 Vista Ave. Boise

23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 11, 52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Pawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Oct. 3, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3252
Local Reg. No. 96
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 39yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 2 Parma Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): RFD 2 Parma Idaho

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ABRAHAM c. (Last) PETTIT

4. DATE OF DEATH: (Month) (Day) (Year) 9-8-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	12-5-1859	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Vinton Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Pettit — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah Catharine Garver — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Geo. H. Bailey — ADDRESS: RFD 2 Parma Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — ? Month
DUE TO (c) Arteriosclerotic Cardio-Vascular Disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Sept, 1952, *to* 8 Sept, 1952, *that I last saw the deceased alive on* 8 Sept, 1952, *and that death occurred at* 12:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E. Sole M. D.
23b. ADDRESS: Parma, Idaho
23c. DATE SIGNED: 11 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG.: 9/18/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3263
Local Reg. No. 212
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 4

3. NAME OF DECEASED (Type or Print)
a. (First): SOPHIE LEONA
b. (Middle):
c. (Last): HELFRICH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 23, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glasgow, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Mayes — BIRTHPLACE: Tracy, Kentucky
14. MOTHER'S MAIDEN NAME: Jemima Ann Waldrop — BIRTHPLACE: Glasgow, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruth E. Reynolds — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic C.V. Disease & Decompensation — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10 — *, 1948, to* 9 - 9 - *, 1952, that I last saw the deceased alive on* 9 - 5 *, 1952 and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wexche MD
23b. ADDRESS: Nampa, Ida.
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 12, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3254
Local Reg. No. 48
Reg. Dist. No. 961

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 18mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Rt. #2

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) Roy c. (Last) Palmer

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 52

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1897

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months 8 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer D4

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Lake Crystal Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Levi Palmer
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Ellen Owens
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY: 475-05-3591

17. INFORMANT'S OWN SIGNATURE: x Mrs. Grace Palmer Wilder Ida ADDRESS R2

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 11, 19 52, to ____, 19 ____, *that I last saw the deceased alive on* Sept 11, 19 52, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 55 M.D.
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: Sept 26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/52
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 9/25/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flaniff Funeral Chapel ADDRESS: Caldwell, Ida.
Lucy M. Flaniff Caldwell Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3265
Local Reg. No. 217
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) SIMON b. (Middle) c. (Last) HYNEK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 23, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manitowoc, Wosc.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Hynek — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Mary Zelenka — BIRTHPLACE: Czek.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles Hynek — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 903.0 Internal hemorrhage Vessels to spleen.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell over bicycle causing pain region spleen & Traumd.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Autopsy Revealed

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Internal hemorrhage Vessels to spleen.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fell from a bicycle
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): While working on Hdg.
21c. (CITY, TOWN, OR TOWNSHIP) R#3 Nampa (COUNTY) Canyon (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 10 1952 m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Fell over a bicycle and impact ruptured vessels to spleen

22. *I hereby certify that I attended the deceased from* Sept 10, 1952, *to* Sept 11, 1952, *that I last saw the deceased alive on* Sept 10, 1952, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Belknap M.D.
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/16/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 3256
Local Reg. No. 219
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Thurston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olympia (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 170

3. NAME OF DECEASED (Type or Print): a. (First) Molly; b. (Middle); c. (Last) Peters

4. DATE OF DEATH (Month) (Day) (Year): Sept, 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Indian	Divorced	No record	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Dyer — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Kate Charley — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jameson Peters — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9:15 PM. *from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip, Jr. (Degree or title) Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial - Removal
24b. DATE: 9/26/52
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Olympia Washington

DATE REC'D BY LOCAL REG.: Sept. 24, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. Nampa Ida. Alsip Funeral Chapel
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3257
Local Reg. No. 43
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Apple Valley
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Apple Valley near Parma
d. STREET ADDRESS (If rural, give location): Parma, Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Amelia; c. (Last) Hicks

4. DATE OF DEATH: (Month) (Day) (Year): September 17-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: October 26-1855
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months 10, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plainfield, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Markell — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Lucy Ann Snell — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gertrude Hicks — ADDRESS: Parma, Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 170X Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13, 1952 *to* 9-17, 1952 *that I last saw the deceased alive on* 9-17, 1952, *and that death occurred at* 1:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Danford, M.D. (Degree or title)
23b. ADDRESS: Nyssa, Oregon
23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 20-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 9/24/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3288
Local Reg. No. 49
Reg. Dist. No. 961

BIRTH NO.

OCT 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenleaf
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence-Guy A. Delamarter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenleaf
d. STREET ADDRESS (If rural, give location) In Town

3. NAME OF DECEASED (Type or Print)
a. (First) Martha
b. (Middle) Ann
c. (Last) Walker

4. DATE OF DEATH (Month) (Day) (Year) September 23, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH July 25-1864

9. AGE (In years last birthday) 88
IF UNDER 1 YEAR Months 1 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fairport, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Osborne, BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Elizabeth Wells, BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Guy A Delamarter ADDRESS Greenleaf, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1952, *to* Sept 23, 1952, *that I last saw the deceased alive on* May 12, 1952, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche 443 (Degree or title) M.D.

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 01 Sept. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY Newberg

24d. LOCATION (City, town, or county) Newberg, Oregon (State)

DATE REC'D BY LOCAL REG. 10/1/52

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Oakan Chapel ADDRESS C. V. Peckham Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3259
Local Reg. No. 6
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED OCT 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lago
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lago
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mickel		Mickelson	Sept 27 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 28, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own Farm	Hjorring, Denmark	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anthon Peter Mickelson	Denmark	Gintte Jenson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Sadie M. Mickelson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY occur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 19[illegible] *to* Sept 27, 1952 *that I last saw the deceased alive on* Aug, 19[illegible] *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (427) (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tigert M.D.	Soda Springs, Ida	10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county,) (State)
Burial	Sept. 30, 1952	Lago	Lago Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-15-52	Arene Morris	W. Stevens Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3-76
Local Reg. No. 71
Reg. Dist. No. 5-76

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 43 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1834 Miller Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	Isaac	Hill	Sept. 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 30, 1876	75	10	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep raiser	Sheep Raising	Murray, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Head Hill,	----Scotland	Mary Sorenson	------ Sweden

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	None	Della Hill	1834 Miller Ave Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — 5 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19[illegible], *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. E. Dean	M.D	Burley Ida	Sept-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1952	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-8-52	O. F. Wilson	Vern B. McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 31
Local Reg. No. 70
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1951 Burton Ave.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1951 Burton Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Hagman
4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Malmo, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Olaf Hagman — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Kerstin Jenson — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Olive Hagman — ADDRESS: 1951 Burton

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Anemia — 5 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 15 yr.

290 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1940, *to* Sept 2, 1952, *that I last saw the deceased alive on* Sept 2, 1952, *and that death occurred at* 1230 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E Dunn (Degree or title) M.D
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: Sept 4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/5/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Sept. 6 1952
REGISTRAR'S SIGNATURE: R. T. Wilson
25. FUNERAL DIRECTOR: J. Garth Taylor — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D SEP 23 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3272
Local Reg. No. 25
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) Few Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital - Burley

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas
b. COUNTY Harris Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Houston 3 Texas
d. STREET ADDRESS (If rural, give location) 7843 Sherman Street

3. NAME OF DECEASED (Type or Print) a. (First) Margaretta b. (Middle) — c. (Last) Bermea
4. DATE OF DEATH (Month) (Day) (Year) Sept. - 7 - 52
5. SEX Female
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 12, 1903
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 5 Days 25 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Mexico
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown BIRTHPLACE —
14. MOTHER'S MAIDEN NAME No Data BIRTHPLACE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Jose R Rodriguez ADDRESS Wilson Labor Camp

18. CAUSE OF DEATH 924.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Base Skull Fracture. — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rupert, Minidoka co., Idaho
21d. TIME OF INJURY (Month) Sept (Day) 7 (Year) 1952 (Hour) 1:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell out of moving automobile

22. I hereby certify that I attended the deceased from Sept 7, 1952, to Sept 7, 1952 that I last saw the deceased alive on Sept 7, 1952 and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE James R Tucker (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED Sept 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-11-52
24c. NAME OF CEMETERY OR CREMATORY Houston - Texas
24d. LOCATION (City, town, or county) (State) Houston - Harris Co. Texas

DATE REC'D BY LOCAL REG. 9-11-1952
REGISTRAR'S SIGNATURE B F Anderson
25. FUNERAL DIRECTOR Vern B. McCulloch ADDRESS Burley - Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3073
Local Reg. No. 78
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1810 Overland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1810 Overland Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Allen c. (Last) Fitts

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 17, 1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 5, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Produce Ins.

10b. KIND OF BUSINESS OR INDUSTRY: produce-farming

11. BIRTHPLACE (State or foreign country): Olathe, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-14-0301

17. INFORMANT'S OWN SIGNATURE: Kathryn C. Fitts — ADDRESS: 1810 Overland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 22, 1952, *to* Sept 11, 1952, *that I last saw the deceased alive on* Aug 26, 1952, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Tucker M.D. — **23b. ADDRESS**: Burley, Idaho — **23c. DATE SIGNED**: Sept 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 16, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Tucker Cemetery — **24d. LOCATION** (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 9-15-1952 — **REGISTRAR'S SIGNATURE**: B.R. Wilson

25. FUNERAL DIRECTOR: Vern B. McCulloch - Burley - Ida. — **ADDRESS**

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3274
Local Reg. No. 82
Reg. Dist. No. 470

RECEIVED OCT 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1434 Almo Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1434 Almo Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Orvell
b. (Middle): Glen
c. (Last): Moncur

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1908
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Shearer 06
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wallace Moncur — BIRTHPLACE: Cedar City, Ut.
14. MOTHER'S MAIDEN NAME: Emma Annie Jolley — BIRTHPLACE: Mt. Carmel, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Emma Annie Moncur — ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1952, *to* 9-12, 1952, *that I last saw the deceased alive on* 9-8, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 204 Kelly M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/16/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 9-24 1952
REGISTRAR'S SIGNATURE: [signature] Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3775
Local Reg. No. 79
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 14th & Hansen Intersection

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles
d. STREET ADDRESS (If rural, give location): 2828 Dumfries Road

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): Edward
c. (Last): Frame

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 19, 1934
9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months 5, Days 27
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Los Angeles, California
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: J. Wallace Frame, BIRTHPLACE: Taylorsville, Utah
14. MOTHER'S MAIDEN NAME: Agnes Ellen Creer, BIRTHPLACE: Spanish Fork

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 554-40-3032
17. INFORMANT'S OWN SIGNATURE: J. Wallace Frame D.V.S. ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing head injury — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Accident.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture Right Femur. Multiple fractures of cervical + lumbar Vertebrae

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 14th + Hansen Aves. Burley, Ida.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley, Idaho Cassia.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 15 1952 10 45 pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Collision.

22. *I hereby certify that I attended the deceased from* Never-, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Dead on Arrival, 19__, *and that death occurred at* 10 45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Sept 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Sept. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn
24d. LOCATION (City, town, or county) (State): Glendale, California

DATE REC'D BY LOCAL REG.: 9-17-1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3276
Local Reg. No. 801
Reg. Dist. No. 470

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CASSIA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
c. LENGTH OF STAY (in this place): 3 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COTTAGE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location): 1418 CONANT AVE

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): EBBERT
c. (Last): MYERS

4. DATE OF DEATH (Month) (Day) (Year): SEPT 17, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 24 1878
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED AUCTIONEER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): QUEEN CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph WALKER MYERS — BIRTHPLACE: MEMPHIS MISSOURI
14. MOTHER'S MAIDEN NAME: MARY EBBERT COLLINS — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Mrs. Minnie F. Myers — ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Coronary Occlusion	2 WEEKS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Myocarditis	5 yrs.
	DUE TO (c) Arteriosclerosis	7 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10, 1947, *to* 17-Sept, 1952, *that I last saw the deceased alive on* 13 Sept, 1952, *and that death occurred at* 9:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas A Tshume 423 (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 18 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: SEPT 20 1952
24c. NAME OF CEMETERY OR CREMATORY: QUEEN CITY CEMETERY
24d. LOCATION (City, town, or county) (State): QUEEN CITY, MISSOURI

DATE REC'D BY LOCAL REG.: Sept 19, 1952
REGISTRAR'S SIGNATURE: C. H. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3277
Local Reg. No. 81
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Arthur
c. (Last): Davidson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 21, 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Davidson — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Maryetta Durfee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 20, 1952, *to* Sept. 21, 1952, *that I last saw the deceased alive on* Sept. 21, 1952, *and that death occurred at* 5:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 089 (Degree or title) M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/25/52 01
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Sept. 23 1952
REGISTRAR'S SIGNATURE: [signature] Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3278
Local Reg. No. 84
Reg. Dist. No. 870

BIRTH NO. 5T*

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Virginia Hotel- West Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 835 Occidental Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ezra; b. (Middle); c. (Last) Fairchild

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 27, 1895

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR Months: 6 Days: 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Basin, Cassia Co. Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Maroni J. Fairchild — BIRTHPLACE: Morgan Co. Utah

14. MOTHER'S MAIDEN NAME: Amy J. Hatch ------- BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 519-01-7005

17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1948 *to* Sept 29, 1952, *that I last saw the deceased alive on* Sept 29, 1952 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Davis M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: Oct 3 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery

24d. LOCATION (City, town, or county) (State): Basin, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.: Oct 9 1952

REGISTRAR'S SIGNATURE: B A Nelson

25. FUNERAL DIRECTOR: Kenneth McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D SEP 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3279
Local Reg. No. 474
Reg. Dist. No. 4

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta.
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION: —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Kay c. (Last) Hill
4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Dec. 31. 1938
9. AGE (In years last birthday): 13 IF UNDER 1 YEAR Months: 8 Days: 8 IF UNDER 24 HRS. Hours: — Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Walter Rulon Hill BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Gladys Gierisch BIRTHPLACE: Utah.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Walter R. Hill ADDRESS: Malta Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

813.0
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Injuries. — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 3/S. 30S
21c. (CITY, TOWN, OR TOWNSHIP) Malta (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) Sept (Day) 8 (Year) 1952 (Hour) 8:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Deceased rode bicycle in front of trailer being towed by truck.

22. *I hereby certify that I attended the deceased from* Sept 8, 1952 *to* Sept 8, 1952, *that I last saw the deceased alive on* Dead on Arrival, 19—, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Sept 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 11
24c. NAME OF CEMETERY OR CREMATORY: Malta
24d. LOCATION (City, town, or county) Malta (State) Idaho

DATE REC'D BY LOCAL REG. 9-13-1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Retta S. Payne ADDRESS: Burley Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3280
Local Reg. No. 77
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo -rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 S. enroute to

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo - rural
d. STREET ADDRESS (If rural, give location): hosp. Southwest of Declo

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle) Anne; c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 3, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 6, Days 7
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Richmountain, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Horace Gaither. BIRTHPLACE: ----Kentucky

14. MOTHER'S MAIDEN NAME: Susan Bell Riding. BIRTHPLACE: ---- Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William Lewis ADDRESS: Declo Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Transitional Cell Carcinoma
DUE TO (c) Cervix Grade III — ? 1-2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1952, *to* 9-10, 1952, *that I last saw the deceased alive on* 9-10, 1952, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Ernest M.D. (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 9-15-1952
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RF
OCT 20 1952
DIVISION OF VITA.

Certificate of Death

STATE OF IDAHO

State File No. 22 11
Local Reg. No. 83
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles west of Burley

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 4 miles west of Burley

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1867

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 1, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Yxnerum, Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Johnson — BIRTHPLACE: ---- Sweden

14. MOTHER'S MAIDEN NAME: Christina Anderson — BIRTHPLACE: ---- Sweden

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Anneka Johnson — ADDRESS: Burley Ida R 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1949, *to* 7-11, 1950, *that I last saw the deceased alive on* June, 1951, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Emmett, MD — (Degree or title): M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Oct. 9 1952

REGISTRAR'S SIGNATURE: B. Hudson

25. FUNERAL DIRECTOR: Tenney-McCulloch

ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3282
Local Reg. No. 15
Reg. Dist. No. 210

BIRTH NO. SEP 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino

c. LENGTH OF STAY (in this place): 25 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Olsen Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino

d. STREET ADDRESS (If rural, give location): Olsen Hotel

3. NAME OF DECEASED (Type or Print): a. (First) GUST b. (Middle) WILHEM c. (Last) LAINE

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 19, 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand 70

10b. KIND OF BUSINESS OR INDUSTRY: Potlatch Forest

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-01-5629

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease - 9 mo. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 1:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert — (Degree or title): Coroner

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-5-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 9-5-52

REGISTRAR'S SIGNATURE: Vernon E. Dudley

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3283
Local Reg. No. 16
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 8 yr 19 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owhyee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Banson
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 6 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 23, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unk — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. L. Barry M.D. — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Psychosis cerebral arteriosclerosis — 8 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-21 1944, *to* 12-6, 1952, *that I last saw the deceased alive on* 12-6, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barry M.D.
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 12-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 8, 52
24c. NAME OF CEMETERY OR CREMATORY: Peckham-Dakan Fun. Home
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9-8-52
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3284
Local Reg. No. 17
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) c. (Last) Bloom

4. DATE OF DEATH: (Month) (Day) (Year) 9-12-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5-22-1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Sandy Utah

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519034700

17. INFORMANT'S OWN SIGNATURE: x Rhoda Bloom
ADDRESS: Pierce

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac heart disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ---------, 19--; *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 2:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Pierce cemetery
24d. LOCATION (City, town, or county) (State): Pierce Idaho

DATE REC'D BY LOCAL REG.: 9-15-52
REGISTRAR'S SIGNATURE: Vernon E. Dawley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3285
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter log landing.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Walla Walla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walla Walla
d. STREET ADDRESS (If rural, give location): Rt. 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	L.	Bramlet	9-13-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	7-9-1912	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver.	Logging	Unknown	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	535162401	W. E. Gilbert	Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple chest & abdominal injuries. — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Log landing.	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-13-52 1:10p. m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Struck by log while unloading.

22. *I hereby certify that I attended the deceased from* -- --- ---, 19--, *to* --- --- ---, 19--, *that I last saw the deceased alive on* ---, 19--, *and that death occurred at* 1:10p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert Coroner	Orofino, Idaho	9-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-14-52	Marshall Fun. Home	Walla Walla Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-14-52	Vernon E. Dooley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3286
Local Reg. No. 19
Reg. Dist. No. 210

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LLOYD
b. (Middle):
c. (Last): LEACH

4. DATE OF DEATH (Month) (Day) (Year): Sept.21,1952.

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar.10,1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forester 20
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forestery
11. BIRTHPLACE (State or foreign country): Bondville, Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Sam Leach — BIRTHPLACE: Terre Haute, Ind
14. MOTHER'S MAIDEN NAME: Rose Kessler, — BIRTHPLACE: Bondville, Ind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): War I.
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Mrs. Verus Leach — ADDRESS: Grangeville,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/19, 1952, *to* 9/21, 1952, *that I last saw the deceased alive on* 9/21, 1952, *and that death occurred at* 8:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins 166
23b. ADDRESS: Orofino, Idaho.
23c. DATE SIGNED: 9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.24,1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 9-21-52
REGISTRAR'S SIGNATURE: Vernon E. Dawley
25. FUNERAL DIRECTOR: Jess Roberts on — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3287
Local Reg. No. 20
Reg. Dist. No. 210

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 3
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fraser Orofino Rt. 3
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Flemmon; b. (Middle); c. (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) 9-22-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	4-17-1861	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Unionville, Mo.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs H D Luter — ADDRESS: Fraser

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 6:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert — (Degree or title): Coroner — 23b. ADDRESS: Orofino, Idaho — 23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 9-24-1952 — 24c. NAME OF CEMETERY OR CREMATORY: Fraser Cemetery — 24d. LOCATION (City, town, or county) (State): Fraser Idaho

DATE REC'D BY LOCAL REG.: 9-23-52 — REGISTRAR'S SIGNATURE: Vernon E Dawley — 25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 3238
Local Reg. No. 21
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangemont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Viola
c. (Last): Frear

4. DATE OF DEATH (Month) (Day) (Year): 9-22-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-30-1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maiden Rock Wis.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wm. Read — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lydia Perry — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. George Philfong — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/20, 1952, *to* 9/22, 1952, *that I last saw the deceased alive on* 9/22, 1952, *and that death occurred at* 9:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins 160
23b. ADDRESS: Orofino Ida.
23c. DATE SIGNED: 9/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-25-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 9-25-52
REGISTRAR'S SIGNATURE: Vernon E. Fowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3289
Local Reg. No. 2289
Reg. Dist. No. 210

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-Harmony Ht's
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ben	John	Kessler	9-24-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	3-6-1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Lumber	La.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519124553	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 5:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 47 Coroner	Orofino, Idaho	9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-52	Riverside cemetery	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-26-52	Vernon E. Hanley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3330
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO. OCT 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters-Rural
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camp "T" Claerwater National Forest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elbert b. (Middle) J. c. (Last) Kittle

4. DATE OF DEATH (Month) (Day) (Year): 9-26-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 9-23-1921

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Adolph W. Va.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Simeon Kittle
BIRTHPLACE: Adolph W. Va.

14. MOTHER'S MAIDEN NAME: Rena Goss
BIRTHPLACE: Adolph W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 236204338

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple head & chest injuries.
INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater Nat'l
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Forest Headquarters Clearwater Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-26-1952 11:a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by falling tree.

22. *I hereby certify that I attended the deceased from* ------- *19--, to* ------- *19--, that I last saw the deceased alive on* ------- *19--, and that death occurred at* 11:00a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert
(Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 9-27-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-28-1952
24c. NAME OF CEMETERY OR CREMATORY: Runner Funeral Home
24d. LOCATION (City, town, or county) (State): Elkins W. Va.

DATE REC'D BY LOCAL REG.: 9-27-52
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3231
Local Reg. No. 458
Reg. Dist. No. 680

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (In this place): 68 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Charlotte
c. (Last): Calvin

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 17, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months: 5 Days: 25 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sandy, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nels C. Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Signa Sornsen — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-3415
17. INFORMANT'S OWN SIGNATURE: Mrs Dean Fuller — ADDRESS: Challis, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 3 yrs.
DUE TO (c): Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1952 *to* Sept. 5, 1952, *that I last saw the deceased alive on* Sept 5, 1952, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert T. Barton M.D.
23b. ADDRESS: Challis Ida
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Challis City
24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1952
REGISTRAR'S SIGNATURE: Edna McKenney
25. FUNERAL DIRECTOR: W. E. Morel — ADDRESS: Arco, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED NON-RESIDENT
SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52-12
Local Reg. No. 28
Reg. Dist. No. 380

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): 602 S. Elm St.

3. NAME OF DECEASED (Type or Print): a. (First) BERNARD b. (Middle) ALLYN c. (Last) GREGG

4. DATE OF DEATH: (Month) (Day) (Year) Sept 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 7 - 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Clarence Gregg — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Esther Moe — BIRTHPLACE: Bridgeport Nebraska
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 535-32-4758
17. INFORMANT'S OWN SIGNATURE: A. J. Whitfield — ADDRESS: Kennewick Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 5 Miles West Mt Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 1 52 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car Turned Over

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Phil J. Linn Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kennewick Cemetery
24d. LOCATION (City, town, or county) (State): Kennewick Washington

DATE REC'D BY LOCAL REG.: Sept 2, 1952
REGISTRAR'S SIGNATURE: M F Anderson
25. FUNERAL DIRECTOR: Tidy Bey — ADDRESS: Mountain Home Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3293
Local Reg. No. 30
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 12th st.

3. NAME OF DECEASED (Type or Print)
a. (First): Geneva
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 19, 1898
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Springs, Colorado
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred G Smith — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hyperlension — 9 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1951, *to* 9/16, 1952, *that I last saw the deceased alive on* 9/16, 1952, *and that death occurred at* 2:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gaylord W. Boone M.D. 032
23b. ADDRESS: Mountain Home, Ida
23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Sep 20, 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Felix J. Bey — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3204
Local Reg. No. 31
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Elmore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home

c. LENGTH OF STAY (in this place): 25yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Railroad Tracks Track's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Elmore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home

d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) B c. (Last) HOLMES

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-07-2775

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Phil J. Grieve

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hit by N P Locomotive

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) Almost Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RR Crossing

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home Elmore Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-21-52-930 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Hit by Locomotive —

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Phil J. Grieve Coroner

23b. ADDRESS: Mountain Home Ida

23c. DATE SIGNED: 9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1952

REGISTRAR'S SIGNATURE: M. S. Anderson

25. FUNERAL DIRECTOR / ADDRESS: Ida J. Day Mountain Home Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3295
Local Reg. No. 32
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 - 7 miles W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): Colleen
c. (Last): Blair

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 22, 1937
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolgirl 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Portland Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cleo M. Blair — BIRTHPLACE: Ostrander Wash
14. MOTHER'S MAIDEN NAME: Gertrude McBride — BIRTHPLACE: Wellington Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John W. Delahuy — ADDRESS: Ft. Devens Mass

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Insert

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mountain Home Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 24 52 10 AM m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Turned Over — Tire blew out

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Phils F. Green (Degree or title): Coroner
23b. ADDRESS: Mountain Home Ida
23c. DATE SIGNED: 9/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Portland Cemetery
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: Sep 26, 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Felix J. Bay — ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3296
Local Reg. No. 9
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 230 North State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 151 South 2nd West.

3. NAME OF DECEASED (Type or Print): a. (First) HENRIETTA b. (Middle) BRONSON c. (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 24, 1873.

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Willard, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edwin H. Bronson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lydia Ann Hole
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Howard Hall
ADDRESS: Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* Sept 17, 1952, *that I last saw the deceased alive on* Sept 15, 1952, *and that death occurred at* 3:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo R. Hawkes 158 (Degree or title): M.D.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-52 01
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Fairview, Idaho.

DATE REC'D BY LOCAL REG.: 9-18-1952
REGISTRAR'S SIGNATURE: Effie W. Brouwer

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman L. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3297
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 east 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 29 East 1st North

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Barrett
c. (Last): Dunlop

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 20, 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Devonshire, England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Barrett — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Ann Mahoney — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 170X Ca. of Breast c Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* Sept 22, 1952, *that I last saw the deceased alive on* Sept 22, 1952, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler 064 MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Sept. 25, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 9-24-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3298
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Chatterton
c. (Last): Whitehead

4. DATE OF DEATH (Month) (Day) (Year): Sept 9 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct.3,1874
9. AGE (In years last birthday): 1874 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Chatterton
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Stone
BIRTHPLACE: Alton, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edna W. Swainslow
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9-6-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1952, *to* 9-9, 1952, *that I last saw the deceased alive on* 9-9, 1952, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 064 O. R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.12,1952 01
24c. NAME OF CEMETERY OR CREMATORY: Franklin
24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 9-19-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Sherwin Webb
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]9
Local Reg. No. 53
Reg. Dist. No. 650

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony.
c. LENGTH OF STAY (in this place): 7 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): Main Street.

3. NAME OF DECEASED (Type or Print): a. (First) Richard. b. (Middle) A. c. (Last) Hummel. Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 14th (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married,

8. DATE OF BIRTH: April 26th 1906.

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motel Operator

10b. KIND OF BUSINESS OR INDUSTRY: Motel Owner.

11. BIRTHPLACE (State or foreign country): Hot Springs. S.D.

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Richard. A. Hummmel.Sr
BIRTHPLACE: Red Cloud. Neb.

14. MOTHER'S MAIDEN NAME: Cleva.H. Cross.
BIRTHPLACE: Niobra Cleva. Neb.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 503-12-6257

17. INFORMANT'S OWN SIGNATURE: R.A. Hummel Sr.
ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured lung and trauma — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed chest — 8 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt. femur; shock — 8 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Anthony Dist # 2 Fremont, Idaho

21d. TIME OF INJURY (Month) Sept (Day) 14 (Year) 1952 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* 14 Sept, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* 14 Sept, 19 52, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.O Bunter MD

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 17 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: 9/17th 1952

NAME OF CEMETERY OR CREMATORY: Pineview.

24d. LOCATION (City, town, or county) (State): Ashton Idaho.

DATE REC'D BY LOCAL REG.: 17 Sept 52

REGISTRAR'S SIGNATURE: M.L Hansen

25. FUNERAL DIRECTOR ADDRESS: Lewis Rivers Ashton Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3390
Local Reg. No. 54
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) CATHERINE c. (Last) WOOLSEY CRAIN

4. DATE OF DEATH: (Month) Sept., (Day) 22, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct., 14, 1901

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shelley, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Alma Woolsey
BIRTHPLACE: Provo, Utah

14. MOTHER'S MAIDEN NAME: Sarah Jane Layton
BIRTHPLACE: Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harry Crain
ADDRESS: Teton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis, chronic — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* 22 Sept, 1952, *that I last saw the deceased alive on* 22 Sept, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 052 J. O. Brinton MD

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 23 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 25 Sept., 52

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county) (State): Teton, Madison

DATE REC'D BY LOCAL REG.: 24 Sept 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 585
Local Reg. No. 585
Reg. Dist. No. 6-8

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony RFD#2 Rural road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): VENICE ORGILL FURNISS

4. DATE OF DEATH (Month) (Day) (Year): Sept., 30, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29, 1928

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months: 4 Days: 1
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony RFD#2, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin Orgill
BIRTHPLACE: Draper, Utah

14. MOTHER'S MAIDEN NAME: Retta Davis
BIRTHPLACE: St. Anthony RFD#1, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ved D Orgill
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown but Natural — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably Coronary Thrombosis
DUE TO (c) Found dead in car side of road.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Never attended _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen (Degree or title): Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 Oct 52
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 2 Oct 1952
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR ADDRESS: M. L. Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Reynolds

BIRTH NO. SEP 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 3302
Local Reg. No. 12
Reg. Dist. No. 340 34'

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 313 So. Hays

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle):
c. (Last): Yergenson

4. DATE OF DEATH (Month) (Day) (Year): Sept.11,1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb.27,1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months: 6 Days: 14 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Petter Yergenson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Christina Paulson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mabel Tracy — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexia - Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): This fellow fell after having had his stroke - and broke his hip - which perhaps
DUE TO (c): hastened his death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* for years *19*___, *to* Sept 11, 1952 *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 J L Reynolds
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept.15,1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept 15,1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 36-341

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 320 So. Commercial

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Cleveland	Fry	Sept. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 26, 1884	67	8	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
accountant	bookkeeping	Carrolton, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Fry	Kentucky	Nannie Ecton	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	578-07-3098A	X Mrs John C. Fry	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 years
(b) years
(c) ..

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 48, 1946, *to* Sept 24, 1952, *that I last saw the deceased alive on* 9/22, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald S. Rawlins M.D. 325	Emmett	9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 24, 1952	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Sept 29 1952	[signature]	Glenn W. Beatty Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3304
Local Reg. No. 14
Reg. Dist. No. 340-3 x 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett (rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Winfield b. (Middle) Franklin c. (Last) Matthews

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Nov. 2, 1895

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 10 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Baker County, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren Matthews
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Rutledge
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. I

16. SOCIAL SECURITY NO. 519-28-3796

17. INFORMANT'S OWN SIGNATURE: X John D Hooper
ADDRESS: Baker Ore

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS ✓
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Sept., 19 52 *to* 22 Sept., 19 52, *that I last saw the deceased alive on* 22 Sept., 19 52, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R A Rodman (Degree or title) M. D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 22 Sept. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: Sept. 23, 1952
REGISTRAR'S SIGNATURE: Geneva Beatty

25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1565
Local Reg. No. 1560
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
OCT 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) W. c. (Last) STRICKLING

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boone, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael N. Strickling
BIRTHPLACE:

Informant [illegible] Strickling Gooding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. MOTHER'S MAIDEN NAME: Rowena May
ADDRESS
Birthplace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

580X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis, Non Specific. — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diffuse Glomerulo-nephritis with Uremia. — 10 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-52, 19___, *to* 9-8-52, 19___, *that I last saw the deceased alive on* 9-8-52, 19___, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion W. Klingler M.D.
23b. ADDRESS: Gooding Idaho.
23c. DATE SIGNED: Sept 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: J H Cromwell

25. FUNERAL DIRECTOR: Leo Jensen Jr.
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3306
Local Reg. No. 15 2 1
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
OCT 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 232 3rd E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 232 3rd E.

3. NAME OF DECEASED (Type or Print): a. (First) WILSON b. (Middle) SHANNON c. (Last) GOODWIN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 1, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barnsville, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse H. Goodwin
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Sarah V. Truax
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vernon W. Goodwin
ADDRESS: Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exanition Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 1) Parkinsonism
2) Sen Arteriosclerosis

DUE TO (c) 3) Uraemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4) Cerebro-vascular accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1952, *to* Sept 11, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 7:52 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J. Knight MD.

23b. ADDRESS: Gooding Idaho

23c. DATE SIGNED: Sept 13 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/16/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-13-52

REGISTRAR'S SIGNATURE: J A Cornwall

25. FUNERAL DIRECTOR: Geo Jensen
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Wilson Shannon Goodwin

now lying buried in Elmwood Cemetery, in the City or Town of Gooding

County of Gooding State of Idaho, who died on the 12 day of Sept, 1952 Aged ____years ____months

____days, the cause of death being Parkinsonism and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Klingler attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Rathdrum Cemetery in the City or Town of Rathdrum County of Kootenai

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Gooding it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 17th day of May, A.D. 1967.

Permit issued to:
Thompson Chapel
737 Main St.
Gooding, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Wilson Shannon Goodwin

now lying buried in Rathdrum Cemetery, in the City or Town of Rathdrum,

County of Kootenai State of Idaho, who died on the 12th day of September 1952 aged ____ years ____ months

____ days, the cause of death being Parkinsonism and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. M.V. Klingler attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Kamiah Cemetery in the City or Town of Kamiah County of Lewis

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Kootenai it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 8th day of June, A.D. 19 76.

Permit issued to:
Hansen-Noland Funeral Home
305 North Mill
Grangeville, Idaho 83530

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

State File No. 2297
Local Reg. No. 1562
Reg. Dist. No. 420

RECEIVED
OCT 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 134 Wyoming

3. NAME OF DECEASED (Type or Print)
a. (First): ELLENORIA
b. (Middle): E.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 23, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Lacon, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Patrick Reddan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Bridgett Scanland — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Art Low — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular fibrillation — 2 months
DUE TO (c): Arteriosclerosis — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Sept. 18, 1952, *that I last saw the deceased alive on* Sept. 18, 1952, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson, Jr. D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/20/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-20-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3308
Local Reg. No. 373
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): E
c. (Last): Travis

4. DATE OF DEATH (Month) (Day) (Year): Sept 11 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 29. 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wood River Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Zebulan Travis — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Minerva ? — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1903 to 1906
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x O L Lundy — ADDRESS: Wendell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Advanced arthritis. — yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 9-11, 1952, *that I last saw the deceased alive on* 8-29, 1952, *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Jerome
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 13.52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 9/15/52
REGISTRAR'S SIGNATURE: Mrs. Veronica Mann
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-116-53

Certificate of Death

STATE OF IDAHO

State File No. 3139
Local Reg. No. 1668
Reg. Dist. No. 420

BIRTH NO.

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Men. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joel b. (Middle) S. c. (Last) Thompson

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Sept. 8, 1952

9. AGE (In years last birthday): 2 weeks
IF UNDER 1 YEAR: Months: Days: 14
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Vernon Thompson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Grace Abbott
BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vernon Thompson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

763.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 8, 1952, *to* Sept 22, 1952, *that I last saw the deceased alive on* Sept 20, 1952, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin F Knight MD.

23b. ADDRESS: Gooding, Idaho

23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/25/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-25-52

REGISTRAR'S SIGNATURE: J H Cornwell

25. FUNERAL DIRECTOR: Geo Jensen

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1564
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
OCT 6 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Gooding
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): automobile accident 6 mi No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) Eugene c. (Last) Friedman

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	No	Dec. 4, 1925	26	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Mtn Home Air Base
11. BIRTHPLACE (State or foreign country): Mountain Home Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lawerence Friedman — BIRTHPLACE: Grand Junction Colo.
14. MOTHER'S MAIDEN NAME: Christie McEachern — BIRTHPLACE: Mtn. Zion Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: 519 20 2383
17. INFORMANT'S OWN SIGNATURE: Christine M. Friedman — ADDRESS: ✓

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Injuries - Sudden death — INTERVAL BETWEEN ONSET AND DEATH: 8 3514

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Sunbeg Ida
21d. TIME OF INJURY: (Month) (Day) 9-28- (Year) 52 (Hour) B.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile wreck

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell (Degree or title) Coroner
23b. ADDRESS: Gooding Co Ida
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 9-30-52
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: Geo Jessen & Son — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): S.
c. (Last): Canning

4. DATE OF DEATH (Month) (Day) (Year): Sept 9 - 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: Jan 4. 1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mineral
11. BIRTHPLACE (State or foreign country): Fondu Lac Wis.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Not Known
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Francis C. Eller
ADDRESS: Kamiah Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

523.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary fibrosis & silicosis — several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 April, 1952, *to* 9 Sept, 1952 *that I last saw the deceased alive on* 9 Sept, 1952 *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Haltman M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 10 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 12 1956
24c. NAME OF CEMETERY OR CREMATORY: Prairie view
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: Sept 11, 1952
REGISTRAR'S SIGNATURE: Irma Coal
25. FUNERAL DIRECTOR: Jess Peterson
ADDRESS: Grangeville Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3312
Local Reg. No. 102
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): H- Home, Hazelbaker.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): KATHERINE
c. (Last): McEVERS

4. DATE OF DEATH (Month) (Day) (Year): Sept.24,1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Apr.7,1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Lexington, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Harrison Dunn — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hoffman, — BIRTHPLACE: Ky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mary E. Wilson — ADDRESS: Palmdale Cal

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Terminal pneumonia.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Sept. 24, 1952, *that I last saw the deceased alive on* Sept 24, 1952, *and that death occurred at* 5:48 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. H. E. Kale 201 — (Degree or title): DO
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: Sept. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.27,1952 01
24c. NAME OF CEMETERY OR CREMATORY: Whitebird
24d. LOCATION (City, town, or county) (State): Whitebird Idaho.

DATE REC'D BY LOCAL REG.: Sept. 27, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jesse Robertson — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3313
Local Reg. No. 17
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mi North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek rural
d. STREET ADDRESS (If rural, give location): ½ Mi N.

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) T. c. (Last) Stolz

4. DATE OF DEATH (Month) (Day) (Year): Sept 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 25 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mary A. Stolz — ADDRESS: Greencreek

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of Hip — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis c̄ Cerebral Hemorrhage — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greenecreek, Idaho co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15, 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped and fell

22. *I hereby certify that I attended the deceased from* 8-15, 1954, *to* 9-16, 1954, *that I last saw the deceased alive on* 9-15, 1954, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins (Degree or title): M. D.
23b. ADDRESS: Craigmont Ida.
23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 19-52
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek Idaho

DATE REC'D BY LOCAL REG.: 9-19-52
REGISTRAR'S SIGNATURE: Wesley F. Orr, MD. by TO
25. FUNERAL DIRECTOR: Cletus Uhlorn — ADDRESS: Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

111-52-11666

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

State File No. 3224
Local Reg. No. 18
Reg. Dist. No. 242

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NOLA b. (Middle) c. (Last) LONGETEIG

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Sept. 15 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3 / IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: IVER J. LONGETEIG — BIRTHPLACE: MOHLER, IDAHO.

14. MOTHER'S MAIDEN NAME: MARGARET NELL WATERS — BIRTHPLACE: NEZ PERCE, IDA.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Iver Longeteig — ADDRESS: Craigmont, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.1 Congenital Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Patent Ductus Arteriosus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-15, 1952, *to* 9-18, 1952, *that I last saw the deceased alive on* 9-17, 1952, *and that death occurred at* 12:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: K. N. Collins (Degree or title): M.D.

23b. ADDRESS: Craigmont, Idaho.

23c. DATE SIGNED: 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 18 1952

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: 9-19-1952

REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by C

25. FUNERAL DIRECTOR: C. E. Corry — ADDRESS: Craigmont, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3315
Local Reg. No. 103
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DIXIE (Salmon River)
c. LENGTH OF STAY (in this place): DF DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NezPerce Natl Forest.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW MEADOWS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) C. c. (Last) MADISON

4. DATE OF DEATH: (Month) Sept. (Day) 20, (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 13, 1884

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: building

11. BIRTHPLACE (State or foreign country): Meadows, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chris Madison, BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Julia Evans, BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service) SOCIAL SECURITY NO. 518-16-1577

17. INFORMANT'S OWN SIGNATURE: Lowell J. Madison ADDRESS: Meadows,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Exhaustion.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nat. Natl forest

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Co. Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 20 52 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Drowning.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Richard A. Lowell M.D. Coroner

23b. ADDRESS: Grangeville, Idaho.

23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Meadows

24d. LOCATION (City, town, or county) (State): New Meadows, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 27 1952

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Jas Peterson

ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-49021

River

RECE[illegible]
OCT 9 1952

Certificate of Death

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 3 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) [illegible] c. (Last) Steiger

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank Rad — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Ferdinand, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic arthritis — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

722.10

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1948, *to* Sept. 25, 1952, *that I last saw the deceased alive on* Sept. 26, 1952, *and that death occurred at* 10:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr MD — **23b. ADDRESS**: Cottonwood, Idaho — **23c. DATE SIGNED**: 9-27-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 27 52 01
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Ferdinand Ida

DATE REC'D BY LOCAL REG.: 9-27-1952
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by TB
25. FUNERAL DIRECTOR: Cletus Uhlorn — ADDRESS: Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 20
Reg. Dist. No. 242

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location): rural. 3m. S.

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) [illegible] c. (Last) Uhling

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 26 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 6 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Uhling
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 334X

17. INFORMANT'S OWN SIGNATURE: George Uhling
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral disintegration — 4 yrs.
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Loss of eye sight 6 yrs ago.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 9, 1952, *to* Sept. 26, 1952, *that I last saw the deceased alive on* Sept. 26, 1952, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr, M.D.

23b. ADDRESS: Cottonwood Idaho

23c. DATE SIGNED: 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 29-52

24c. NAME OF CEMETERY OR CREMATORY: Catholic

24d. LOCATION (City, town, or county) (State): Cottonwood Ida

DATE REC'D BY LOCAL REG.: 9-29-1952

REGISTRAR'S SIGNATURE: Wesley F. Orr, MD. 1478

25. FUNERAL DIRECTOR: Cletus Uhlen
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 104
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (White bird)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Oscar
c. (Last): Card

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 4 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garden Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Card — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Mayme Haskins — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John Card — ADDRESS: R. 2

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide Poisoning — 824.4

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Exhaust From Auto.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Whitebird Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 30 1952 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.T. Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 1 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Oct. 1, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Schreiber McCann Gibson — ADDRESS: Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3319
Local Reg. No. 185
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOWELL
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NezPerce [illegible] Forest.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FAY
b. (Middle): E.
c. (Last): LUPER

4. DATE OF DEATH (Month) (Day) (Year): Sept.30, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Feb.14, 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): linemaj
10b. KIND OF BUSINESS OR INDUSTRY: electric [illegible]
11. BIRTHPLACE (State or foreign country): GIFFORD, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Steward Luper
BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Jane [illegible]
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: William J. Luper
ADDRESS: Kamich.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gun Shot Wound, right Chest
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): National Forest
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Idn.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Unknown

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Dutterman M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 10.3.52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct.6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Oct 6 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Overton
ADDRESS: Grangeville,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3320
Local Reg. No. 10
Reg. Dist. No. 640

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Lehi
c. (Last): Sanders

4. DATE OF DEATH (Month) (Day) (Year): Sept 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 4, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morgan, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David A Sanders — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elzada Hess — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ford Sanders — ADDRESS: Hamer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 973X Death Caused by Carbon monoxide gas from Automobile

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hamer Jefferson Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 7 52 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Delan Gall 470 (Degree or title): Coroner
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: Sept 11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-52
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept 12 1952
REGISTRAR'S SIGNATURE: Mrs A B Ackersell
25. FUNERAL DIRECTOR: Jack A. Wood Jr. — ADDRESS: Jack A Wood, Jr. Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2221
Local Reg. No. 11
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, Rt # 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby Rt # 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Sept 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1902
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grant, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Guy Wilson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ann Williams — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Vera Wilson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Occlusion — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 11, 1952, *to* Sept. 11, 1952, *that I last saw the deceased alive on* Sept. 11, 1952, *and that death occurred at* 5:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall — (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 9-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct 1 1952
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 648

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
c. LENGTH OF STAY (in this place): 57
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ririe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) VERNON c. (Last) WOOLSEY

4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 5, 1895

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Labelle, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Mitchell Woolsey. BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Diniah Rebecca Radford. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519-20-9600

17. INFORMANT'S OWN SIGNATURE: William Brown ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from [illegible] that I last saw the deceased [illegible] death occurred at ? A m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 47 4

(Degree or title): Coroner

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-3-52

24c. NAME OF CEMETERY OR CREMATORY: Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Shelton, Ida

DATE REC'D BY LOCAL REG.: 10-2-52

REGISTRAR'S SIGNATURE: Mrs A B Darnell

25. FUNERAL DIRECTOR: [signature] ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2223
Local Reg. No. 26
Reg. Dist. No. 4-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) P; c. (Last) Jayne

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct 23. 1883

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months: 10 Days: 20 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive 74

10b. KIND OF BUSINESS OR INDUSTRY: Mining Co

11. BIRTHPLACE (State or foreign country): Dayton Ohio

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mona E. Hunter — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive C.V.R. disease — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-10, 1952, *to* 9-13, 1952, *that I last saw the deceased alive on* 9-13, 1952, *and that death occurred at* 3-P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lauren M. Leher M.D.

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept 15.52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Springfield Ohio

DATE REC'D BY LOCAL REG.: Sept. 16, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22224
Local Reg. No. 27
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Linclon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location): No. Shoshone

3. NAME OF DECEASED (Type or Print): a. (First) IVA b. (Middle) BELLE c. (Last) CONNELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 11, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Stotts City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Scott
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Julia White
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Sanford L. Connell
ADDRESS: Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct-Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had a spinal attack about 24 hours previous.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1947, *to* 9-15, 1952, *that I last saw the deceased alive on* 9-14, 1952, *and that death occurred at* 2:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. 299 (Degree or title)

23b. ADDRESS: Shoshone Idaho.

23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/18/52

24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery

24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose O.S.B.

25. FUNERAL DIRECTOR: Geo. Jensen

ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3325
Local Reg. No. 29
Reg. Dist. No. 440

RECEIVED
OCT 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Darwin
b. (Middle): Merlyn
c. (Last): Barnett

4. DATE OF DEATH (Month) (Day) (Year): Sept 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 5. 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR Months: 1 Days: 28 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holly Colorado
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Harry Barnett — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sybil Polson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 2/28/46-12/19/47
16. SOCIAL SECURITY NO.: 822.4

17. INFORMANT'S OWN SIGNATURE: X Mrs. James. B. Burns. — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured cervical vertebra — INTERVAL BETWEEN ONSET AND DEATH: 3ds.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lincoln Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-20-52 3:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto overturned on curve.

22. *I hereby certify that I attended the deceased from* 9-20-, 1952, *to* 9-23-, 1952, *that I last saw the deceased alive on* 9-23-, 1952, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lauren M. Leber, M.D. 282
23b. ADDRESS: Jerome
23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 26.52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Sept 29 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J.R. Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 126 W - 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 4 miles South of Rupert

3. NAME OF DECEASED (Type or Print): a. (First) Gustaf b. (Middle) — c. (Last) Larson

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 26 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rans Malcom Larson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Christine — Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 543-24-1568

17. INFORMANT'S OWN SIGNATURE: Francis X. Larson
ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Rupture Basilar artery Brain — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis Hypertension — 10 yrs ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4477

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/10, 1952 *to* 9/25, 1952, *that I last saw the deceased alive on* 9/25, 1952, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-29-52

24c. NAME OF CEMETERY OR CREMATORY: Shoshone

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Sept 29, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: Glen Bucker
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22[illegible]
Local Reg. No. 32
Reg. Dist. No. 4-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 2 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): RT. 1 3 MI. SW

3. NAME OF DECEASED (Type or Print): a. (First) PHYLLIS b. (Middle) MAE c. (Last) ALLRED

4. DATE OF DEATH: (Month) (Day) (Year) 9/30/1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 23, 1921
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FARNAM NEBR.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAN MCNICKLE — BIRTHPLACE: UNK.
14. MOTHER'S MAIDEN NAME: GRACE WOOD — BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 506-26-6537
17. INFORMANT'S OWN SIGNATURE: I Paul Owen Allred — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral embolus

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): collapse of R. lung

DUE TO (c): secondary to extensive

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

multiple fractures

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): F. Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wendell Gooding Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 28 52 10 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Team of horses Runaway - Hayrack

22. *I hereby certify that I attended the deceased from* 9-28 *1952, to* 9-30 *, 1952, that I last saw the deceased alive on* 9-30 *, 1952, and that death occurred at* 4:a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Schell MD
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10/5/1952
24c. NAME OF CEMETERY OR CREMATORY: FARNAM NEB.
24d. LOCATION (City, town, or county) (State): CITY NEB.

DATE REC'D BY LOCAL REG.: Oct. 3, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. Forrest Weaver
ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 28
Reg. Dist. No. 4-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): 14 MILES EAST

3. NAME OF DECEASED (Type or Print): a. (First) LeRoy b. (Middle) Hawkley c. (Last) Woodland

4. DATE OF DEATH (Month) (Day) (Year): 9/17/1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG.11.1927
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POCATELLO IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L.M.WOODLAND — BIRTHPLACE: ARMMO IDA.
14. MOTHER'S MAIDEN NAME: MYRTLE HAWKLEY — BIRTHPLACE: IDAHO FALLS.IDA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-30-3766
17. INFORMANT'S OWN SIGNATURE: Myrtle Woodland — ADDRESS: Rt.3 Jerome

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute dilatation of heart. — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs.
DUE TO (c): Nephritis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-14, 1950, *to* 9-17, 1952, *that I last saw the deceased alive on* 9-15, 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/22/1952
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Sept. 20, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB.
25. FUNERAL DIRECTOR: J. Farrel Weaver
ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 37129
Local Reg. No. 37
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural
c. LENGTH OF STAY (in this place): 28 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Christine c. (Last) Bush

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 16 1877

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months: 9 Days: 12 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oshkosh Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Howard Bush — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension & Old Paraplegia — 7 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1948, *to* Sept 28, 1952, *that I last saw the deceased alive on* Nov 2, 1951, *and that death occurred at* 7 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D. — 23b. ADDRESS: Jerome, Idaho — 23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Oct 1. 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem — 24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 29, 1952 — REGISTRAR'S SIGNATURE: Sister M. Rose O.S.B. — 25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hughes

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 155
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
d. STREET ADDRESS (If rural, give location): 115 N Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle) L; c. (Last) VanKleeck

4. DATE OF DEATH (Month) (Day) (Year): Spt 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 17, 1902

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Len Carkuff
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Cora Hagey
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-3606

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Salem Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Rectum — 154X — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rectum. Pt had loop colostomy-

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1952, *to* 9-1, 1952, *that I last saw the deceased alive on* 9-1, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A. Hughes MD
23b. ADDRESS: Coeur D'Alene Idaho
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Spt 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Barker-
111-52-10384

BIRTH NO.

RECEIVED
SEP 9 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 148
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). of Mother
a. STATE: Montana
b. COUNTY: Sanders
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): (Baby Boy)
b. (Middle):
c. (Last): Kenny

4. DATE OF DEATH (Month) (Day) (Year): Spt 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 31, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 16 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kenny
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Loretta Galland
BIRTHPLACE: S. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William L. Kenny
ADDRESS: Hot Springs, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Delivery

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 31, 1952, *to* Sept 1, 1952, *that I last saw the deceased alive on* Aug 31, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Barker MD
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Spt 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-2-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 153
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 16 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 822 Front Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fay	Edward	Wilcox	9	1	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Mar. 23, 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Lyons Colo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LeRoy Wilcox	Mich	Emmalisse Haight	Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	518-01-0803	Mr. J.R. Wilcox	Coeur d'Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Accidental Traumatism Coronary Thrombosis	1 Year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypostatic Pneumonia	4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-1, 1951, *to* 9-1, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	M.D.	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-3-52	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-3-52	Lorraine K Bruce	Gilbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-8845

BIRTH NO.

RECEIVED SEP 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 150
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1½ Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 6 E Mullan Park

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Stanley
c. (Last): CHesser

4. DATE OF DEATH (Month) (Day) (Year): Sept 2, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jul 14, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 18; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Chesser
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Irene Whited
BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Robert H Chesser
ADDRESS: Cd'A Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia Rt. L. Lobe — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 9-2-52, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley M.D.
23b. ADDRESS: 2 Marie's Idaho
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-4-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

SEP 11 1952

BIRTH NO.

State File No. [illegible]
Local Reg. No. 15[illegible]
Reg. Dist. No. [illegible]

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 519 Garden Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 519 Garden Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Cecial
c. (Last): Switzer

4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 16, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Auborn, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Colonel John Gyle — BIRTHPLACE: Pa.
14. MOTHER'S MAIDEN NAME: Helen Farr — BIRTHPLACE: Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John T. Switzer — ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1952, *to* 9-3, 1952, *that I last saw the deceased alive on* 9-3, 1952, *and that death occurred at* 9 30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alexander Barclay Jr MD
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-5-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Kalispell, Montana

DATE REC'D BY LOCAL REG.: 9-5-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 157
Reg. Dist. No. 120

SEP 11 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 421 Dollar Street

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) A. c. (Last) Larson

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-26-1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ar nie Larson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Martha (unknown)
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-01-0832

17. INFORMANT'S OWN SIGNATURE: Mrs. Julia Larson
ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension Cardiovascular Disease — 4 years

DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9-4-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-8-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-8-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

(Hughes)

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 158
Reg. Dist. No. 120

BIRTH NO. SEP 11 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 266 Blue Lakes Blvd N.

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) Yates; c. (Last) Scofield

4. DATE OF DEATH (Month) (Day) (Year): Sep 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar 21, 1928	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Scofield — BIRTHPLACE: Colo.
14. MOTHER'S MAIDEN NAME: Ehtel Frazier — BIRTHPLACE: Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. E. Y. Scofield — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 195X Neurogenic sarcoma - probably adrenal in origin — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Neurogenic sarcoma.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 19 52, *to* 9-5-, 19 52, *that I last saw the deceased alive on* 9-5, 19 52, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A Hughes MD
23b. ADDRESS: Coeur D'Alene Idaho
23c. DATE SIGNED: 9-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sep 8, 1952	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-8-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3337
Local Reg. No. 165
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knight's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): E.
c. (Last): Boyce

4. DATE OF DEATH (Month) (Day) (Year): Sept 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 9, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James M. Boyce — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Madigan — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rev. P. J. Ahern — ADDRESS: Wallace, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio-vascular disease — 10-15 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 9-10-52, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Don Moseley, M.D. 270
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-12-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 160
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 901 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) E. c. (Last) Bowman

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1904

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Office Worker

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Fruechtl
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-14-5412

17. INFORMANT'S OWN SIGNATURE: Frank C. Bowman
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/20/49

19b. MAJOR FINDINGS OF OPERATION: Amputation Granular Carcinoma of breast

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/13, 19 49 *to* 9/11, 19 52, *that I last saw the deceased alive on* 9/11, 19 52, *and that death occurred at* 4:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-15-52

24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-18-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Ida.

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 166
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 524-Wallace

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) D c. (Last) Wofford

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 24, 1883	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Saw Mill	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph M. Wofford	Mo.	Melissa Alley	Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-0879	Y Gillen Rohrer	Spokane, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary
DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1943, *to* 9/12, 1952, *that I last saw the deceased alive on* 9/12, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C R Wilcox MD	Coeur d'alene Id	9/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-15-52	Lorraine K. Bruch	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 162
Reg. Dist. No. 120

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1207 Pennsylvania, Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
d. STREET ADDRESS (If rural, give location): 1207 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Lucille; b. (Middle) La Lorenie; c. (Last) Rush

4. DATE OF DEATH: (Month) 9; (Day) 14; (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: August 22, 1930

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Private Office

11. BIRTHPLACE (State or foreign country): Beach, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Rush
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Feldman
BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-30-5698

17. INFORMANT'S OWN SIGNATURE: William Rush
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes, exact nature unknown. Atypl. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Note. Pt has had severe rheumatic myocarditis for one year
DUE TO (c) Probable cause of death
(1) Embolus from mural Thrombus
(2) Attack of Ventricular fi[illegible]

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* No attendance *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur D'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-18-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Ida.
Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 163
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2003 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' lene
d. STREET ADDRESS (If rural, give location): 2003 3rd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Judith	Kay	Madson	9	14	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	April 28, 1949	3				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Madson Jr.	Idaho	Vionona Krueger	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	James Madson Jr.	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 193X Carcinoma of left eye — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-1, 1952, *to* 9-14, 1952, *that I last saw the deceased alive on* 9-14, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'alene, Idaho	9-14-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-16-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3142
Local Reg. No. 164
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 362 Mill St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elisha
b. (Middle): L
c. (Last): Latimer

4. DATE OF DEATH (Month) (Day) (Year): Sept 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jul 7, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker 69
10b. KIND OF BUSINESS OR INDUSTRY: Sawmills
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Latimer — BIRTHPLACE: Tenn
14. MOTHER'S MAIDEN NAME: Mary Ann Blair — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 536-03-2172
17. INFORMANT'S OWN SIGNATURE: X Mrs Sylvia Sellers — ADDRESS: Rose Lake Idaho

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Cardio Vascular disease — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 9-15-52, *and that death occurred at* 1 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Donkeasley, M.D. 270 (Degree or title)
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 167
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couer d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): (Tigard)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Wilbur	Wilson	9/17/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11/9/1886	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutter 73
10b. KIND OF BUSINESS OR INDUSTRY: Cabinet Work
11. BIRTHPLACE (State or foreign country): San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Wilson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Catherine Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unobtainable
17. INFORMANT'S OWN SIGNATURE: + Verna C Wilson — ADDRESS: c/o Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

540.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): peritonitis — — —

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Nuestra

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3344
Local Reg. No. 159
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 941 N. 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 941 N. 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): Mellor
c. (Last): Watts

4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-22-1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Mellor — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sadie Erickson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. Wm. Watts — ADDRESS: Coeur d'Alene, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 3/14 Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years +.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* nov, 1944, *to* 9/20, 1952, *that I last saw the deceased alive on* 9/20, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 175 (Degree or title): MD.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-52 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idah
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5 [illegible] 5
Local Reg. No. 171
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 420 S. 11th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	C.	Thomas	9	20	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F emale	White	Widowed	9-29-1868	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missourri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ennis Thomas — ADDRESS: Coeur d'Alene, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral — INTERVAL BETWEEN ONSET AND DEATH: -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis 8 yrs
DUE TO (c) Cerebral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hemorrhage

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 48, *to* 9/20, 19 52, *that I last saw the deceased alive on* 9/20, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — 23b. ADDRESS: Coeur d'Alene — 23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-23-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Ida
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 182
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bert	L.	Stearns	9	21	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-7-1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Minnesota	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I		Mrs. Bert Stearns	Hayden Lake, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) patient demonstrated E.K.G findings + clinical symptoms of
DUE TO (c) coronary insufficiency 2 wks previous to death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-2, 1952, *to* death, 19___, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes MD	Coeur d'Alene, Idaho	9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-26-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-1-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. C. Husted RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 172
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 824 B. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 824 B. St.

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): Sep 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 26, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chas. Bye	Norway	Carrie Fram	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Curtis C Anderson	Cd'A Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 19 42, *to* 9/21, 19 52, *that I last saw the deceased alive on* 9/21, 19 52 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Doctor or title)	23b. ADDRESS	23c. DATE SIGNED
C. H. Husted MD		9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 24, 1952	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-24-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 174
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ohio Match Lumber Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 918 Gov't. Way

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Ray c. (Last) Warbrick

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Labor

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 516-05-0191

17. INFORMANT'S OWN SIGNATURE: Mrs. Marie Warbrick
ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Unknown Disease — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Probable Coronary Occlusion

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood M.D. (Degree or title): Coroner MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-26-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 175
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 703 Locust Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 703 Locust Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Harry c. (Last) Strome

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 18, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Mining and Farming

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Strome — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-5062

17. INFORMANT'S OWN SIGNATURE: Mrs. J. E. Cherrey — ADDRESS: Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular renal disease — 4 years
DUE TO (c): Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4432X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1952, *to* 9-25, 1952, *that I last saw the deceased alive on* 9-25, 1952, *and that death occurred at* 2:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D. — 23b. ADDRESS: Coeur d'Alene, Idaho — 23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 9-29-52 — 24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery — 24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-29-52 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — 25. FUNERAL DIRECTOR: Ellen Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 173
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Milton	Spencer	Warren	Sep 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Mar 23, 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
O.F. Warren	Unknown	Mary Farrington	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	X Chas A. Warren	Post Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 9-26-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Donlin Newlon M.D.	Coeur d'Alene	9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-29-52	Holy Cross Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-27-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Fox

BIRTH NO.

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 170
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 612-Li coln way

3. NAME OF DECEASED (Type or Print)
a. (First) Louise
b. (Middle)
c. (Last) Fonto

4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 19, 1899
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Chullini — BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Antitontte Cemetti — BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE William J. Boni — ADDRESS Coeur d' Alene Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ovary c

DUE TO (c) Metastases

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 1950
19b. MAJOR FINDINGS OF OPERATION See 1 a
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/19, 1952, *to* 9/29, 1952, *that I last saw the deceased alive on* 9/29, 1952, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C R W Fox MD
23b. ADDRESS Coeur d' Alene
23c. DATE SIGNED 10/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 10-4-52 01
24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State) Spokane, wash.

DATE REC'D BY LOCAL REG. 10-3-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 120

BIRTH NO.

Dr. J. Hawkins

RECEIVED OCT 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1125-3rd, st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1125-3rd, st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helen	Virginia	Wiks	Sept. 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 8, 1908	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife & Teacher	Own Home	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E. M. Clark	Illinois	Lauvo Strickland	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Clarence Wiks	Cd'a

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

154-X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma in Brain — INTERVAL BETWEEN ONSET AND DEATH: 11 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Rectum post op. — 3 1/2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-25-49	Abdominal Perineal Resection Rectum -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/31, 19 49, *to* 9/30, 19 52, *that I last saw the deceased alive on* 9/21, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins MD		10/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-3-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-3-52	Lorraine K. Bruce	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 25 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3353
Local Reg. No. 168
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 309 Spring

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle); c. (Last) Neill

4. DATE OF DEATH: (Month) (Day) (Year): 9/15/52

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Store owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Seneca Kansas

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: James Neill 35
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Emma Losee
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert A. Neill
ADDRESS: Pullman Wn a

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30 E *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dan M. Dewey, M.D., Attending Physician
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Pullman City
24d. LOCATION (City, town, or county) (State): Pullman Wash

DATE REC'D BY LOCAL REG.: 9-15-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Dale E. Kimball
ADDRESS: Pullman Wash.

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
SEP 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 54
Local Reg. No. 161
Reg. Dist. No. 120
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 202 Fredrick Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 202 Fredrick Ave

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle) Eliza; c. (Last) Kells

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 52

5. SEX: F emale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 18-2-1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Robertson
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Margaret Unknown
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Emma Kenyon
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive cardiovascular disease — years
DUE TO (c) asteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19, 1952, *to* 9-19, 1952, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 9.22.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-22-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-22-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates

ADDRESS: Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
OCT 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 179
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ohio Match Blue Creek Landing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kooteani
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1520 N. 9th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gustave		Hoppe	9-30-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	~~SKIE~~ White	Married	1-28-1885	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woods Worker	Lumber Industry	Wisconsin	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Hoppe	Germany	Mary Rodius	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-05-2883	Mrs. Elsie Hoppe	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental traumatism by — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) falling logs.
DUE TO (c) Unloading logging truck.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Crush Injuries.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Loading dock	Blue Creek Bay	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
		WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Logs fell on him while unloading.

22. *I hereby certify that I attended the deceased from* Did not., 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Woods	Coroner M.D.	Coeur d'Alene, Idaho	10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-4-52	Sherman Cemetery	Wilbur, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-4-52	Lorraine K. Brues	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3356
Local Reg. No. 91
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wawawai
d. STREET ADDRESS (If rural, give location): I.E. Wilson's farm

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Birdwell
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): Sept 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 7, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Orchard
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 455-22-7782
17. INFORMANT'S OWN SIGNATURE: I. E. Wilson — ADDRESS: Wawawai, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

830X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Collapsed left lung and Ruptured Spleen

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fractured ribs on left Crushed left arm

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9-2-52
19b. MAJOR FINDINGS OF OPERATION: Ruptured Spleen, with internal bleeding
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Crushed under car
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm, Wawawai Wn
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Whitman, Wawawai, Wn
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-28-52 8:00 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? While stopping car. Car ran up on top of him

22. *I hereby certify that I attended the deceased from* 8-28, 1952, *to* 9-2, 1952, *that I last saw the deceased alive on* 9-2, 1952, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph G Wilson M.D. (Degree or title) 453
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sweetwater
24d. LOCATION (City, town, or county) (State): Sweetwater Texas

DATE REC'D BY LOCAL REG.: 9/11/52
REGISTRAR'S SIGNATURE: Lois E Angel
25. FUNERAL DIRECTOR: HR Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 3357
Local Reg. No. 98
Reg. Dist. No. 208

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. Culp STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 415 So. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) M.; c. (Last) Perry

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 28, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper 40

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Perry
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Amanda Moon
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Allan Perry
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1947, *to* 2 Sept, 1952, *that I last saw the deceased alive on* 2 Sept, 1952, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp (Degree or title): MD

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-3-1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 9/8/52

REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: J.R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Armstrong

RECEIVED SEP 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2358
Local Reg. No. 92
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Moscow Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): I.
c. (Last): Chrisman

4. DATE OF DEATH (Month) (Day) (Year): Sept 4 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 22, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ryan — BIRTHPLACE: New York City
14. MOTHER'S MAIDEN NAME: Anastasia Farrell — BIRTHPLACE: New York City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Catherine F. Chrisman — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES: Chronic interstitial nephritis. — 5 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/26 *19*52, *to* 9/4, *19*52, *that I last saw the deceased alive on* 9/4, *19*52, *and that death occurred at* 8:56 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Armstrong M.D. (Degree or title) 004
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 9/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 8, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 9/15/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3359
Local Reg. No. 93
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Einar
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Sept 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 15, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Johnson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Martha Einars — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Jess Johnson — ADDRESS: Genesee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8-, 1952, *to* 9-7-, 1952, *that I last saw the deceased alive on* 9-7-, 1952, *and that death occurred at* 6 00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Saul Genstler MD
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Genesee Vally Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 9/15/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: HR Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3360
Local Reg. No. 44
Reg. Dist. No. 200

BIRTH NO. Ayers SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 1day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 616 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Charlie b. (Middle) B. c. (Last) DeLappe

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 30, 1873

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennesee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George DeLappe — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Davis — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Edward H. Mayer — ADDRESS: Lewiston

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular fibrillation — 6 months

DUE TO (c) Coronary heart disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 1949, *to* Sept 11, 1952, *that I last saw the deceased alive on* Sept 4, 1952, *and that death occurred at* 3 P.M.; *from the causes and on the date stated above.*

23a. SIGNATURE: John H. Ayers (Degree or title): MD

23b. ADDRESS: Moscow, Idaho.

23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 9/18/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H R Snook — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

52-14594

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OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 96
Local Reg. No. 96
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 22Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Gritman Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Rhonda b. (Middle) c. (Last) Dunn

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 16, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 22 | Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ronald Dunn — BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Myrtle Burch — BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Ronald O. Dunn — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive toxemia and Hemorrhage.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 16, 1952 *to* Sept. 17, 1952, *that I last saw the deceased alive on* Sept. 17, 1952, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: LaRele Stephens (Degree or title): M.D.
23b. ADDRESS: Moscow
23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow, Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 10/9/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E. Pothast — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3362
Local Reg. No. 95
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Paula
b. (Middle): Natalie
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 5, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anton Scheele — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Jensine Larson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Ed L. Kraus — ADDRESS: Post Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17-, 1949, *to* 9-24-, 1952 *that I last saw the deceased alive on* 9-24-, 1952 *and that death occurred at* 8:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genstrom 35
23b. ADDRESS: Genesee
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-27-1952
24c. NAME OF CEMETERY OR CREMATORY: Genesee Valley Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Valley Idaho

DATE REC'D BY LOCAL REG.: 10/11/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 13 1952
DIVISION OF VITAL STATISTICS

111-52-10441

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3353
Local Reg. No. 690
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): May
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Louise
c. (Last): Popejoy

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 29, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Gus Popejoy
BIRTHPLACE: Peoria, Ill.
14. MOTHER'S MAIDEN NAME: Charlotte M. Stone
BIRTHPLACE: Greenriver, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Guss Popejoy
ADDRESS: May, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart disease
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1952, *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* 1:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray D. Sinclair MD
23b. ADDRESS: Salmon
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-52
24c. NAME OF CEMETERY OR CREMATORY: May
24d. LOCATION (City, town, or county) (State): May, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3364
Local Reg. No. 693
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: District of Columbia
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington, D. C.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Wilford b. (Middle) Nephi c. (Last) Johannessen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1893

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: J. J. Johannessen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Jansine Jansen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: x Mrs. [illegible] Johannessen, Washington, D. C.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

#43X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-

DUE TO (c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 18, 1952 *to* Sept 18, 1952, *that I last saw the deceased alive on* Sept 18, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackadar, M.D. 031

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-22-52

24c. NAME OF CEMETERY OR CREMATORY: Rosehill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-30-52

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3365
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Cleopha
c. (Last): Meservy

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Mar. 19, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Bothwell, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Andrew M. Anderson — BIRTHPLACE: Bear River City, Utah
14. MOTHER'S MAIDEN NAME: Hannah E. Jones — BIRTHPLACE: Lake Side, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-26-5056
17. INFORMANT'S OWN SIGNATURE: Pearl M Ferrard — ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X (1) myocarditis, chronic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (1) Heart failure
DUE TO (c) (2) Chronic Glomerular nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (3) Carcinoma uterus.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John P. Goggins M.D. 474
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: Oct 6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 3, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: Oct. 7-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3366
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Don b. (Middle) Carlos c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 14, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Probate Judge and
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Bear Grove, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Washington Reed, 35 — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Hannah Holsman — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-3829
17. INFORMANT'S OWN SIGNATURE: Madge E. Reed — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 4A m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mielke MD 262 (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 15 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3367 3367
Local Reg. No. 220
Reg. Dist. No. 12-67

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway # 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Castle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Delmer	Earl	Foster	9-7-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	11-22-1926	25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver 13	Lumber	Kentucky	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Foster	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	W. E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car Collision on Lewis & Clark
DUE TO (c) Highway 3/4 miles below Greer Idaho

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. To much speed Car went out of Control

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Car burned after Colliding with Another	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	State Highway 9	Greer	Lewis	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-7-1952 4:30p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto accident.

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 4:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Albert Hoff Coroner	Pierce Idaho	9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-10-1952	Davis Fun. Home	New Castle Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-10-52	Albert Hoff	W. E. Gilbert	Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1368
Local Reg. No. 348
Reg. Dist. No. 480

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N.W. Richfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Richfield Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Brent
c. (Last): Freeman

4. DATE OF DEATH (Month) (Day) (Year): Sept - 14 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: June - 6 - 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gooding
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Roger W Freeman — BIRTHPLACE: Georgetown
14. MOTHER'S MAIDEN NAME: Zetta Lucile Cooper — BIRTHPLACE: Mt Grove Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond Freeman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 6 mi E. of Ice Caves So. Station
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): North of Shoshone Lincoln Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 14 52 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell into irrigation canal

22. *I hereby certify that I attended the deceased from* July, 1947, *to* 9-14, 1952, *that I last saw the deceased alive on* 9-12, 1952, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 289 M.D.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Sept. 15, 1952
REGISTRAR'S SIGNATURE: Myrtle C Burdett
25. FUNERAL DIRECTOR: Myrtle C Burdett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 349
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) about 20 mi N. of Shoshone
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome - 612 - 6th Ave. E.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) B c. (Last) Day

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov. 18 1918
9. AGE (In years last birthday) 33
IF UNDER 1 YEAR Months 10 Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Wray - Colo
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Orville Day BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Elizabeth Fitch BIRTHPLACE Colo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942 - 1945
16. SOCIAL SECURITY NO. 518-14-9355
17. INFORMANT'S OWN SIGNATURE Fran M. Day ADDRESS Jerome

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute respiration — INTERVAL BETWEEN ONSET AND DEATH 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Loss of blood
DUE TO (c) Cuts on head & body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Due to auto accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about 20 mi N. of Shoshone
21c. (CITY, TOWN, OR TOWNSHIP) 20 mi N. of Shoshone (COUNTY) Lincoln (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) did not m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* Sept. 20 m., *from the causes and on the date stated above.*

23a. SIGNATURE Myrtle C. Burdett (Degree or title) Coroner
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED Sept. 20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept. 20th
24c. NAME OF CEMETERY OR CREMATORY Jerome
24d. LOCATION (City, town, or county) (State) Jerome

DATE REC'D BY LOCAL REG. Sept. 20-52
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR J. R. Exley ADDRESS Jerome Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 850
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield —
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm home 8 mi N. W of Richfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield R #1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Adolphus
b. (Middle): Hosea
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May-11-1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Manassa Colo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Russel Rogers — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Helilah — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-1577
17. INFORMANT'S OWN SIGNATURE: Elvira H. Rogers — ADDRESS: Carey Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute respiration — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Loss of blood
DUE TO (c): being crushed and mangled caused by a team running away

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

845X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): own farm
21c. (CITY, TOWN, OR TOWNSHIP): Richfield — (COUNTY): Lincoln — (STATE): State

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 26-52 8:05 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Runaway team

22. *I hereby certify that ~~I attended~~ did not the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:05 A.M. from the causes and on the date stated above.*

23a. SIGNATURE: Myrtle C. Burdett (Degree or title): Coroner
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: Sept. 26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal for Burial
24b. DATE: Sept. 30
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey - Idaho

DATE REC'D BY LOCAL REG.: Sept. 26-52
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 171
Local Reg. No. 38
Reg. Dist. No. 63

BIRTH NO. SEP 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital / Madison Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) Henry c. (Last) Radmall

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 24, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Daniel Radmall
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Emma White
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Eva McCulloch
ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma — ?
DUE TO (c): Carcinoma of Prostate — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Extreme inanition — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 29, 1952, *to* Sept 6, 1952, *that I last saw the deceased alive on* Sept 6, 1952 *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blond A Carey M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: Sept 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/10/52
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer
24d. LOCATION (City, town, or county) (State): Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Irene Flamm
25. FUNERAL DIRECTOR: Leland L Reese
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3372
Local Reg. No. 394
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Michal	Lynn	Ellefsen	Sept	14,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Aug. 30, 1952			14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant. 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Driggs Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn Ellefsen	Driggs Idaho	Betty Mills	Driggs Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 754-4
17. INFORMANT'S OWN SIGNATURE Lynn Ellefsen ADDRESS Driggs Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease (Type undetermined) — INTERVAL BETWEEN ONSET AND DEATH 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1952, *to* Sept 14, 1952 *that I last saw the deceased alive on* Sept 14, 1952 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.D. Thurman	M.D.	Rexburg Idaho	9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9/16/52	Clawson	Tetonia	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/15/52	Leona Flamm	Kenneth B. Flamm	Rexburg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3373
Local Reg. No. 40
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Denis	Harris	Ricks	Sept	15,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W.	Married	Oct. 7, 1890	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Ricks	Logan, Utah	Sarah Ellen Harris	Pleasant Grove Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hazel Ricks ADDRESS: Sugar City, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 1½ years
DUE TO (c) Hypertension — 2 years or over.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 9, *19*51, *to* Sept. 15, *19*52, *that I last saw the deceased alive on* Sept. 15, *19*52, *and that death occurred at* 7:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. H. Cline, M.D.	Rexburg, Idaho	9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/19/52	Sugar City	Sugar City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
9-17-52	Leona Flamm	Russell Flamm Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 41
Reg. Dist. No. 6 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) THOMSON c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Sept., 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov., 13, 1892

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Teton City, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John R. Thomson — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Deborah Bird. — BIRTHPLACE: Mendon, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Virgil H. Thomson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, 24 IX

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asmatic Bronchitis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 17, 1952, *to* Sept 15, 1952, *that I last saw the deceased alive on* Sept 15, 1952, *and that death occurred at* 11:50 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Rigby MD

23b. ADDRESS: Rexburg Ida

23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 20 Sept 52

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county) (State): Sugar City Rt, Idaho.

DATE REC'D BY LOCAL REG.: 9-22-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR ADDRESS: M. L. Hansen — St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) — a. (First) Mary — b. (Middle) Thomas — c. (Last) Parker

4. DATE OF DEATH — (Month) Sept. (Day) 30, (Year) 1952

5. SEX Female

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 23, 1861

9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Llanelly, Wales

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Thomas — BIRTHPLACE Wales

14. MOTHER'S MAIDEN NAME Mary Roberts — BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE D. R. Parker — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794X Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. marked Jaundice

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/15, 1952 *to* Oct. 1, 1952, *that I last saw the deceased alive on* 10/1, 1952, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 337 M. F. Rigby — (Degree or title) MD — 23b. ADDRESS Rexburg Idaho — 23c. DATE SIGNED 10/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 10/2/52 — 24c. NAME OF CEMETERY OR CREMATORY Rexburg — 24d. LOCATION (City, town, or county) Rexburg, Idaho (State)

DATE REC'D BY LOCAL REG. 10-2-52 — REGISTRAR'S SIGNATURE Leona Flamm

25. FUNERAL DIRECTOR Russell Flamm — ADDRESS Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 6-30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) W.; c. (Last) Stoddard

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 30, 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 5, 1866

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Wellsville, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David K. Stoddard — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Mary Williamson — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: T. S. Stoddard — ADDRESS: Rexburg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1950, *to* 9/30, 1952, *that I last saw the deceased alive on* 9/30, 1952, *and that death occurred at* 2:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: 337 M. F. Rigby M.D. (Degree or title)

23b. ADDRESS: Rexburg

23c. DATE SIGNED: Oct 2 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/3/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 10-2-52

REGISTRAR'S SIGNATURE: Leona F. Lamm

25. FUNERAL DIRECTOR: Russell Lamm — ADDRESS: Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 17M
Local Reg. No. 49
Reg. Dist. No. 452

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Box 25-L Rural.

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Bryant c. (Last) Moncur
4. DATE OF DEATH (Month) (Day) (Year) Aug 27 1952
5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 15 1885
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 11 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mt Carmel Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm F Moncur BIRTHPLACE Middleton Id
14. MOTHER'S MAIDEN NAME Mary C Hammond BIRTHPLACE North Carolina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs N. B. Moncur ADDRESS Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on arrival 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley M D (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 9/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-1-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 10-13-52
REGISTRAR'S SIGNATURE E M Elsmore
25. FUNERAL DIRECTOR Rodney B Boardman ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Cantwell

4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipbuilder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sneedville Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wyley Cantwell — BIRTHPLACE: Tenn
14. MOTHER'S MAIDEN NAME: Margaret Russell — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT'S OWN SIGNATURE: C. Cantwell — ADDRESS: Rupert

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): previous heart attacks. — 1950 1951.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral palsy due to embolism 1949

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1949, *to* Sept 2, 1952, *that I last saw the deceased alive on* Sept 2, 1952 *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Rupert, Idaho.
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-6-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Rodney S. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

OCT 11 1952
OCT 11 1952

State File No. 3379
Local Reg. No. 232
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs. Lois Teeter residence. (daughter)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Nora	McGuire	Sept. 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Married	Oct. 3, 1880	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Housewife	Grenola, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abijah Greenwood	Illinois	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	XXXXXXXXXX	none	[signature]	Twin Falls, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Insufficiency — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
0		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* 16 Sept, 1952, *that I last saw the deceased alive on* 12 Sept, 1952, *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles B. Baymer, M.D. 024	Twin Falls, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/19/1952 01	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-8-52	Donna Lee	D. T. Albertson	Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

m.

State File No. 3380
Local Reg. No. 50
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 924 — E. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): Catmull

4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 20 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor.
10b. KIND OF BUSINESS OR INDUSTRY: School.
11. BIRTHPLACE (State or foreign country): Cambridge England.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Catmull, BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Susan Arbon, BIRTHPLACE: England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S OWN SIGNATURE: Grant L Catmull — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential hypertension — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1940, *to* Sept 21, 1952 *that I last saw the deceased alive on* Sept 3, 1952 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-23-52
24c. NAME OF CEMETERY OR CREMATORY: Zona Cemetery
24d. LOCATION (City, town, or county) (State): Zona Idaho

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney S Goodman — ADDRESS: Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 52
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 31
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Alfred
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): Sept 25 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov 11 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarkston Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Sparks — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Margaret Butters — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Roland G. Sparks — ADDRESS: Rupert Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolar sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Auricular fibrillation
Chronic Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH: Seco faunitis; Duration unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1951, *to* Sept 25, 1951, *that I last saw the deceased alive on* Sept 16, 1952, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dalley MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: Sept 26 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-27-52
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 9-26-1952
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney E Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 4[illegible]
Reg. Dist. No. 4-52

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place) 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) c. (Last) Uhrich

4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 16

9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 8 Days 15 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Conrad Uhrich BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Marie K Grenwalt BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-30-3346

17. INFORMANT'S OWN SIGNATURE Arthur Uhrich ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate. — INTERVAL BETWEEN ONSET AND DEATH 3 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1951, *to* Aug 31, 1952 *that I last saw the deceased alive on* Aug 31, 1952 *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Mackelvie M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho.
23c. DATE SIGNED 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-4-52
24c. NAME OF CEMETERY OR CREMATORY Rupert
24d. LOCATION (City, town, or county) Rupert (State) Ida

DATE REC'D BY LOCAL REG. 10-13-52
REGISTRAR'S SIGNATURE C. C. Mackelvie
25. FUNERAL DIRECTOR Alan Goodman ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3383
Local Reg. No. 165
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2212 8th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MIKE; b. (Middle); c. (Last) MALONE

4. DATE OF DEATH (Month) (Day) (Year): Sept 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 31

10b. KIND OF BUSINESS OR INDUSTRY: Well Drilling

11. BIRTHPLACE (State or foreign country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — — — —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Chris Malone
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — 443X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular disease.
DUE TO (c): ~~Cancer~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive heart disease.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1950, *to* 9-6-, 1952, *that I last saw the deceased alive on* 9-6-, 1952 *and that death occurred at* 2:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. White (Degree or title) M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/8/52
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Sept 9 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: W. Muckart
ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3384
Local Reg. No. 166
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 38 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 4 th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mame; b. (Middle); c. (Last) Geddes

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec, 17 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Odgen Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Thompson
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Jennie Sells
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Zola Stellmon
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

357X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Landrys ascending paralysis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 days
DUE TO (c) Uremia — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca of left breast — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 9-7, 1952, *that I last saw the deceased alive on* 9-7, 1952, *and that death occurred at* 10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Sept 11 1952
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

State File No. 305
Local Reg. No. 167
Reg. Dist. No. 220

111-52-11919
BIRTH NO. SEP 22 1952

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1226 - Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Margaret
c. (Last): Weza

4. DATE OF DEATH (Month) (Day) (Year): 9 - 7 - 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 9-7-52
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Weza
BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Lorraine Menigoz
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO: none
17. INFORMANT'S OWN SIGNATURE: A.F. Vassar
ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

759.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Numerous Congenital Anomalies
a. Enteresis
b. Heart & Liver on outside
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
Mother had Germany measles @ 3½ mos Bag
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/7, 1952, *to* 9/7, 1952, *that I last saw the deceased alive on* 9/7/52, 1952, *and that death occurred at* 3:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.H. Pierce M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 9-9-52
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Wash.

DATE REC'D BY LOCAL REG.: Sept 12, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar
ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 336
Local Reg. No. 175
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 2 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle); c. (Last) Bartlett

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 3, 1869	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Lake City, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Mahlon Bartlett — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Louisa Schooley — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Estaca M Blewett — ADDRESS: Kendrick

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: 1-2d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — 3-4 mo.
DUE TO (c): — 10+ yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 2-3 mo.
Probable metastatic Carcinoma of st chest.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23, 1952, *to* Sept 19, 1952, *that I last saw the deceased alive on* Sept 18, 1952, *and that death occurred at* 1:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 383 (Degree or title) MD. — 23b. ADDRESS: Lewiston Ida. — 23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Sept. 22, 52 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9/24/52 — REGISTRAR'S SIGNATURE: Jean Wegeline — 25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-49021

William Bartlett

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~306 5 Ave~~ Lewiston
c. LENGTH OF STAY (in this place): 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 - 5 Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Nez P~~ Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Clarence
c. (Last): Barkley

4. DATE OF DEATH (Month) (Day) (Year): 9 - 10 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-29-1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: X Mrs Ivan E. Duran — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic carditis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1952, *to* 9-10-, 1952 *that I last saw the deceased alive on* 9-9-, 1952, *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alman J. White MD
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 9-17-52
24c. NAME OF CEMETERY OR CREMATORY: Gooding
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Sept 12, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52-56
Local Reg. No. 169
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Oscar; b. (Middle) George; c. (Last) Sodergreen

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4-14-1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woods worker

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Laramie, Wyo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Oscar Sodergreen
BIRTHPLACE: Warren Penn.

14. MOTHER'S MAIDEN NAME: Augusta Rost
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 520 10 3448

17. INFORMANT'S OWN SIGNATURE: Mrs Oscar Sodergreen
ADDRESS: Pierce

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Respiratory infection — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Resection of Large Bowel — 6 days
DUE TO (c) Adenocarcinoma of Rectum — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 5 1952
19b. MAJOR FINDINGS OF OPERATION: adeno carcinoma involving Rectum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19 49, *to* Sept 10, 1952, *that I last saw the deceased alive on* Sept 10, 1952, *and that death occurred at* 2:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Brodbeck, M.D.
23b. ADDRESS: 707-11th St. Lewiston.
23c. DATE SIGNED: Sept 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/13/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept 13, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: E. L. Powell
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3339
Local Reg. No. 170
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Bollinger Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Lars (Lewy) b. (Middle) Crestofer c. (Last) Halvorson Dybvig

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 1, 1873

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2, Days 10 — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood Co., Minnisota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thorston Dybvig — **BIRTHPLACE**: Norway

14. MOTHER'S MAIDEN NAME: Anna Late — **BIRTHPLACE**: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Norman Blamer — **ADDRESS**: Genesee, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 d.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cirhosis of the liver — 5+ yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Sept. 11, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 1:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bob Stein 383 (Degree or title) M.D.

23b. ADDRESS: 307 - St John Way.

23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-13-52

24c. NAME OF CEMETERY OR CREMATORY: Genesee Valley Cemetery

24d. LOCATION (City, town, or county) (State): Genesee, Latah, Idaho

DATE REC'D BY LOCAL REG.: Sept. 13 1952

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann Co., By - W. Malcom — **ADDRESS**: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3390
Local Reg. No. 171
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0131 - 18th Street

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Jefferson c. (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 8, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mamntance 70

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Shasta Co., Calif..

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marcus L. Smith
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Malcolm
BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT'S OWN SIGNATURE: Lew W Smith
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

561.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus and

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) other complications of surgery for

DUE TO (c) Strangulated hernia.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Peptic ulcer. Hypertension. Arteriosclerosis. Acute hepatitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9-4-52

19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia of stomach

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1948 *to* 9-16, 1952 *that I last saw the deceased alive on* 9-15, 1952 *and that death occurred at* 3:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray W. Eastwood M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept 18 1952
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brown-Wann Co., by- W. H. Malcom, Mgr.
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Eastwood – ~~Newton~~

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3391
Local Reg. No. 172
Reg. Dist. No. 220

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 623 - Prospect

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 623 - Prospect

3. NAME OF DECEASED (Type or Print)
a. (First): W. M.
b. (Middle): ~~Robinson~~
c. (Last): Robison

4. DATE OF DEATH (Month) (Day) (Year): 9-18-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-6-1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Feaville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Tressie M. Robison — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Unknown
DUE TO (c): Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18-, 1952, *to* 9-18, 1952, ~~that I last saw the deceased alive on~~, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: had just expired when seen. (Signature of title): W. D. Douglas M.D.
23b. ADDRESS: Lewiston Idaho.
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-22-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9/22/52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3392
Local Reg. No. 123
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2508-6th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FELIX	EDWARD	SHAVER	9-18-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	1-25-1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook 49
10b. KIND OF BUSINESS OR INDUSTRY: logging camp
11. BIRTHPLACE (State or foreign country): Reno, Nevada
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. F. E. Shaver — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

343X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis, Type undetermined — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1952, *to* 9-18, 1952, *that I last saw the deceased alive on* Jan. 18, 1952, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Mackey, M. D.	Lewiston, Idaho	9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-23-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9/23/52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent Vassar — ADDRESS: Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3393
Local Reg. No. 174
Reg. Dist. No. 220

BIRTH NO. 111-52-11940

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): Billups Street

3. NAME OF DECEASED (Type or Print)
a. (First): KEVIN
b. (Middle): DONALD
c. (Last): JACKSON

4. DATE OF DEATH (Month) (Day) (Year): Sept 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 17, 1952
9. AGE (In years last birthday): - - -
IF UNDER 1 YEAR: Months -, Days 1
IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald Jackson
BIRTHPLACE: St. Cloud, Minn
14. MOTHER'S MAIDEN NAME: Gertrude Flerchinger
BIRTHPLACE: Garfield Co. Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald Jackson
ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

76210

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia. Limbs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeds blivery. Foot Arm and Lacteal. Arms.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1952, *to* Sept 18, 1952, *that I last saw the deceased alive on* Sept 18, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] .015
23b. ADDRESS: 412 6th St Lewiston Ida.
23c. DATE SIGNED: Sept 23-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/20/52
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 9/23/52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

McRae
111-52-11827
BIRTH NO.

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3394
Local Reg. No. 176
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick (Rural)
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) c. (Last) MARVIN

4. DATE OF DEATH: (Month) (Day) (Year): Sept 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 23, 1952

9. AGE (In years last birthday): --- IF UNDER 1 YEAR Months: - Days: 1 IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 32

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Southwick, Idaho (Rural)

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leland Marvin — BIRTHPLACE: Asotin, Washington

14. MOTHER'S MAIDEN NAME: Joyce Phillips -- BIRTHPLACE: Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leland Marvin — ADDRESS: Southwick, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple congenital anomalies
DUE TO (c): Pregnancy 6 month duration.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bilateral hare lip cleft Palate. Deformed ears. hands & feet absence of testicles

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23, 1952, *to* 9-24, 1952, *that I last saw the deceased alive on* 9-24, 1952, *and that death occurred at* 900 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 251 J. McRae (Degree or title): MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: Sept 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Sept 29 1952
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3395
Local Reg. No. 178
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1603 11th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1603 11th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mabel	Estell	Deuel		Sept	29	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Sept 5, 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Springfield, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George P. Ellis	Kentucky	Francis A. Linville	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mary D. Swanson	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4438

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation —
DUE TO (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral vascular accident

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 27, 1948, *to* Sept 27, 1952, *that I last saw the deceased alive on* Sept 27, 1952 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Eastwood M.D.	Lewiston, Idaho	10/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial - Rem.	Oct 3, 1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 4 1952	Jean Wegelin	W. R. Smart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. R. Eastwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 163
Reg. Dist. No. 220

BIRTH NO. SEP 22 1952

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Near Melrose
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence of Son

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): William
c. (Last): Hechtner

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 6, 1870

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher & Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick W. Hechtner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Sarah King
BIRTHPLACE: United States

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Howard D. Hechtner
ADDRESS: Culdesac, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 2+ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility. — 10+ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro vascular accident. January 1951.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 14, 1951, *to* April 28 1952, *that I last saw the deceased alive on* April 28, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H D Hechtner M D. (Degree or title)
23b. ADDRESS: 307 St Johns Way
23c. DATE SIGNED: Sept 3 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-4-52
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Sept 3 1952
REGISTRAR'S SIGNATURE: Jean Weyelins Stein
25. FUNERAL DIRECTOR By: Kermit H. Nelson
ADDRESS: Brower-Bann Co. Lewiston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 177
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Imthurn

4. DATE OF DEATH: (Month) (Day) (Year) Sept, 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 20, 1866

9. AGE (In years last birthday): 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nepoleon, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Imthurn BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X A.W. Imthurn ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4343

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack, died in his sleep

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew F. Vassar / Coroner

23b. ADDRESS: Lewiston, Idaho.

23c. DATE SIGNED: Sept 30, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct, 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Oct 1, 1952

REGISTRAR'S SIGNATURE: Jan Weydiss

25. FUNERAL DIRECTOR: A.F. Vassar ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3398
Local Reg. No. 29
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 92 West Reynolds Street

3. NAME OF DECEASED (Type or Print): a. (First) Franklin; b. (Middle) Oliver; c. (Last) Madsen

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 21 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 18 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Salem Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E.Madsen-- BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Birgitha Jensen--- BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clifford Madsen ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Few Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* yrs. 19__, *to* 21 Sept, 19 52, *that I last saw the deceased alive on* 21 Sept., 19 52, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Mabey 621 (Degree or title): M.D.

23b. ADDRESS: 4 So. Main Malad City, Idaho

23c. DATE SIGNED: 22 Sept. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 24 1952

24c. NAME OF CEMETERY OR CREMATORY: Malad City

24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Sept 24 1952

REGISTRAR'S SIGNATURE: J. Guy Benson

25. FUNERAL DIRECTOR ADDRESS: J. Guy Benson Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 586

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nickle Creek
c. LENGTH OF STAY (in this place): 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Antone c. (Last) Alasola

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): about 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherding

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bezsaga Spain

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown Spain

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-34-1669

17. INFORMANT'S OWN SIGNATURE: Eugenio Oyarzabal ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-23-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Fibroid

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip J. Green Coroner

23b. ADDRESS: Mtn. Home Ida

23c. DATE SIGNED: Sept 17 52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Sept 17, 1952

REGISTRAR'S SIGNATURE: A. I. Anderson

25. FUNERAL DIRECTOR: Delify J. Day ADDRESS: Mountain Home Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 34[illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle):
c. (Last): Huddleston

4. DATE OF DEATH (Month) (Day) (Year): September 17-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 28-1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Huddleston, BIRTHPLACE: Quincy, Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Matherly, BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harvey E. Huddleston, ADDRESS: Oregon, Hermiston,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 45010 Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1951, *to* Sept 14, 1952, *that I last saw the deceased alive on* Sept 14, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Robinson, MD (Degree or title)
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: Sept 20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 19-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 9-25-52
REGISTRAR'S SIGNATURE: Mrs Nina Frosig
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3101
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Box 473

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) Esther c. (Last) Thornburg

4. DATE OF DEATH: (Month) (Day) (Year): September 27-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 13,1887

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR Months: 8 | Days: 14 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rock Valley, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Joseph J. Walker, Marin, Wisconsin

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Rosa L. Gratz, Jefferson, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: x Elmer J. Thornburg — Homedale

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 19 52, *to* Sept 27, 19 52, *that I last saw the deceased alive on* Sept 27, 19 52, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE — (Degree or title) — **23b. ADDRESS** — **23c. DATE SIGNED**: Oct 2/52

556 M.D.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 1-1952

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Oct 8-52

REGISTRAR'S SIGNATURE: Mrs Nina Craig

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 53
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 North 9th Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 806 North 9th Street

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3. NAME OF DECEASED (Type or Print): a. (First) LUTHER; b. (Middle) GARFIELD; c. (Last) RICE

4. DATE OF DEATH: (Month) (Day) (Year): September 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 31, 1887
9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 0 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common labor
11. BIRTHPLACE (State or foreign country): Kingman, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Rice
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lucinda Keesling
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: [illegible]-09-5971
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1951, *to* Sept. 9, 1952, *that I last saw the deceased alive on* Sept. 9, 1952, *and that death occurred at* 6:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 9/9/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Sept. 12, 1952
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 54
Local Reg. No. 54
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 4½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gayle Dale Little Willow Creek near

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 1
d. STREET ADDRESS (If rural, give location): Rt. # 1

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3. NAME OF DECEASED (Type or Print): a. (First) WILFORD b. (Middle) W. c. (Last) BUDGE

4. DATE OF DEATH (Month) (Day) (Year): September 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 23, 1901	51	0	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Paris, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ezra Taft Budge	Providence, Utah	Lillian Spencer	Salt LakeCity, Utah

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	None	Mrs. Wilford W. Budge	Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Internal Chest Injury — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental farm injury

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	farm	Rt. # Star Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept. 12, 1952 - 1:30 p.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	overturned farm tractor - pinning driver underneath

22. *I hereby certify that I ~~attended the deceased from~~ made Inquiry on Sept. 12, 1952, that ~~I last saw the deceased alive on~~ I estimated, that death occurred at 1:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Giffard R. Shaffer Coroner	Payette, Idaho	9/12/1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 16, 1952	Roberta E. Shaffer	Giffard R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Oregon Slope

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) K. c. (Last) CLARK

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	January 28, 1876	76	7	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher-stockman	Ranch	Davenport, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank H. Clark	Orrikany, New York	Lucy H. Ely	Catawissa, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Stella L Ruse	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 19, 1952, *to* Sept. 21, 1952, *that I last saw the deceased alive on* Sept. 21, 1952, *and that death occurred at* 4:30 am, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J Carver	M.D.	Payette, Idaho	9/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 24, 1952	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/24/52	Robert B Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3405
Local Reg. No. 56
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 106 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route # 1
d. STREET ADDRESS (If rural, give location): Payette, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Gustav b. (Middle) Henry c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): September 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Santa Cruz County, California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Johnson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Caroline Elizabeth
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 530-16-2485

17. INFORMANT'S OWN SIGNATURE: A May Johnson
ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure and decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic hypertensive Cardio-vas disease — 20 to 30 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic cerebral thrombosis
Arteriosclerotic gangrene of left foot — One yr. Two months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1952, *to* Sept 24, 1952, *that I last saw the deceased alive on* Sept. 24, 1952, *and that death occurred at* 9:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. L. Davis M.D.

23b. ADDRESS: New Plymouth Idaho

23c. DATE SIGNED: Sept. 27 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Sept 27 1952

REGISTRAR'S SIGNATURE: Robert E Shaffer

25. FUNERAL DIRECTOR: Gifford Shaffer

ADDRESS: Shaffer-Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3406
Local Reg. No. 19
Reg. Dist. No. 500

111-52-11985 BIRTH NO. SEP 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) Kent c. (Last) Wilske

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9-6-1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours 4, Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): American Falls, Ida

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Wilske — BIRTHPLACE: Lind, Wash

14. MOTHER'S MAIDEN NAME: Lydia Workman — BIRTHPLACE: Rupert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: William Wilske — ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Collapsed left lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atelectasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Polyhydramnios (maternal)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-6-, 1952, *to* 9-7-, 1952, *that I last saw the deceased alive on* 9-7, 1952, *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Harms 149 (Degree or title): M.D.

23b. ADDRESS: Aberdeen, Idaho

23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-9-52

24c. NAME OF CEMETERY OR CREMATORY: Fallsview

24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: Sept 9-1952

REGISTRAR'S SIGNATURE: Irene Daling

25. FUNERAL DIRECTOR ADDRESS: H. Dornin Am. Falls Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEI
SEP 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3407
Local Reg. No. 20
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls R.R.
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural R. Am. Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): S.
c. (Last): Schroeder

4. DATE OF DEATH (Month) (Day) (Year): 9-12-1952

5. SEX: F.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 30-1899
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 9, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): practical Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: Home - Hospital
11. BIRTHPLACE (State or foreign country): Nickolief, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter J. Isaak. BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Marie Schroeter BIRTHPLACE: Russia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ilene Schroeder ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

171X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility & malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia — 8 Wks.
DUE TO (c) Metastatic adenocarcinoma from adenocarcinoma of Cervix — 14 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cystostomy April 1, 1952

19a. DATE OF OPERATION: March 1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma grade III of Cervix (Biopsy)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Sep. 11, 1952, *that I last saw the deceased alive on* Sep. 11, 1952, *and that death occurred at* 5:AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. J. Harms, M.D. (Degree or title) 149
23b. ADDRESS: Aberdeen Idaho.
23c. DATE SIGNED: 9-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-52
24c. NAME OF CEMETERY OR CREMATORY: Homestead
24d. LOCATION (City, town, or county) (State): S.W. Aberdeen Idaho.

DATE REC'D BY LOCAL REG.: Sept 14-1952
REGISTRAR'S SIGNATURE: Irene Saling
25. FUNERAL DIRECTOR: H. L. Davis ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3408
Local Reg. No. 66
Reg. Dist. No. 142

BIRTH NO. [redacted]

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 27. Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 101 Mill Street

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) R. c. (Last) Emery

4. DATE OF DEATH (Month) (Day) (Year) September 3, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 2, 1895
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 11 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Operator
10b. KIND OF BUSINESS OR INDUSTRY Auto Bus.
11. BIRTHPLACE (State or foreign country) Springdale Washington
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Edward Emery
BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Mary Wolf
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Army War I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarct 4 20 1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis & occlusion 20 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~Sept 3 '52 2:30~~
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Sept, 1952, to 3 Sept, 1952, that I last saw the deceased alive on 3 Sept, 1952 and that death occurred at 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Gibbon (Degree or title) M.D.
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 3 Sept '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/5/52
24c. NAME OF CEMETERY OR CREMATORY Forrest
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. 9/5/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS Gustin Flack Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
SEP 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3409
Local Reg. No. 70
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 301 W. Riverside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Louise	Horne	September 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	April 23, 1874	78	4	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home 01	Home	Enfield New Castle	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Fitzpatrick	New York	Emma Lindsay	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No 332X	None	Lewis Horne	Osborne Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis &
DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1944 19__, *to* 9-5, 19__, *that I last saw the deceased alive on* 9-5-52, 19 P, *and that death occurred at* 5:0 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Lewis M.D.	Murray Idaho	9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/19/52	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/19/52	[signature]	[illegible]	[illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 71
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 28yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 833 S. Division

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle):
c. (Last): Arneson

4. DATE OF DEATH (Month) (Day) (Year): 9 14 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/23/1886
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 11 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Erickson
BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Norman Arneson
ADDRESS: Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/9, 1952, *to* 9/14, 1952, *that I last saw the deceased alive on* 9/14, 1952 *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O B Scott MD 405
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/16/52 01
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Black
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3411
Local Reg. No. 74
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 308 W Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Victor b. (Middle) Henry c. (Last) Westrand

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Man Smelter
10b. KIND OF BUSINESS OR INDUSTRY: Mining Smelter
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nels Westrand — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Sarah — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Margaret Westrand — ADDRESS: Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Sept, 1952 *to* 25 Sept 1952 *that I last saw the deceased alive on* 25 Sept, 1952 *and that death occurred at* 3:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. G. Gibbon 134 (Degree or title) MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 29 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 10/2/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3418
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): MARIE
c. (Last): NEYMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept 1-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 29-1900
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 10 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Idaho City Idaho
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: H. A. Orchard
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: R W Neyman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Foreign substance Oil
ANTECEDENT CAUSES of Wintergreen or Methyl Salicylate
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in Stomach & Intestines
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osburn Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 1 52 6:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Swallowed by mistake

22. *I hereby certify that I attended the deceased from* 9-1, 1952 *to* 9-1, 1952 *that I last saw the deceased alive on* 9-1, 1952 *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 307 Am Peterson M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Sept 4-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Osburn
24d. LOCATION (City, town, or county) (State): Osburn Idaho

DATE REC'D BY LOCAL REG.: 9-8-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3413
Local Reg. No. 16
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Cameron Apts

3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) CLAUD c. (Last) JACOBS

4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH May 11-1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Aken Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Claud Jacobs BIRTHPLACE Ill
14. MOTHER'S MAIDEN NAME Jacqueline Childers BIRTHPLACE Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Jacqueline Jacobs ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia Atypical

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1952, *to* 9-2, 1952, *that I last saw the deceased alive on* 9-2, 1952, *and that death occurred at* 2:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 307 Ann Peterson, M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 3 1952
24c. NAME OF CEMETERY OR CREMATORY Osburn
24d. LOCATION (City, town, or county) (State) Osburn Idaho

DATE REC'D BY LOCAL REG. 9-8-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3514
Local Reg. No. 17
Reg. Dist. No. 170

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE S dak
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Senn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WAYNE	ROBERT	MURPHY	Sept 11-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Febr 21-1913	39	7	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Miner 07	Mining	Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Murphy	?	Bertha Stewart	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. 2	492-12	X Mrs Wayne Murphy	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fracture, Skull — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 60 Foot Fall
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Mine	Shoshone County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept 11, 1952 - 7:30 am		Fell down shaft

22. *I hereby certify that I attended the deceased from* 9-11, 19 52, *to* 9-11, 19 52, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:19 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Wallace, Idaho	Sept 12 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept 12-1952	Joplin	Joplin Mo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 13, 1952	Dale I Cornell	Dale I Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3415
Local Reg. No. 72
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 909 S. Division

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle): Neal
c. (Last): Hayes

4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 8/27/1952
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 17
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clinton Hayes
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lorraine Hightower
BIRTHPLACE: Butte, Mont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lorraine Hayes
ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5501 Appendicitis, Acute, Perforated — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 9-13-52
19b. MAJOR FINDINGS OF OPERATION: Appendicitis with Perforation + Peritonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13-52, 19___, *to* 9-14-52, 19___, *that I last saw the deceased alive on* 9-14-52, 19___, *and that death occurred at* 5:57 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis B. Hunter M.D. 173
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 9/19/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade
ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

1 Copy

RECEIVED OCT 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3415
Local Reg. No. 19
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle):
c. (Last): Koivisto

4. DATE OF DEATH (Month) (Day) (Year): Sept 29. 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr 6-1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 7 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Ironwood Mich
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Koivisto — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Marie Jauma — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen Koivisto — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal abdominal injuries — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — Fractured pelvis — 3 "

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Shock — 3 "

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-29-52 7 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by rock.

22. *I hereby certify that I attended the deceased from* 9.29.52, 19__, *to* 9.29.52, 19__, *that I last saw the deceased alive on* 9.29.52, 19__, *and that death occurred at* 10:20 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Bruelsche 027 MD.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 9.30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Ironwood Mich
24d. LOCATION (City, town, or county) (State): Ironwood Mich

DATE REC'D BY LOCAL REG.: Oct 1-1952
REGISTRAR'S SIGNATURE: Dale S Cornell
25. FUNERAL DIRECTOR: Dale S Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3417
Local Reg. No. 14
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gem Hotel
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOE b. (Middle) c. (Last) MELICI

4. DATE OF DEATH (Month) (Day) (Year) Aug 28. 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 12-15-1886
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Angelo Milesi ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma Stomach
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Liver
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) few mo.
(b) few months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 25, 1952, to Aug 28, 1952, *that I last saw the deceased alive on* Aug 27, 1952, *and that death occurred at* 5:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) MD
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 9/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 2. 1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 9-8-1952
REGISTRAR'S SIGNATURE Dale F Carnell
25. FUNERAL DIRECTOR Dale F Carnell ADDRESS Wallace Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3118
Local Reg. No. 65
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): Smelterville

3. NAME OF DECEASED (Type or Print): a. (First) Brintson b. (Middle) Theodore c. (Last) Lakin

4. DATE OF DEATH (Month) (Day) (Year): Sept 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 4, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mill Man
10b. KIND OF BUSINESS OR INDUSTRY: Bunker Hill Mine
11. BIRTHPLACE (State or foreign country): Boone Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Melvin Lakin — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Rhoade Wills — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Caroline Lakin — ADDRESS: Smelterville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocarditis Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis Chronic & ad — several
DUE TO (c) Vance & Arteriosclerosis grave

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1951, *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept 30, 1952, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Mowery MD (Degree or title) 260
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 9/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/5/52
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: 9/5/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED SEP 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3419
Local Reg. No. 67
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osborne
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Janette Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osborne
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rudolph
b. (Middle): Erick
c. (Last): Carlson

4. DATE OF DEATH (Month) (Day) (Year): September 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1904
9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 5 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millman 09
10b. KIND OF BUSINESS OR INDUSTRY: Tailings Mill
11. BIRTHPLACE (State or foreign country): Warren Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Alfred Carlson
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ellen Flood
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 538-16-7725
17. INFORMANT'S OWN SIGNATURE: Annie Carlson
ADDRESS: Osborne Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

925.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Smothered to Death
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Covered up by muck Tailings in Banks
DUE TO (c): Mill Osborne, Ida.

INTERVAL BETWEEN ONSET AND DEATH: few minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): Tailings Mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osborne Shoshone Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-6-52 9:10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: While loosening Hung up muck Covered in Banks

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 9-6, 1952, and that death occurred at 9:10 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery Coroner
23b. ADDRESS: Wallace Ida.
23c. DATE SIGNED: 9/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/12/52
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur D Alene Idaho

DATE REC'D BY LOCAL REG.: 9/11/52
REGISTRAR'S SIGNATURE: Joe Stone
25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3426
Local Reg. No. 73
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
c. LENGTH OF STAY (in this place): 14 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Last Chance Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): Wardner Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lorren	Jerome	Beck	September 8 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 17 1925	27	6	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Mining	Salt Lake Kansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E Beck	Missouri	Beulah Hurley	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Jane Beck	Wardner Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Neck - Fractured Thorasic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lumbar Back - Fractured Right & Left Arms
DUE TO (c) Multiple Fractures Right Knee Entire Body. Also a Crushed Chest.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Last Chance Mine	Wardner Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept. 8 1952 6:30 PM	WHILE AT WORK ☑ NOT WHILE AT WORK ☐	Mine Cave in

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
307 [illegible] M.D.	Wallace Idaho	9-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/24/52	Salmon Idaho	Salmon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-23-52	[illegible]	[illegible]	[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3121
Local Reg. No. 18
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): KENNY

4. DATE OF DEATH (Month) (Day) (Year): Sept 20 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-26-1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mining 07
10b. KIND OF BUSINESS OR INDUSTRY: mining
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kenny — BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Sara Henderson — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rebecca Kenny — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 181X Cancer of Bladder — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis - Generalized
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1952, *to* Sept 20, 1952, *that I last saw the deceased alive on* Sept 20, 1952, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 307 A. Peterson M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: Sept 22-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 24-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Sept 22-1952
REGISTRAR'S SIGNATURE: Dale I Cornell
25. FUNERAL DIRECTOR: Dale I Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3422
Local Reg. No. 207
Reg. Dist. No. 460

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 343 2nd Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): Leuticia
c. (Last): Sanborn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 1, 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sorter 06
10b. KIND OF BUSINESS OR INDUSTRY: Bean Warehouse
11. BIRTHPLACE (State or foreign country): Camp Supply, Ind. Terr.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Lenox L. Ross — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Julia C. Crowley — BIRTHPLACE: Washington, D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-09-2795
17. INFORMANT'S OWN SIGNATURE: x Grant Sanborn — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1950, *to* 9-6, 1952, *that I last saw the deceased alive on* 9-6, 1952, *and that death occurred at* 8:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 36+
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Donna Hack
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3423
Local Reg. No. 706
Reg. Dist. No. 76d

Certificate of Death

STATE OF IDAHO

BIRTH NO. SEP 10 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 303 Jackson

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) C. c. (Last) TYNER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6th, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 35

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Tama County, Iowa.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Sidner Dake Tyner
BIRTHPLACE: Wabash Co., Ind.

14. MOTHER'S MAIDEN NAME: Eliza Carver
BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Eugene F. Tyner
ADDRESS: Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary disease — 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility - arteriosclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-47, 19____, *to* 9-6, 19 52, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 965 (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] WHITE MORTUARY
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

WHITE MORTUARY

FUNERAL DIRECTORS

Ambulance Service

136 Fourth Avenue East

Twin Falls, Idaho

Ella M. White

Hugh U. Phillips

Frances M. Phillips

September 18, 1952

Dept. of Public Health
Div. of Vital Statistics
Boise, Idaho

Gentlemen:

I am writing you in regard to the death certificate for JAMES C. TYNER. An error was made as to the place of Birth, it should be Tama County, Iowa, instead of Tama County, Indiana.

If you would be kind enough to send us the form necessary to correct this mistake it would be greatly appreciated.

Mr. Tyner passed away September 6, 1952 at his home, 303 Jackson, Twin Falls, Idaho.

Thank you again for your prompt attention to this matter.

Sincerely,

Hugh U. Phillips
White Mortuary
Twin Falls, Idaho

RECEIVED
SEP 19 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3424
Local Reg. No. 208
Reg. Dist. No. 460

BIRTH NO. SEP 12 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 219 9th Ave East

3. NAME OF DECEASED (Type or Print)
a. (First): LEONIS
b. (Middle): A.
c. (Last): HARDY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leesberg, Ohio
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Aaron B. Hardy — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Ellen C. Miley — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carrie L Hardy — ADDRESS: Twin Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

199 H

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left cerebral hemiplegia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Murray adeno carcinoma Rt bowel & Kidney
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Sept. 8, 1952, *and that death occurred at* 6:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M A Drake MD 094
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/10/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Ida

DATE REC'D BY LOCAL REG.: 9-10-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 215
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): Ambrose
c. (Last): Hernandez

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952

5. SEX: Male
6. COLOR OR RACE: Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 8, 1952
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Manuel Hernandez — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Delores Savala — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Manuel Hernandez — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 501X Tracheo-esophageal fistula — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mediastinal Hemorrhage — 6 hours
DUE TO (c) Atelectasis, Right Lung. — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/16/52
19b. MAJOR FINDINGS OF OPERATION: Tracheo-esophageal fistula
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Warner M.D. 551
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3126
Local Reg. No. 912
Reg. Dist. No. 460

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH STAY (in this pl...): 24hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospit...

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Columbia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton

d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Lowell; b. (Middle) L.; c. (Last) Hyatt

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 17, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 7, 1895

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Green Giant Canning Co.

11. BIRTHPLACE (State or foreign country): Weston, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. O. Hyatt — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Agusta Parks — BIRTHPLACE: Crawfordsville, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: 531 16 4181

17. INFORMANT'S OWN SIGNATURE: V. Lee M. Henderson — ADDRESS: Dayton, Wash.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis - several yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 17, 1952, *to* Sept 17, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3:45P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson MD — **23b. ADDRESS**: Buhl, Idaho — **23c. DATE SIGNED**: Sept 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: Sept. 19, 52 — **24c. NAME OF CEMETERY OR CREMATORY**: Rogg - Watson Mortuary — **24d. LOCATION** (City, town, or county) (State): Dayton, Washington

DATE REC'D BY LOCAL REG.: 9-19-52 — REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3425
Local Reg. No. 224
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 206 Shoshone St. West

3. NAME OF DECEASED (Type or Print): a. (First) Ira; b. (Middle) V.; c. (Last) Neaderhiser

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 9, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Solomon, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Godfrey Neaderhiser
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Janet Boyle
BIRTHPLACE: Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 512-07-5340

17. INFORMANT'S OWN SIGNATURE: Walter Neaderhiser
ADDRESS: Small, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4108

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic heart disease — 30 years

DUE TO (c) & Mitral stenosis — 30 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3-51, 19__, *to* 9/19/, 1952, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2:33P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean C. Affleck MD
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 26 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-3-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Reynolds Funeral Home - Twin Falls
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-12141

BIRTH NO.

RECEIVED SEP 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 216
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): L.
c. (Last): Sullivan

4. DATE OF DEATH (Month) (Day) (Year): September 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 19, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Terry Sullivan
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Lillian Laubenheim
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Terry Sullivan
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

762.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) asphyxia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19 1952 *to* Sept 19 1952 *, that I last saw the deceased alive on* Sept 19, 1952 *and that death occurred at* pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Drake MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: Donna Ward
25. FUNERAL DIRECTOR: [illegible] Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3429
Local Reg. No. 214
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 614 4th Ave West

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 23, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spickard, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Bennett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Louisa White — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elmer Bennett — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral apoplexy. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): uremia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-15, 1950, *to* 9-21, 1952, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* 11.45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N J Schwartz 365
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/23/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. James Cem.
24d. LOCATION (City, town, or county) (State): Greenleaf, Kansas

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 7 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3430
Local Reg. No. 223
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 241 Main Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 266 Jackson St.

3. NAME OF DECEASED (Type or Print): a. (First) Abraham; b. (Middle) Lincoln; c. (Last) Bohrn

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 13, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lincoln, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Bohrn
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rachel Sumner
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-9799

17. INFORMANT'S OWN SIGNATURE: Stella Bohrn
ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) thrombosis of Coronary artery
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, 19—, *that I last saw the deceased alive on* Did not see alive, 19—, *and that death occurred at* 9:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed
(Degree or title): County Coroner
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 9/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-3-52
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: Reynolds Funeral Home
ADDRESS: Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3131
Local Reg. No. 220
Reg. Dist. No. 460

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print): a. (First) CONNIE b. (Middle) JEAN c. (Last) FLOYD

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 15, 1949

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR Months: 10 Days: — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albany, Oregon

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John G. Floyd — BIRTHPLACE: Arizona

14. MOTHER'S MAIDEN NAME: Frances Perry — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John Floyd — ADDRESS: Kimberly Box 125

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Septicemia (Type undetermined awaiting Blood Culture) — INTERVAL BETWEEN ONSET AND DEATH: 953.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8.00PM 24 52, *to* _____, 19____, *that I last saw the deceased alive on* Sept 24, 19 52 *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. Ellis Knight M.D. (Degree or title)
23b. ADDRESS: Kimberly, Idaho.
23c. DATE SIGNED: 8/27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-30-52
REGISTRAR'S SIGNATURE: Thomas [illegible]
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3432
Local Reg. No. 225
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): McCollum Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Anton
b. (Middle):
c. (Last): Smutny

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 21, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Skriej, Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Smutny — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Anna Sokop — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Stanley Herzinger — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Ventricular Tachycardia — 3 days.
DUE TO (c): Arteriosclerotic Heart Disease — 3 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1952, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 5:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. McBratney M.D. 246
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10-3-52
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4455
Local Reg. No. 221
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Hansen

3. NAME OF DECEASED (Type or Print): a. (First) SOPHLIA b. (Middle) ORAL c. (Last) WICKER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 3, 1890

9. AGE (In years last birthday): 62 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelby County, Indiana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wm. H. Wickliff — BIRTHPLACE: Ind.

14. MOTHER'S MAIDEN NAME: Eliza Ellen Copple — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Earl Barnes — ADDRESS: Hansen, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Infarcts of the — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart & Lungs.
DUE TO (c) Coronary Artery Thrombosis — 2½ Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Sept. 27, 1952, *that I last saw the deceased alive on* Sept 27, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D.A. McCluskey (Degree or title): MD — **23b. ADDRESS**: Twin Falls Idaho — **23c. DATE SIGNED**: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 29, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Sunset Memorial Park Cem. — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-30-52 — **REGISTRAR'S SIGNATURE**: Donna Clark

25. FUNERAL DIRECTOR ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3336
Local Reg. No. 219
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 401 7th Ave North

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) H. c. (Last) ADAMS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 18, 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) London- Ontario- Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME 36 Edward Adams BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Mary Jane McCellan BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nonw (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-9203
17. INFORMANT'S OWN SIGNATURE Clara L. Adams ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 2 Wks
DUE TO (c) Chronic Glomerulo-Nephritis — Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 297 Gordon D. Graham
23b. ADDRESS Twin Falls, Ida
23c. DATE SIGNED 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/1/52
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-30-52
REGISTRAR'S SIGNATURE Donna Lach
25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3525
Local Reg. No. 232
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1month
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 390 North Maurice

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	H.	Parker	Sept. 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	Dec. 4, 1872	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Barber 44
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spring Hill, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hosea S. Parker — BIRTHPLACE: Munson, Ohio
14. MOTHER'S MAIDEN NAME: Martha D. Wilson — BIRTHPLACE: Blunt Co., Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 527-01-2207A
17. INFORMANT'S OWN SIGNATURE: Robert A Parker — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Chronic Nephritis & uremia	30 da
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cirrhosis of liver. Chronic Myocarditis (additional autopsy findings)	?

5792X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/19/ 19~~52~~ *to* 9/29/ 19 52, *that I last saw the deceased alive on* 9/29/ 19 52, *and that death occurred at* 10:25 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Marshall 243 M.D.	Twin Falls, Idaho	9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/1/52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-3-52	Donna Rack	Reynolds Funeral Home James C. Reynolds	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3436
Local Reg. No. 227
Reg. Dist. No. 460

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 321 5th Ave East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 321 5th Ave East

3. NAME OF DECEASED (Type or Print)
a. (First): MILTON
b. (Middle): L.
c. (Last): POWELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Paint Glass Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Payson, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Powell 74 — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ruth Page — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marguerite Powell — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH 592X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis — Years.
DUE TO (c): Chronic Glomerulo nephritis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Larson D. Oedham MD 297
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-52 02
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3237
Local Reg. No. 210
Reg. Dist. No. 460

Certificate of Death

SEP 22 1952

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Clive
b. (Middle):
c. (Last): Kay

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 27, 1939
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iron Mountain, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Kay — BIRTHPLACE: Oats, Mo.
14. MOTHER'S MAIDEN NAME: Millie Poff — BIRTHPLACE: Centralia, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert Kay — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

936.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation with Asphyxiation from hanging

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 7 1952 11:55 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Swinging on rope tied around neck. Rope suspended from telephone post. Rope twisted and tightened around neck.

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Did not see alive, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Sept 8, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-11-52
REGISTRAR'S SIGNATURE: Donna Liach
FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 138
Local Reg. No. 911
Reg. Dist. No. 460

BIRTH NO. SEP 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home Filer, Gen Del.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Leon; b. (Middle) G.; c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 25, 1900

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Washington, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos Carter
BIRTHPLACE: St. George, Utah

14. MOTHER'S MAIDEN NAME: Nancy M. Averett
BIRTHPLACE: St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXX

16. SOCIAL SECURITY NO.: 519 01 4274

17. INFORMANT'S OWN SIGNATURE: X R Biggs
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Occlusion of coronary artery
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June *19__, to __, 19__, that I last saw the deceased alive on* Did not see *19__, and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Wardrow Creed (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: Sept. 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 13, 52
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 9-18-52
REGISTRAR'S SIGNATURE: Alma Link
25. FUNERAL DIRECTOR: B. T. Atherton
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5935
Local Reg. No. 217
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print): a. (First) TOM b. (Middle) Z. c. (Last) ROGERS

4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Reno, Nevada

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Tom Rogers
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Morgan
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 458-18-8584

17. INFORMANT'S OWN SIGNATURE: Mrs Toni Z (Nan) Rogers
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 592X Hypertensive Cardiovascular Renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 6, 1951, *to* Sept 13, 1952, *that I last saw the deceased alive on* Sept 13, 1952, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O A Drake M.D.
23b. ADDRESS: 317 Sho N Twin Falls Idaho
23c. DATE SIGNED: 9-17-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Sep 24 52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: White Mortuary
ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2445
Local Reg. No. 318
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2 Twin Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. # 2 Twin Falls

3. NAME OF DECEASED (Type or Print): a. (First) LEAH b. (Middle) ELIZABETH c. (Last) McCOY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 4, 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Everett McCoy — BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Hattie Wallace — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Hattie McCoy — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

345.X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-26 1939, *to* 9-16, 1952, *that I last saw the deceased alive on* 7-31, 1952, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean N. Affleck MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/19/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-24-52

REGISTRAR'S SIGNATURE: Donna Lair

25. FUNERAL DIRECTOR: Dayle Hillis

ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 213
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 143 Adams St.

3. NAME OF DECEASED (Type or Print)
a. (First): Delbert
b. (Middle): C.
c. (Last): Kennison

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 27, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Clay County, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: David J. Kennison — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Clara Dickison — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-03-9193A
17. INFORMANT'S OWN SIGNATURE: Mary Kennison — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Cerebral The~~ Encephalomalacia 332X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 30.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1952, *to* Sept, 1952, *that I last saw the deceased alive on* Sept 16, 1952, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Ellis Kruger M.D. 569
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-1952
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-[illegible]-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3142
Local Reg. No. 18
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): Rural Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Vernie b. (Middle) Eugene c. (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 24, 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Diego, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archie Kennedy — BIRTHPLACE: Elmont, Kansas
14. MOTHER'S MAIDEN NAME: Almina Stevens — BIRTHPLACE: Lima, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes 11/10/48-5/29/52
16. SOCIAL SECURITY: 510-28-1787
17. INFORMANT'S OWN SIGNATURE: Vernie Kennedy — ADDRESS: Twin Falls, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound — INTERVAL BETWEEN ONSET AND DEATH: 3½ Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorage
DUE TO (c) Shock

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Forrest
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): T 21 N R9E — Valley — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 20, 52, 7:15 AM
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? While Hunting

22. *I hereby certify that I attended the deceased from* _____, 19__ AM *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Jack T. Badley (Degree or title): Coronor
23b. ADDRESS: Cascade, Idaho
23c. DATE SIGNED: 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/22/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 3-1952
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2443
Local Reg. No. 19
Reg. Dist. No. 318
BIRTH NO. 3

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Irma	Summers	Sept	21,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc	Married	May 26 1897	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife + nursing	R. N.	Perry Co, Mo	U-S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leo M. Boyce	Perry Co. Mo	Mary A Hogard	Perry Co. Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	—	519-28-2852	Leo M. Garland	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma of Uterus	4 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	—	
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Cholecystitis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10 Sept, 1952, *to* 20 Sept, 1952, *that I last saw the deceased alive on* 20 Sept, 1952, *and that death occurred at* 6:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stanley C. Parker M.D.		Cascade Idaho	21 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 24, 1952	Cascade	Cascade Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 24-1952	Myrtle M. Gardner	Ball Mission	Meridian, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1214
Local Reg. No. 18
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 525 W. Court

3. NAME OF DECEASED (Type or Print)
a. (First) NORA
b. (Middle) EVELYN
c. (Last) BAIN

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 22 1880

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Brigeport Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W.L. Sutton
BIRTHPLACE California

14. MOTHER'S MAIDEN NAME S.E. Wilson
BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Harry Cozens
ADDRESS Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30- *, 1952, to* 8-31- *, 1952, that I last saw the deceased alive on* 8-31- *, 1952, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 9/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/3/52

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 9/3/52

REGISTRAR'S SIGNATURE Marie Hawthorne

25. FUNERAL DIRECTOR C. L. Jones

ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
SEP 15 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3345
Local Reg. No. 14
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: # Oregon
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brownsville
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): RESSIE
b. (Middle): ZEE
c. (Last): HARRISON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Girard Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvin Fite — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Sarah Wineland — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Freda Brechler — ADDRESS: 711 E. Main Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema & asthma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Heart

DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28, 1952, *to* 9 5, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fa Schmidt MD. 363 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8-52 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 9/5/52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3146
Local Reg. No. 19
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Lewis
c. (Last): Wisdom

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 17 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Ironside Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Cass Wisdom — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Lofton — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Eva M. Wisdom — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5th, 1952, *to* Sept 6th, 1952, *that I last saw the deceased alive on* Sept 6th, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 M S McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/8/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/8/52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3947
Local Reg. No. 15
Reg. Dist. No. 32 C

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Was h.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Vendome Hotel

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) GAGE c. (Last) GRISHAM

4. DATE OF DEATH (Month) (Day) (Year): 9-8-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 3- -1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Mitchell, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sampson Grisham
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Emma Ross
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 540-20-9613

17. INFORMANT'S OWN SIGNATURE: Thos M Grisham
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-7, 19 52, *to* 9-8, 19 52, *that I last saw the deceased alive on* 9-8-52, 19 ___, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Van Eaton, M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9-10-52
REGISTRAR'S SIGNATURE: Marie Hewlborn
25. FUNERAL DIRECTOR: R. Dan Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

SEP 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3448
Local Reg. No. 17
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 924 W. 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 924 W. 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): DELLMON
b. (Middle): OTIS
c. (Last): HETRICK

4. DATE OF DEATH (Month) (Day) (Year): 9-18-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 14 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ripley Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nicholas Hetrick — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Reddrick — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lyle Hetrick — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental fall from Ladder — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Sudden Death

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): City

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 18, 1952-8pm m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell on side walk

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F A Schmitz M.D. 363
23b. ADDRESS: Weiser Ida
23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9-19-52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Dr. Weese

Certificate of Death

STATE OF IDAHO

State File No. 2510
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jacobs Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) LEWIS b. (Middle) LOVELL c. (Last) PATTERSON

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 17 1880

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Mdse.

11. BIRTHPLACE (State or foreign country): Kokomo, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Patterson BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Lewis L. Patterson ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 1 year + 5 years or more

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4478

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1951, *to* Sept 29, 1952, *that I last saw the deceased alive on* Sept 29, 1952, *and that death occurred at* 2 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 543 W. Weese MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 9/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/1/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/30/52

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: A. S. Jones ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49081

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No.
Reg. Dist. No. 32 C

RECEIVED SEP 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 2
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2, Payette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 2
d. STREET ADDRESS (If rural, give location): Rt. # 2, Payette

3. NAME OF DECEASED (Type or Print): a. (First) ALVIN b. (Middle) HOWARD c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year): September 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 14, 1911

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR Months: 3 Days: 2
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Payette, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin Jackson
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Blanche Mills
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-10-7729

17. INFORMANT'S OWN SIGNATURE: Mary Jackson
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* Sept. 17, 1952, *that I last saw the deceased alive on* Sept. 17, 1952, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Caiser (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: Sept. 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 9-20-52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3451
Local Reg. No. 20
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) GERTRUDE c. (Last) JOHNSON

4. DATE OF DEATH: (Month) 9- (Day) 26- (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 3, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac Newton Young
BIRTHPLACE: don't know

14. MOTHER'S MAIDEN NAME: Harriet Teagarden
BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.: XXXXX

17. INFORMANT'S OWN SIGNATURE: Ellen D. Johnson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 19 51, *to* Sept 26, 19 52, *that I last saw the deceased alive on* Sept 26, 19 52, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Strauch M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-29-52
24c. NAME OF CEMETERY OR CREMATORY: Cambridge
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 9-29-52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3452
Local Reg. No. 395
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 239 Owyhee

3. NAME OF DECEASED (Type or Print)
a. (First): HERBERT
b. (Middle): VERN
c. (Last): WALL

4. DATE OF DEATH (Month) (Day) (Year): Sept 25 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 7 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maroa, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William T Wall — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Susan Zeigler — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Span Amer War
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Mrs Martha Wall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 292.4 Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left lenticulo-striate artery hemorrhage. — 6 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Sept, 1952 *to* 25 Sep, 1952, *that I last saw the deceased alive on* 25 Sept, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C A Blackburn 532 (Degree or title) MD
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 4 Oct 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9 29 52
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county): Roswell (State): Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3453
Local Reg. No. 396
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Nampa State School

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE b. (Middle) c. (Last) RAMSAY

4. DATE OF DEATH (Month) (Day) (Year): Sept 27 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 9 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dantzler, Miss.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: W K Ramsay — BIRTHPLACE: Miss.
14. MOTHER'S MAIDEN NAME: Julia Byrd — BIRTHPLACE: Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: x H H Ramsay — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — Several mos.
DUE TO (c) Age + Diabetes mellitus — Few years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — Few years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Fall, 1951, *to* Sept, 1952, *that I last saw the deceased alive on* Sept 27, 1952, *and that death occurred at* 7 00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby MD (Degree or title) 080
23b. ADDRESS: 1320 Vista Ave. Boise
23c. DATE SIGNED: 10-3 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 9 28 52 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): American Fork Utah

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Paul S. Chapman, Nampa, Idaho — ADDRESS: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3454
Local Reg. No. 368
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1006 E. State Street

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) c. (Last) DAY

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1870

9. AGE (In years last birthday): 82-0-20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho City, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Heman Jones — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Nancy Walker — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. W. B. Day — ADDRESS: 1006 E. State St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated Hernia 561.5
INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arterio-sclerosis Senility.
Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-, 1941, *to* 10-1-, 1952, *that I last saw the deceased alive on* 9-30, 1952, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. Sundell M. D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/3/52 01
24c. NAME OF CEMETERY OR CREMATORY: Idaho City
24d. LOCATION (City, town, or county) (State): Idaho City, Idaho

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

3-4281

State File No. 3455
Local Reg. No. 373
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1620 Fowler St.

3. NAME OF DECEASED (Type or Print)
a. (First): Chris
b. (Middle): G.
c. (Last): Karras

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: — 1890

9. AGE (In years last birthday): 62
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe shine store 35

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Argos Shotive, Greece

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Karapanayeotes
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Housla Markou
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT'S OWN SIGNATURE: Earl Alden
ADDRESS: 911 State Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 24, 1952, *to* Oct 2, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 4:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson MD (Degree or title)
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9456
Local Reg. No. 370
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110½ Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle): ELMIRA
c. (Last): CUPPERNULL

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1889

9. AGE (In years last birthday): 62-11-26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator of California Hotel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bellevue, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Neils Christie Larsen-Denmark
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Margaret A. Warmington-Auburn, Calif.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ralph W Cupperull
ADDRESS: Boise Idaho 1110½ main

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension art.

DUE TO (c): Arteriosclerosis Gen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-11, 1950, *to* 10-2, 1952, *that I last saw the deceased alive on* 10-2-, 1952, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson 39R

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Oct. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 10-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3757
Local Reg. No. 380
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Y.M.C.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Y.M.C.A. (11th and Idaho)

3. NAME OF DECEASED (Type or Print)
a. (First): ROLLAND
b. (Middle):
c. (Last): KELLEY

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 17, 1924
9. AGE (In years last birthday): 28-5-16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gowen Field
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kuna, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Virgil P. Kelley — BIRTHPLACE: Norwood, Missouri
14. MOTHER'S MAIDEN NAME: Agnes Clemints — BIRTHPLACE: Bloomfield, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Virgil Kelly — ADDRESS: Quincy, Calif. 205 Kamby Dr.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Had been ill — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) for many years and died in
DUE TO (c) his sleep. Nothing of a criminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. nature.

793.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* ~~[illegible]~~ *saw the deceased* ~~[illegible]~~ *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Clyde E Summers 472 4 (Degree or title): Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock St.
23c. DATE SIGNED: 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/52
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-12192

BIRTH NO. OCT 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 3455
Local Reg. No. 379
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1720 Broxon Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHERYL
b. (Middle): LORRAINE
c. (Last): HENRY

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 1, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eric G. Henry — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Thelma G. Walker — BIRTHPLACE: Filer, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eric G. Henry — ADDRESS: 1720 Broxon St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 763.0 Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: Before birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Partial Premature Separation of Placenta
DUE TO (c) and Asphyxia Neonatorum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10.1, 1952, *to* 10.3, 1952, *that I last saw the deceased alive on* 10.3, 1952, *and that death occurred at* 12⁰⁰ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe 283 M.D.
23b. ADDRESS: 512 No. 16 St. Boise, Idaho
23c. DATE SIGNED: 10.4.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/4/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2456
Local Reg. No. 272
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 226 So. Phillippi

3. NAME OF DECEASED (Type or Print)
a. (First): Stanley
b. (Middle):
c. (Last): Jeppesen

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/6/20

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer 42

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Moore, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles R. Jeppesen
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Matilda Jenesen
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Elen R Jeppesen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute poliomyelitis
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 30, 1952, *to* Oct. 5, 1952, *that I last saw the deceased alive on* Oct 5, 1952, *and that death occurred at* 9:25a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul T. Miner MD
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Kelyea
ADDRESS: KELYEA MORTUARY Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3460
Local Reg. No. 383
Reg. Dist. No. 270

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1718 N. 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) TINNIE b. (Middle) STEWART c. (Last) JESSUP

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 16, 1873
9. AGE (In years last birthday): 79-7-20 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Clay Stewart BIRTHPLACE: Bourbon Co., Ky.
14. MOTHER'S MAIDEN NAME: Marie Jane Trabue BIRTHPLACE: Bourbon Co., Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs Elmer Moran Boise Idaho 409 Pueblo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile dementia
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/18, 1952, *to* Oct 6, 1952, *that I last saw the deceased alive on* 9/18, 1952, *and that death occurred at* 11:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/11/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 381
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1201 No 22nd. St

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Tressa
c. (Last): Caldwell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6th. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 19th. 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Franklin Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Jolley — BIRTHPLACE: Logan Utah
14. MOTHER'S MAIDEN NAME: Annie M. Lundgren — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Jessie M. Powers — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated Gall bladder; Cholelithiasis — ?
DUE TO (c) Chronic cholecystitis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cirrhosis of Liver
Right Perirenal abscess — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/2, 1951, *to* 10/6, 1952 *that I last saw the deceased alive on* 10/6, 1952 *and that death occurred at* 10:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2162
Local Reg. No. 382
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 Pueblo St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Hannifin

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6th. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? Collins — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Enhland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John B. Hannifin — ADDRESS: Boise 1024 Main St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease - Arteriosclerotic & Hypertension — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Gen — 10 to 20 yrs.
DUE TO (c) Paralysis agitans — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6, 1950, *to* 10-6, 1952, *that I last saw the deceased alive on* 7-7, 1952, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson, M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise.
J. S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 8463
Local Reg. No. 374
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Eugene
c. (Last): Ihrig

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plaster & Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Lancaster, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Ihrig — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna Katherine Warren — BIRTHPLACE: Paradise, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Earl Alden — ADDRESS: 911 State Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Carcinoma of Prostate — 1 1/2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Oct. 6, 1952, *that I last saw the deceased alive on* Oct 6, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinholder, M.D.
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3464
Local Reg. No. 388
Reg. Dist. No. 370

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS' HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FELIX
b. (Middle): JOHN
c. (Last): BEY

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 7, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 24, 1905

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MORTICIAN

10b. KIND OF BUSINESS OR INDUSTRY: FUNERAL

11. BIRTHPLACE (State or foreign country): PERRYVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN EMIL BEY
BIRTHPLACE: PERRYVILLE, MISSOURI

14. MOTHER'S MAIDEN NAME: MARIE DORRENBACH
BIRTHPLACE: COLOGNE, GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Gertrude H. Bey
ADDRESS: Perryville Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Lymphatic Leukemia
INTERVAL BETWEEN ONSET AND DEATH: 6-3-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Polycythemia Vera
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-23, 1950, *to* 10-4, 1952, *that I last saw the deceased alive on* 10-4-52, 19___, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.* 10-7-52

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 305 Fort St., Boise
23c. DATE SIGNED: 10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/10/52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3485
Local Reg. No. 384
Reg. Dist. No. 270

BIRTH NO. Oct 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Myrtle St.bet.Capitol &8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1915 N. 9th Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) RICHARD c. (Last) GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 10, 1899

9. AGE (In years last birthday): 52-11-28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cat Skinner 52.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sheridan, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Emerson Graham-Sheridan, Mo.

14. MOTHER'S MAIDEN NAME: Mettie Campbell — BIRTHPLACE: Bedford, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. James R. Hall — ADDRESS: 1915 N. 9th, Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

903.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured skull. Fell on oiled

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): street. Nothing of a criminal

DUE TO (c): nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/8/52 2:a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell on oil street. Myrtle St. between Capitol Blvd.&8th

22. *I hereby certify that I [illegible] saw the deceased [illegible], and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.

23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/11/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

3-4281

Certificate of Death

STATE OF IDAHO

State File No. 3456
Local Reg. No. 375
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 231 Warm Springs Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 231 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): Bybee

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 2, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Uintah, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Lee Bybee — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Jane Miller — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lee J Bybee — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Acute Pulmonary Edema

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ② Left Ventricular Failure

DUE TO (c) ③ Arterio-sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ① myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-11-49, 19__, *to* 10-8-52, 19__, *that I last saw the deceased alive on* 10-8, 1952, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford md 076 (Degree or title)
23b. ADDRESS: 311 Idaho St., Boise, Idaho
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Paul Waggoner — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Gudmunson

Certificate of Death

STATE OF IDAHO

State File No. 3467
Local Reg. No. 376
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2016 So. Latah

3. NAME OF DECEASED (Type or Print)
a. (First): Polly
b. (Middle): K.(Baby girl)
c. (Last): Roshong

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -----
8. DATE OF BIRTH: 10/7/52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 8 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----- 02
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME / BIRTHPLACE: Roy D. Roshong Traer, Kansas
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary O. Wilson York, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE / ADDRESS: X Roy D Roshong

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 762.5 Bronchotracheal hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis of lung. Prematurity.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 October, 1952, *to* 8 October, 1952, *that I last saw the deceased alive on* 8 October, 1952, *and that death occurred at* 5 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold B. Hulme 674 M.D.
23b. ADDRESS: 411 1st Nat. Bank, Boise, Idaho
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/10/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-14-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Russell A. Relyea F.D. 29
Relyea Mortuary Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 172
Reg. Dist. No. 371

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At his Home 2015 Kerr St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2015 Kerr St.

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Harrison
c. (Last): Lake

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3. 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: 07
11. BIRTHPLACE (State or foreign country): Flint Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Charles Henry Lake — BIRTHPLACE: Nova Scotia
14. MOTHER'S MAIDEN NAME: Jane Clay — BIRTHPLACE: Isle Of Man

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1.
16. SOCIAL SECURITY NO.: 530-05-0703
17. INFORMANT'S OWN SIGNATURE: Mrs R. C. Shelton — ADDRESS: Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary aethers sclerosis. — 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Died - Oct 9, '52

22. *I hereby certify that I attended the deceased from* never, 19__, *to* attended, 19 hrs, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C R Blackburn MD 532
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 15 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13th.52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J T McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 371
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 403 W. Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt.# 1

3. NAME OF DECEASED (Type or Print): a. (First) Altha b. (Middle) Louise c. (Last) Davis

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1886

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salina Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Eddy BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Hemm BIRTHPLACE: Aurora, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Helen A. Strom ADDRESS: 50 San Clemente Salinas, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension Art. — 23 yr.

DUE TO (c) Arteriosclerosis — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1952, *to* 10-9, 1952, *that I last saw the deceased alive on* 9-30, 1952, *and that death occurred at* 7:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smith (Degree or title) M.D. 23b. ADDRESS: Boise Idaho 23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ontario
24d. LOCATION (City, town, or county) (State): Ontario, Calif.

DATE REC'D BY LOCAL REG.: 10-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robinson ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 385
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2501 Idaho St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): J
c. (Last): Willy

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10th. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20th. 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federa Employee. Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: At Gowen

11. BIRTHPLACE (State or foreign country): Leadville Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Augustus P Willy
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 569-09-7987

17. INFORMANT'S OWN SIGNATURE: Mrs. H. J. Hebert
ADDRESS: Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10-10, 1952, *to* 10-11, 1952, *that I last saw the deceased alive on* 10-11, 1952, *and that death occurred at* 1:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence J. Floyd M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 13. 1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 389
Reg. Dist. No. 370

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3009 Good

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3009 Good

3. NAME OF DECEASED (Type or Print): a. (First) BLANCHE b. (Middle) HARRIET c. (Last) SPOFFORD

4. DATE OF DEATH: (Month) Oct. (Day) 14, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 8, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Grand Rapids, Wisconsin ~~now Central Rapids~~
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Julian Biron — BIRTHPLACE: Montreal, Canada
14. MOTHER'S MAIDEN NAME: Harriet Zenier — BIRTHPLACE: Alsace-Lorraine, France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: 2720 Heron — ADDRESS: Mrs David Riehe Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Had complained of — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pains in chest, during day
DUE TO (c) Nothing of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *last saw deceased* [illegible] *and that death occurred at* 2:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner of Ada County, Boise, Ida.
23b. ADDRESS: 1205 Bannock St.
23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Allen — ADDRESS: Boise, Idaho
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3472
Local Reg. No. 386
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Henry; c. (Last) Shirk

4. DATE OF DEATH: (Month) 10; (Day) 15; (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 8, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): officer 62

10b. KIND OF BUSINESS OR INDUSTRY: law enforcement

11. BIRTHPLACE (State or foreign country): Lancaster, Penna

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Shirk
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: X Ralph N. Shirk
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized — 2 yrs.
DUE TO (c) Age & Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-7 —, 1952 *to* 10-15, 1952, *that I last saw the deceased alive on* 10-15, 1952, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Carl B. Smith M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 10-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell L. Relyea
ADDRESS: RELYEA MORTUARY — Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 390
Reg. Dist. No. 370

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124-17th Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle):
c. (Last): CANFIELD

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 2. 1907.
9. AGE (In years last birthday): 42-0-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ellen Gertrude Gardner-Davenport, — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs L. A. Fingersall — ADDRESS: 124-17th Ave. So Nampa Ida

18. CAUSE OF DEATH 90217
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Shock Fat Embolism — INTERVAL BETWEEN ONSET AND DEATH
Collapsed Left Lung — Acute Dilatation of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Left Ribs + Pubic Bones of Pelvis
Obesity
DUE TO (c) Fractured Wrists

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Idaho Penitentiary
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 15 52 10:10 A m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Fell from Scaffold fell for 25 to 30 ft

22. *I hereby certify that I attended the deceased from* Oct 15, 1952 *to* Oct 15, 1952, *that I last saw the deceased alive on* Oct 15, 1952, *and that death occurred at* 10:10 A.M. *m., from the causes and on the date stated above.* died at 10 pm

23a. SIGNATURE (Degree or title): G. H. Wahle MD
23b. ADDRESS: 515 Eastman Bldg Boise Idaho
23c. DATE SIGNED: 10/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/17/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 398
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1715 No. 25th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Lila
c. (Last): Routson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25th 1905
9. AGE (In years last birthday): 47.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Steamboat Springs. Colo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E.F. LaMunyan
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Ida M. Phinney.
BIRTHPLACE: Hot Springs So. Dak:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-36-0789
17. INFORMANT'S OWN SIGNATURE: Edna Bowman
ADDRESS: Weiser Ida.

18. CAUSE OF DEATH 330X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1 month.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1952 *to* Oct 17, 1952 *that I last saw the deceased alive on* Oct 16, 1952 *and that death occurred at* 8:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lorene C Ward M.D. 437
23b. ADDRESS: Boise-Idaho
23c. DATE SIGNED: 10-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 387
Local Reg. No. 387
Reg. Dist. No. 370

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1809 W. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1809 W. Jefferson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas		Conklin	Oct.	18	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Apr. 15, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Businessman 35	Plbg. & Htg.	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Conklin	SaltLake City, Utah	Mary Elizabeth Murhy	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-----	unknown	X W.R. Conklin	Boise, Idaho

MEDICAL CERTIFICATION.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Acute Cardiac Failure	7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension, Chronic	8 yrs.
	DUE TO (c) Auricular fibrillation chr.	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis Generalized	4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/3, 1950, *to* Oct 18, 1952, *that I last saw the deceased alive on* Oct. 18, 1952, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank A. Miner MD	214 Eastman Bldg.	Oct. 20/1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/21/52	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-20-52	Myrtle Palmer	Russell Relyea	FD29

RELYEA MORTUARY BOISE IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 391
Reg. Dist. No. 370

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 24th and State Streets

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1907 North 31st Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FRANKLIN
c. (Last): SASSER

4. DATE OF DEATH (Month) (Day) (Year): October 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1918
9. AGE (In years last birthday): 34-0-19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter- 37
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Vale, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William F. Sasser — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Dora Knouse — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.: 518-07-3071
17. INFORMANT'S OWN SIGNATURE: Chas. E. Sasser — ADDRESS: Goodwin

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull. Automobile which

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) he was driving went out of
DUE TO (c) control, passing over curbing and throw-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ing him out of car against a tree.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/18/52 4:30p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car went out of control, throwing him from car.

22. *I hereby certify that* ~~I attended the deceased from xxxxxxxxxx 19xxx to xxxxxxxxxx 19xxx that~~ *I last saw the deceased* ~~alive on~~ 10/18, 1952, *and that death occurred at* 4:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers — Coroner of Ada County, Boise, Ida.
23b. ADDRESS: 1205 Bannock Street
23c. DATE SIGNED: 10/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/20/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ~~SUMMERS FUNERAL HOME~~
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 399
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1808 N. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): WEBB
b. (Middle): N.
c. (Last): REEVES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1874
9. AGE (In years last birthday): 78-5-27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tobacco Wholesaler
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrisonville, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Jerry Reeves-Harrisonville, Ohio
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Elizabeth Lathey-Harrisonville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: Lula Mae Reeves 1808 N. 18th Boise

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Ace — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* _____, 19__, *that I last saw the deceased alive on* Oct 19, 1952, *and that death occurred at* 8:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard G. Forney M.D.
23b. ADDRESS: 105 North 8th Boise.
23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 404
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 2205 No. 9th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2205 No. 9th. St

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Mathew
c. (Last): Peskor

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20th. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 19th 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest Retired 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY? USV.

13. FATHER'S NAME: Frank Peskor — BIRTHPLACE: Yugoslavia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 388-01-9530
17. INFORMANT'S OWN SIGNATURE: Joseph G. Stoman — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-23-52.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9.18, 1952, *to* 10.20, 1952, *that I last saw the deceased alive on* 10.20, 1952, *and that death occurred at* 6.15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Chemcovsky (283) (Degree or title): M.D.
23b. ADDRESS: 512 N. 16 St. Boise, Idaho
23c. DATE SIGNED: 10-22-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 24. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 400
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 117 So. 6th St

3. NAME OF DECEASED (Type or Print)
a. (First): Pedro
b. (Middle):
c. (Last): Sabala

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar 18. 1893
9. AGE (In years last birthday): 59/7/3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Herder
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Lequieto Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Phil Ubernaga — ADDRESS

18. CAUSE OF DEATH 434.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): COR PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Fibrosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Oct 20, 1952 *that I last saw the deceased alive on* Oct 20, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice W. Rubholder, M.D. 051
23b. ADDRESS: 401 Idaho St., Boise, Ida
23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1952 05
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 177
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 MOS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 3224 Anderson St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3224 Anderson St

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle): Mary
c. (Last): Bauer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ? 1887

9. AGE (In years last birthday): About 65
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse. 15

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cleveland Ohio

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Joseph Bauers
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Josephine Bauer
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Internal derangement L Knee

19a. DATE OF OPERATION: 10-7-52

19b. MAJOR FINDINGS OF OPERATION: Torn Internal Semi lunar Cartilage L Knee

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 5 - 52 1:15 pm.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell on sidewalk

22. *I hereby certify that I attended the deceased from* 8-4-, 1952, *to* 10-21, 1952, *that I last saw the deceased alive on* 10-19, 1952, *and that death occurred at* 10 30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome Burlaw M.D.

23b. ADDRESS: 209 Main, Boise, Ida.

23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 24 1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J. J. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Josephine Mary Bauer

now lying buried in St. John's Cemetery, in the City or Town of Boise

County of Ada State of Idaho, who died on the 21 day of October, 1952 Aged 65 Years ___ months

___ days, the cause of death being Coronary Occlusion and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

J. K. Burton attending Physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private or railway conveyance

to Cleveland Cemetery Cemetery in the City or Town of Cleveland County of Cuyahoga

State of Ohio to take effect upon the approval by the local board of health of the City, Town, or County of

Ada County it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to: this 5 day of March, A.D. 1953.

W. W. Burgess
Director, Division of Vital Statistics
by - Mary F. Elder, Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of Boise State of Idaho, this 5th day of March 1953.

Terrell C. Carr, M.D.
Health Officer

Form DPH-48019

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 407
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Rt. 3,

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) c. (Last) Dahlke

4. DATE OF DEATH (Month) Oct. (Day) 22nd (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 24th 1869
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME August Dittke BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Thresea Daniel BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE + Gustav Dahlke ADDRESS Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension and Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 10-18, 1952, *to* 10-22, 1952, *that I last saw the deceased alive on* 10-22, 1952, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 648 Jaun J. Floyd (Degree or title) M.D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bx Removal 3
24b. DATE 31 Oct. 24. 1952
24c. NAME OF CEMETERY OR CREMATORY Portland Memorial
24d. LOCATION (City, town, or county) (State) Portland Oregon

DATE REC'D BY LOCAL REG. 11-1-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3482
Local Reg. No. 394
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1306 Grant Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Elva b. (Middle) Elizabeth c. (Last) Seaman

4. DATE OF DEATH: (Month) (Day) (Year): October 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 15, 1884

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Epsom, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Queen BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk. BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Letha Gilbert Newhart Que ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 170X Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum 1949

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. Bst. c Metastasis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 49 *to* Oct 22, 1952, *that I last saw the deceased alive on* Oct 22, 1952, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard A. Lowney MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-23-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 401
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINE
b. (Middle):
c. (Last): FRANK

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1873
9. AGE (In years last birthday): 79-3-20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alsace Lorraine, France
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ?Sutter — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE 425 1/2 So 11th ADDRESS: Mrs. Irene Perrin Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arterio sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1949 *to* 10-22, 1952 *that I last saw the deceased alive on* 10-22, 1952 *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 305 (Degree or title): C. V. Parkinson
23b. ADDRESS: 207 N. 3rd St Boise, Ida.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 01: 10/27/52
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 410
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 819 North 29th Street

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle):
c. (Last): TEETER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 31, 1885
9. AGE (In years last birthday): 67-1-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Providence, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Knute Teeter — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Kathryn Gilmore — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 487-14-2042A
17. INFORMANT'S OWN SIGNATURE: George H Teeter — ADDRESS: Delta Motel

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1952, *to* Oct 23, 1952, *that I last saw the deceased alive on* Oct 23, 1952, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C Johnson MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/25/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 409
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1103 Harrison Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) RAYNER c. (Last) CHURCH

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 5, 1868
9. AGE (In years last birthday) 84-7-19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Australia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin Rayner BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Susie Call BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Florence E. Orr ADDRESS 1103 Harrison Blvd Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention & Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952, to Oct 25, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Braxton M.D. (Degree or title)
23b. ADDRESS Boise Idaho
23c. DATE SIGNED Oct 27 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/27/52
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 11-5-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2406
Local Reg. No. 411
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 501 North 30th Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): J.
c. (Last): STEVENS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1952

5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1882
9. AGE (In years last birthday): 70-0-15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Stevens — BIRTHPLACE: Old Mexico
14. MOTHER'S MAIDEN NAME: Lucinda Flake — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Geo. J. Stevens — ADDRESS: 501 N 30 Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Broncho pneumonia — 3 days
Arterio sclerotic heart disease — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* 24 Oct, 1952, *that I last saw the deceased alive on* 24 Oct, 1952 *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O R Blackburn M D
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 28 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/28/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3487
Local Reg. No. 414
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): LLOYD
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1890
9. AGE (In years last birthday): 62-8-9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adrian, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Clark — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Clara Coleman — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-8009
17. INFORMANT'S OWN SIGNATURE: Mrs Audrey B. Clark — ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures multiple ribs, Separation transverse os pubis. — INTERVAL BETWEEN ONSET AND DEATH: 10-15-52

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Traumatic asphyxia, fat embolism — 10-21-52

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Loc. Superficial liver. Hackenhumpers multiple - petechial brain

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lumber mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lowman Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-15-52 10.30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Logs rolled from trucks on patent

22. *I hereby certify that I attended the deceased from* 10-15, 1952 *to* 10-24, 1952, *that I last saw the deceased alive on* 10-23, 1952, *and that death occurred at* 5:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/26/52
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3488
Local Reg. No. 482
Reg. Dist. No. 374

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence- 1702 Abbs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1702 Abbs St.

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Stuart c. (Last) Hodges

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 15, 1875

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Rushville, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Hodges — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Kiziah Stevens — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Mrs Ethel Hodges — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis Gen. unk.
DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-14, 1952, *to* 10-24, 1952, *that I last saw the deceased alive on* 10-23, 1952, *and that death occurred at* 3.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 398 Carl B. Smithson
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Russell A. Relyea
RELYEA MORTUARY - Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 415
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Forest Grove
d. STREET ADDRESS (If rural, give location): 2214 Pacific Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 18, 1941
9. AGE (In years last birthday): 11-7-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student #3
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hillsboro, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold D. Johnson-Cortland, Ohio — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Anna A. Wolf-Cornelius, Oregon — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Marshall J. Johnson — ADDRESS: Aloha, Ore. Rt. 1 Box 5-34

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Extra Dural Hematoma — 12½ hrs
DUE TO (c): Depressed fracture skull — 12½ hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Contused lung Rt.; Fract. Rt Clavicle — 12½ hrs

19a. DATE OF OPERATION: 10-25-52
19b. MAJOR FINDINGS OF OPERATION: Depressed fracture skull; Extra Dural Hematoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elmore Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-25 52 6:00 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* 10-25, 1952, *to* 10-26, 1952, *that I last saw the deceased alive on* 10-26, 1952, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 044
23b. ADDRESS: 209 Main St., Boise Idaho
23c. DATE SIGNED: 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/28/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Forest Grove, Oregon

DATE REC'D BY LOCAL REG.: 11-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 330
Local Reg. No. 405
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 80 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 928 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) W.; c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): 10-29-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 5-12-1872

9. AGE (In years last birthday): 80 Yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining

10b. KIND OF BUSINESS OR INDUSTRY: 07

11. BIRTHPLACE (State or foreign country): Caldwell Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: George W. Williams — BIRTHPLACE: Ill;

14. MOTHER'S MAIDEN NAME: Mary E. Glenn — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Dollie Whitney — ADDRESS: Middleton Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Cong. Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 Dys.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): probable Arteriosclerotic Heart Dis. Years.
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 24, 1952, *to* Oct 29, 1952, *that I last saw the deceased alive on* Oct. 28, 1952, *and that death occurred at* 3:59 m., *from the causes and on the date stated above.* (10-29-52)

23a. SIGNATURE (Degree or title): Robert M Frazia, M.D.

23b. ADDRESS: Eastman Bldg Boise Idaho

23c. DATE SIGNED: 10-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 1st. 52.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J. J. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 416
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Mackay~~ Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): Mackay, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Pearl c. (Last) Morrison

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 1, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rutledge, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Morrison — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Cynthia Burkhart — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mrs Mary Morrison — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Metastatic Carcinoma
DUE TO (c) of Liver from Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (3) Gastro Intestinal Hemorrhage

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-32, 1952, *to* 10-30, 1952, *that I last saw the deceased alive on* 10-30-52, 19 —, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Ceiffard M.D. (Degree or title): M.D.
23b. ADDRESS: 311 Idaho
23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/3/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 11-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 406
Reg. Dist. No. 370

BIRTH NO. NOV 13 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2918 W. Ridenbaugh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2918 W. Ridenbaugh

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): I.
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 30, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Atchison County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James W. Shandy — BIRTHPLACE: Pike Co. Indiana
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Roberts — BIRTHPLACE: Watson, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Mattie Rice — ADDRESS: 621 S. Cascade, Colorado Springs, Colo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* 10 · 30, 1952, *that I last saw the deceased alive on* 9 · 24, 1952 *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R W Mack MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain Home
24d. LOCATION (City, town, or county) (State): Mountain Home, Ida.

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 413
Reg. Dist. No. 390

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): c/o Mayfield Stage

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNA	ELIZABETH	SAILOR	Oct. 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	April 28, 1899	52-6-2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Council, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mark Winkler	Virginia	Carrie Halverson	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lillian V. Wetzel ADDRESS: 1601 Roberta

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia
DUE TO (c): Rheumatic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: mitral Stenosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 6-2- *1952, to* 10-30 *, 1952, that I last saw the deceased alive on* 10-30 *, 1952, and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Cuffaro	M.D.	311 Idaho St.	11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/3/52	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2424
Local Reg. No. 408
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 61 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1715 Heron St.

3. NAME OF DECEASED (Type or Print): a. (First) Annie b. (Middle) Laura c. (Last) Reedy

4. DATE OF DEATH (Month) (Day) (Year): 10-31-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 15.1871

9. AGE (In years last birthday): 81/8/16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenhill No. Carolina

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Darnell
BIRTHPLACE: No. Carolina

14. MOTHER'S MAIDEN NAME: Unknown.
BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A C Reedy
ADDRESS: 1715 Heron Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 7d -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 7d -
DUE TO (c) arteriosclerosis —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1952, to 10/31, 1952, that I last saw the deceased alive on 10/31, 1952, and that death occurred at 9:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE: Paul R. Shanck, M.D. (Degree or title) 647
23b. ADDRESS: 302 W. Idaho St.
23c. DATE SIGNED: 11/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3rd. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 11-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2108
Local Reg. No. 269
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 3rd and King Streets

3. NAME OF DECEASED (Type or Print): a. (First) MAX b. (Middle) CLINTON c. (Last) MC FARLAND

4. DATE OF DEATH: October 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1920

9. AGE (In years last birthday): 32-7-18 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing agent-Zellerbach Paper

10b. KIND OF BUSINESS OR INDUSTRY: Co.

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald Clinton McFarland-Clarinda, Iowa

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Clara E. Harms-Narka, Kansas

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs Max McFarland P.O Box 751 Meridian Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Extreme hypertension — 15 yrs.

DUE TO (c) (Essential Hypertension)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Oct 1, 1952, *that I last saw the deceased alive on* Sept 28, 1952, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/4/52

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 10-7-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers

ADDRESS: SUMMERS FUNERAL HOME Boise, Id

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 169
Reg. Dist. No. 371

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home, Boise

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) F. c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1-29-81

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months: 8 Days: 5 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Atlanta, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Brown — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Katherine [illegible] — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic bronchitis with emphysema — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 26, *19* 52, *to* Oct 4, *19* 52, *that I last saw the deceased alive on* Oct 4, *19* 52, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. PATHOLOGIST

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 10-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 8. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson, Boise

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. R305
Local Reg. No. 166
Reg. Dist. No. 371

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2324 So. Atlantic

3. NAME OF DECEASED (Type or Print): a. (First) Jack; b. (Middle) —; c. (Last) Wells

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 4, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Paving

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 540-12-8910

17. INFORMANT'S OWN SIGNATURE: Amelia Anderson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart Disease — unk.
DUE TO (c) Chronic Hypertension Mitral Stenosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1952 *to* Oct 7, 1952, *that I last saw the deceased alive on* Oct 7, 1952, *and that death occurred at* 3:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Rusty M.D. — **23b. ADDRESS**: Meridian — **23c. DATE SIGNED**: 10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/11/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Russell A. Relyea — Relyea Mortuary Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3498
Local Reg. No. 165
Reg. Dist. No. 371

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada ? Canyon ?
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Boise~~ Chesterfield
d. STREET ADDRESS (If rural, give location): Chesterfield, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carl	Richard	Gustaveson	10	8	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	10/13/82	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gustaveson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mary Larson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X Daphne Byington — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — unk
DUE TO (c) Post Electric Shock Syndrome — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1952, *to* Oct 8, 1952, *that I last saw the deceased alive on* Oct 7, 1952, *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusby	MD	Meridian	10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/11/52	Chesterfield	Chesterfield, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-10-52	Myrtle Palmer	Russell A Relyea	Relyea Mortuary Boise, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Daines

Certificate of Death

STATE OF IDAHO

State File No. 2406
Local Reg. No. 167
Reg. Dist. No. 371

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Lena b. (Middle) R c. (Last) Worbois

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8/17/~~84~~ 68

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Paw Paw, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hiram G. Saxton
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Diantha Wilson
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Evan Worbois
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Deforming Rheumatoid Arthritis
DUE TO (c): 15 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 722.0

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1950, *to* _____, 19____, *that I last saw the deceased alive on* 8-8, 1952, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Daines (Degree or title) MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 10/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/11/52

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea

ADDRESS: F.D. 29 Relyea Mortuary - Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 371

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Lane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1761 North 16th St.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) E.; c. (Last) Ott

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-21-87

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 4; Days 20
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Horton County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Ott
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Becky Hucgel
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 541303083

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion — *
DUE TO (c): Arteriosclerotic Heart Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October 2, *19*52, *to* Oct. 11, *19*52, *that I last saw the deceased alive on* Oct. 11, *19*52, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): C. P. STEVENSON, M. D. Chief, Medical Service
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 16 1952
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. V. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3501
Local Reg. No. 175
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 59 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1316 No. 8th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lena	M.	Hesse	Oct. 12. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Feb. 7. 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Macolm Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. George — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Harriet M. Morse — BIRTHPLACE: Ill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Edith L. Melick — ADDRESS: Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1952 *to* Oct 12, 1952 *that I last saw the deceased alive on* Oct 11, 1952, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian	10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 15. 1952	Pioneer Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-28-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 502
Local Reg. No. 170
Reg. Dist. No. 371

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): HANNAH
c. (Last): SWIFT

4. DATE OF DEATH (Month) (Day) (Year): October 13, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5, 1882
9. AGE (In years last birthday): 70-2-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairbury, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Franklin Rue — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Electa Bailor — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: W. W. Swift — ADDRESS: R.2 Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1952, *to* Oct, 1952, *that I last saw the deceased alive on* 12 Oct, 1952, *and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill MD 536
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/17/52 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. .....
Local Reg. No. 171
Reg. Dist. No. 371

BIRTH NO. OCT 22 1952

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles West of Boise.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon.
b. COUNTY: Malheur.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario.
d. STREET ADDRESS (If rural, give location): 198. S.W. 3 rd Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle):
c. (Last): SUGAI.

4. DATE OF DEATH (Month) (Day) (Year): October. 14. 1952.

5. SEX: Male.
6. COLOR OR RACE: Yellow.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sept. 6. 1913.
9. AGE (In years last birthday): 39-1-8. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Owner.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Oregon.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Kiujiro Sugai, Japan.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Tsuru Matsukawa, Japan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs. Polly L. Sugai Ontario 198 S W 3rd Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Automobile that he was Driving on Highway # 20. West, Turned over

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and he was accidently killed.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7 Miles West of Boise, Idaho. in Ada County.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile Turned over on Highway.

22. *I hereby certify that I* ~~attended the~~ *saw deceased from* October. 14. 1952. *, 19* ~~[illegible]~~ *, 19* ____, *and that death occurred at* 6.15. A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner of Ada County.
23b. ADDRESS: Boise, Idaho. 1205. Bannock Street.
23c. DATE SIGNED: Oct. 14. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 14. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Ontario. Oregon.
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 176
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 283 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Pershing
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lovelock
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Rual b. (Middle) A. c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): October 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-4-1896

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 3, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Emory, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter P. Hansen — BIRTHPLACE: Mayfield, Utah

14. MOTHER'S MAIDEN NAME: Martha J. Stevens — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 560096726

17. UNDERTAKER'S OWN SIGNATURE: Records, VA Hospital, Boise, Idaho — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Siderosis; Bronchitis and emphysema

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 7, *19*52, *to* Oct. 16, *19*52, *that I last saw the deceased alive on* Oct. 16, *19*52, *and that death occurred at* 12.55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. PATHOLOGIST

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 18. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-28-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J. L. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 171
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 52yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3.

3. NAME OF DECEASED (Type or Print): a. (First) Walter; b. (Middle) Amos; c. (Last) Craig

4. DATE OF DEATH (Month) (Day) (Year): Oct 19. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 6. 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair Man.

10b. KIND OF BUSINESS OR INDUSTRY: Appliance & Radio

11. BIRTHPLACE (State or foreign country): Curtis Neb.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Craig
BIRTHPLACE: Nebraske

14. MOTHER'S MAIDEN NAME: Effie Spooner
BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-1748

17. INFORMANT'S OWN SIGNATURE: Mrs Ray E. Whitmore
ADDRESS: Boise Idaho

18. CAUSE OF DEATH 4 4 3 X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease & Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1952, *to* Oct 19, 1952, *that I last saw the deceased alive on* Oct 18, 1952, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title): M D

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 23. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS

F. V. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
27 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 173
Reg. Dist. No. 371

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 242 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) J. c. (Last) Yingst

4. DATE OF DEATH (Month) (Day) (Year): October 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 28, 1892

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Yingst — BIRTHPLACE: Harrisburg, Penn.

14. MOTHER'S MAIDEN NAME: Elizabeth Duncan — BIRTHPLACE: Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519120552

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of the varices of the esophagus — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Laennec's cirrhosis of the liver — 3 yrs. plus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

581.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, *19*52, *to* Oct. 20, *19*52, *that I last saw the deceased alive on* Oct. 20, *19*52, *and that death occurred at* 2:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson, M. D. — (Degree or title): Chief, Medical Service

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct. 24 1952

24c. NAME OF CEMETERY OR CREMATORY: Blackfoot.

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: 10-21-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J. V. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
27 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3507
Local Reg. No. 393
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Toll

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lucas Co. Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Toll
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Gustafson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Blanche Toll
ADDRESS: Meridan Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arterio-sclerosis — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Incomplete Bowel Obstudion — 1 wk.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 — , 19 51, *to* 10-21, 19 52, *that I last saw the deceased alive on* 10-19, 19 52, *and that death occurred at* 9:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) M.D.
23b. ADDRESS: Meridan Ida
23c. DATE SIGNED: 10-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 10-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B V Robinson
ADDRESS: Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3508
Local Reg. No. 174
Reg. Dist. No. 571

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Cannon	Peck	10	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Jul. 12, 1863	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cattleman	Farming	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Page Peck	~~no record~~ Virginia	Olive Jennings	~~not record~~ New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	unknown	[signature]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertensive Arter.-Sclerotic Cardio-nephrotic Syndrome — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 5, 1951, *to* 10-23, 1952, *that I last saw the deceased alive on* 10-22, 1952, *and that death occurred at* 1:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty	MD	Meridian Ida	10-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	Oct. 27, 1952	Sunnyside Mausoleum	Long Beach Calif

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-27-52	Myrtle Palmer	Russell A. Relyea

RELYEA MORTUARY - Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 190
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 miles north of Star-Emmett junction
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEWIS	RAY	BURKE	Oct. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Unknown	Dec. 24, 1913	38-10-0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 56
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Green County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 566-01-4539
17. INFORMANT'S OWN SIGNATURE: Clyde E. Summers. ADDRESS: 1205 Bannock Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Traumatic fracture of skull & intracranial hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Traumatic fracture, R ankle

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public hwy.	3 miles north of Star-Emmett junction, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/24/52 8:15p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Was walking down hwy. Was hit by an automobile

22. *I hereby certify that I attended the deceased from* autopsy only, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise	8 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/8/52	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 183
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print): a. (First) CLIFFORD b. (Middle) H. c. (Last) LYONS

4. DATE OF DEATH (Month) (Day) (Year): October 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 27, 1910
9. AGE (In years last birthday): 42-7-29 (IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LaGrande, Oregon
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Guy R. Lyons — BIRTHPLACE: Osakis, Minn.
14. MOTHER'S MAIDEN NAME: Emma Frances Rock — BIRTHPLACE: Yakima, Wash.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Essra Cox — ADDRESS: R.4 Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Bronchial Asthma — unk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* 10-26, 1952 *that I last saw the deceased alive on* Oct 25, 1952, *and that death occurred at* 4 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-5-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3511
Local Reg. No. 180
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence - route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): May
c. (Last): Bennett

4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5/15/03
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Pittsburg, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles W. Tynar — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Effie Campbell — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Emmett S Bennett — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): M. Trial Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1930

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic fever
DUE TO (c): Secondary anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/19, 1952, *to* 10/26, 1952, *that I last saw the deceased alive on* 10/25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. F. Lesser M.D.
23b. ADDRESS: Boise, Ida.
23c. DATE SIGNED: 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 10-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Russell C. Relyea
RELYEA MORTUARY - Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 178
Reg. Dist. No. 271

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS Ada

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 2
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Carter c. (Last) Temple

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 20, 1883

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Geo. Temple
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-36-3838

17. INFORMANT'S OWN SIGNATURE: James C. Temple Jr
ADDRESS: Meridian Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary Insuffiency — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 20, 1952, *to* Oct 26, 1952, *that I last saw the deceased alive on* Oct 10, 1952, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/29/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 10-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Robison
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 403
Local Reg. No. 370
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence - Star, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Frank; c. (Last) Hallian

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4/19/91

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Clare, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Hallian
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Henry
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE. ADDRESS
Louie Hallian

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma — 20 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1950, *to* Oct 26, 1952, *that I last saw the deceased alive on* Oct 26, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty M.D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 10-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 10/31/52
24c. NAME OF CEMETERY OR CREMATORY: McCall
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 10-30-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25-8
Local Reg. No. 184
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): P. O. Box 170

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): S.
c. (Last): FROST

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1872

9. AGE (In years last birthday): 80-1-12
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Livingston Co., Illinois USA

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Frost
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ella M Chaney
ADDRESS: R 3 Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephrosclerosis — unk
DUE TO (c): Bilious-Sclerosis — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 18, 1952 *to* Oct 27, 1952, *that I last saw the deceased alive on* Oct 26, 1952, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusky MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/29/52

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 11-5-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3515
Local Reg. No. 186
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTOPHER	H.	YENSEN	Oct. 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 10, 1899	52-10-20				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tulsa, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Douglas Yensen	Ohio	Anna Belle Greenup	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-36-2493
17. INFORMANT'S OWN SIGNATURE: Hulda M. Yensen ADDRESS: Star

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 155X Carcinoma primary Gallbladder — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
210 W A Faelsch MD	Boise	11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/3/52	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-52	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

2222

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 188
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R.D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): ELMER
c. (Last): FROST

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 30, 1877

9. AGE (In years last birthday): 75-5-1
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carthage, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orville Frost
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Catherine Worman
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rodney H. Frost
ADDRESS: 5322 Sita, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I ~~attended~~ did not the deceased from* _____, 19____, *to* _____, 19____, *that I ~~last~~ never saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.L. Newcombe 283 (Degree or title): M.D.

23b. ADDRESS: 512 N. 8th St., Boise

23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/5/52

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 11-12-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
~~SUMMERS FUNERAL HOME~~

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 10
Reg. Dist. No. 300

BIRTH NO. 111-52-12336

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Council Community Hospital

3. NAME OF DECEASED (Type or Print): a. (First) INFANT b. (Middle) BOY c. (Last) MURRAY

4. DATE OF DEATH (Month) (Day) (Year): October 5 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: October 5 1952
9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Council Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph Murray — BIRTHPLACE: Lander, Wyoming
14. MOTHER'S MAIDEN NAME: Marion Williamson — BIRTHPLACE: Tiboron, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ralph Murray — ADDRESS: Riggins, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 8 mo gestation & Breech presentation (primaturity c possible cerebral damage) — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1952, *to* Oct. 5, 1952, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 411
23b. ADDRESS: Council Idaho
23c. DATE SIGNED: 10/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-Cremation
24b. DATE: 10/6/52
24c. NAME OF CEMETERY OR CREMATORY: Weiser, Idaho
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/5/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADAMS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COMMUNITY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGGINS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGIANA b. (Middle) HICKS c. (Last) WALTERS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1952

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 21, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): LaPorte, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jonas Hicks
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Arminta York,
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Edgar Walters
ADDRESS: Riggins

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Patient fell out of bed striking head 10 minutes before death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 21, 1952, *to* Oct. 8, 1952, *that I last saw the deceased alive on* Oct. 8, 1952, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: Oct. 11, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riggins
24d. LOCATION (City, town, or county) (State): Riggins, Idaho.

DATE REC'D BY LOCAL REG.: 10-11-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3519
Local Reg. No. 12
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) ELISE c. (Last) FRY

4. DATE OF DEATH: (Month) 10- (Day) 11- (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Jackson, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Johnson A. White
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Margaret A. Eaton
BIRTHPLACE: Jackson, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXXX
(If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.: XXXXXXX

17. INFORMANT'S OWN SIGNATURE: Lenora Fry
ADDRESS: Cambridge, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1949, *to* Oct. 11, 1952, *that I last saw the deceased alive on* Oct. 11, 19 52, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/14/52

24c. NAME OF CEMETERY OR CREMATORY: Indian Valley

24d. LOCATION (City, town, or county) (State): Adams County, Idaho

DATE REC'D BY LOCAL REG.: 10/14/52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-7537

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 318
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 439½ North 9th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) INFANT b. (Middle) c. (Last) Boyatt

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: August 23, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 0 Min.: 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Johnson Boyatt BIRTHPLACE: Pocatello, Idaho

14. MOTHER'S MAIDEN NAME: Emma Louise Parkin BIRTHPLACE: Wilson, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT'S OWN SIGNATURE: J. Boyatt ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7768

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) No cause demonstrable

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Aug, 1952, to 23 Aug, 1952, *that I last saw the deceased alive on* August 23, 1952, *and that death occurred at* 9:16 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth G. Mortimer M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 22 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: James Henderson ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 214.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 313
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 637 South Hayes Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 637 South Hayes Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FANNIE b. (Middle) EMMA c. (Last) SAY

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 20, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Zurich, Switzerland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward T. Baur
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Audrey L. Say
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerotic heart disease — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Sept. 24, 19 52 *that I last saw the deceased alive on* Sept. 23, 19 52, *and that death occurred at* about 12:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 27, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jas. Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 305
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 836 E. Center, Pocatello

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 836 East Center

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Melissa c. (Last) Poll

4. DATE OF DEATH: (Month) Oct (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 9, 1877

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant View, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Berrett BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Charlotte Jones BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Georgia Poll Rasa ADDRESS: No. Ogden

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure, senility — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic progressive severe arthritis — 12 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bed patient for past 3 yrs. — 3 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Sept 4, 1952 *to* Oct. 3, 1952, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 5:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Dean Hartvigsen, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/6/52

24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery

24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: OCT 13 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack De. Wood ADDRESS: Idaho Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 301
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 340 Pocatello Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 652 N. 5th

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Hill Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5 1952

5. SEX: M.

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - - -

8. DATE OF BIRTH: Feb. 24 1923

9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Calvert Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hill Sr. — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Bernice Daniel — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 518-18-5876

17. INFORMANT'S OWN SIGNATURE: George Hill Sr. — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemorahage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): following gun shot
DUE TO (c): wound in abdomen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur M Hall MD — (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Oct 7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-8-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 9 1952
REGISTRAR'S SIGNATURE: Eva M Walkin

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Idaho
By John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2524
Local Reg. No. 310
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLYN
b. (Middle):
c. (Last): MOON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 24, 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho,
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lynn Moon — BIRTHPLACE: Malad, Idaho.
14. MOTHER'S MAIDEN NAME: Jenny Marrongelli, — BIRTHPLACE: Philadelphia, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lynn Moon — ADDRESS: Sterling, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary embolism	5 minutes
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Burn Contractures of neck & arm	2 months
DUE TO (c)	severe 3rd degree burns	3 1/2 mos.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION: 10-7-52
19b. MAJOR FINDINGS OF OPERATION: Burn contractures of neck & arm
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sterling, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Dress caught fire from hot plate.

22. *I hereby certify that I attended the deceased from* July 28, 1952, *to* Oct. 7, 1952, *that I last saw the deceased alive on* Oct. 7, 1952, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves 142 — M. D.
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED: Oct. 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 14, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

State File No. ____
Local Reg. No. 306
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Ft. Hall Ind. Reservation
d. STREET ADDRESS (If rural, give location): Bannock Creek

3. NAME OF DECEASED (Type or Print): a. (First) Cornelia b. (Middle) c. (Last) Fisher

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 8 1952

5. SEX: F.

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mike Pocatello
BIRTHPLACE: Montana

14. MOTHER'S MAIDEN NAME: Rebecca Broncho
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. Pocatello
ADDRESS: Ft. Hall Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

685X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Eclampsia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pregnancy @ 8 mos — 8 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Stillborn babe delivered 6 hours before pt died

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 Oct, 1952, *to* 8 Oct, 1952, *that I last saw the deceased alive on* 8 Oct, 1952, *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Garrett Howard M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-11-52
24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cem.
24d. LOCATION (City, town, or county) (State): Power County Idaho

DATE REC'D BY LOCAL REG.: OCT 13 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home Pocatello Ida
By John P. Downard
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3526
Local Reg. No. 311
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 215 North 10th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK; b. (Middle) H.; c. (Last) SMULLIN

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 17, 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman - retired

10b. KIND OF BUSINESS OR INDUSTRY: City Force

11. BIRTHPLACE (State or foreign country): Clay Center, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Esma Smullin — BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Mary Bull — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1904-1907

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Florence Smullin — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Extension of Adenoma to bladder & bowel.

DUE TO (c): & Myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Oct. 8, 19 52, *that I last saw the deceased alive on* Oct. 8, 19 52 *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Kay M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Oct. 14, 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Anderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 314
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Idaho
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Maguire c. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 24, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 51
10b. KIND OF BUSINESS OR INDUSTRY: Stock Grower
11. BIRTHPLACE (State or foreign country): Bloomington Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Dunn — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Julie Ann Maguire — BIRTHPLACE: Georgetown Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wm Dunn — ADDRESS: Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unresolved pneumonia 1 wk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8, 1952, *to* 10/9, 1952, *that I last saw the deceased alive on* 10/9, 1952 *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Roberts M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 13 1952
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: OCT 22 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No.
Local Reg. No. 319
Reg. Dist. No. 510

RECEIVED OCT 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 629 South Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): GARFIELD
c. (Last): SHAFER

4. DATE OF DEATH: October 11 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 19, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Manager

10b. KIND OF BUSINESS OR INDUSTRY: Apartments

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Shafer
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Hattie Sheffield
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: James H. Shafer
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Oct. 11, 19 52, *that I last saw the deceased alive on* Oct. 11, 19 52, *and that death occurred at* 10:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Howard M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 14, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 29 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: James Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 307
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Carl
c. (Last): Zahl

4. DATE OF DEATH (Month) (Day) (Year): 10 - 11 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: March 10, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer - Elevator
10b. KIND OF BUSINESS OR INDUSTRY: Elevator.
11. BIRTHPLACE (State or foreign country): Morris, Minn.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Zahl — BIRTHPLACE: Prussia
14. MOTHER'S MAIDEN NAME: Wilhelmina Ponto - Schonelanke, Germany — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 519-07-4251
17. INFORMANT'S OWN SIGNATURE: Margaret Zahl — ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Surgery — 3 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 8, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Pocatello — (COUNTY): Bannock — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1952, *to* Oct 11, 1952, *that I last saw the deceased alive on* Oct. 11, 1952, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Groom, M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 10/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial.
24b. DATE: 10-15-52
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Ida.

DATE REC'D BY LOCAL REG.: Oct. 13, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: H. Davis — ADDRESS: Am. Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No. 316
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 9½ Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 356 SOUTH HAYES

3. NAME OF DECEASED (Type or Print): a. (First) HYRUM b. (Middle) c. (Last) HELM

4. DATE OF DEATH: (Month) OCTOBER (Day) 14, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 1, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRAKEMAN U.P.R.R. 7o

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): PLEASANT VIEW, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS BENNETT HELM — BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARY JANE BULT — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Rodger T. Sparks — ADDRESS: 398 Norton Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 162X Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Mild Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 4, 1952 *to* Oct. 14, 1952 *that I last saw the deceased alive on* Oct 14, 1952 *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Merrill, M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 10-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 14 OCTOBER 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG. OCT 23 1952

REGISTRAR'S SIGNATURE: Eva M. Wallen

25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52-21
Local Reg. No. 313
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 351 Filmore, Pocatello Idaho
d. STREET ADDRESS (If rural, give location) 351 Filmore

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Frank c. (Last) Hadley

4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH April 9, 1943

9. AGE (In years last birthday) 9
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Ogden Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Kenneth Hadley
BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Lorretta Mae Cox
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT'S OWN SIGNATURE Kenneth Hadley
ADDRESS Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis, bulbar — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION 11 Oct 52

19b. MAJOR FINDINGS OF OPERATION Tracheotomy.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Oct, 1952, *to* 14 Oct, 1952, *that I last saw the deceased alive on* 13 Oct, 1952, *and that death occurred at* 10:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Laura B Buck (Degree or title) MD

23b. ADDRESS 804 E Center, Pocatello

23c. DATE SIGNED 15 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 10-16-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview cem.

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. OCT 22 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS Downard Funeral Home Pocatello Idaho
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 320
Reg. Dist. No. 311

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 248 East 1st. South Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	ARTHUR	WALLGREN	10-14-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 16, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Carrying Mail
11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl E. Wallgren — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Nelson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 519-03-0152
17. INFORMANT'S OWN SIGNATURE: Lee Wallgren — ADDRESS: 1109-27th Ogden

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Base of Skull — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

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19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at relatives home
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello, Idaho (COUNTY) Bannock (STATE)
21d. TIME OF INJURY (Month) Oct (Day) 12 (Year) 1952 (Hour) 8 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell from top Stairs, hit on cement floor

22. I hereby certify that I attended the deceased from 10/12 1952, to 10/14 1952, that I last saw the deceased alive on 10/14 1952, and that death occurred at 11:30 A m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): O. Call M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-14-52
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: OCT 29 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Idaho
John M. Richards

Federal Security Agency
United States Public Health Service
Form DPH-48021

DR. R. P. HOWARD

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 321
Reg. Dist. No. 510

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 631 NORTH JOHNSON

3. NAME OF DECEASED (Type or Print): a. (First) DAISY b. (Middle) REE [redacted] c. (Last) GREGG

4. DATE OF DEATH: (Month) OCTOBER (Day) 17, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER 27, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL-TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: TEACHING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK GREGG — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Spencer A. Cavanaugh — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral and femoral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 8 months
DUE TO (c) Arteriosclerotic Ht. Disease — 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1952 *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 15, 1952, *and that death occurred at* 6:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Oct. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: OCT 29 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25 FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Grant Mort. Pocatello, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 317
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 541 W. Young

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 541 W. Young

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) ARTHUR AMUNDSEN

4. DATE OF DEATH (Month) (Day) (Year) Oct., 18, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept., 18, 1890
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head car clerk
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Amundsen BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Julia Amadt BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 711-09-9122
17. INFORMANT'S OWN SIGNATURE Jean A. Amundsen ADDRESS Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 465X Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Embolism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1952 *to* 10-18, 1952 *that I last saw the deceased alive on* 10-17, 1952 *and that death occurred at* 9 30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O. E. Merrill M.D.
23b. ADDRESS Pocatello, Idaho.
23c. DATE SIGNED 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-21-52
24c. NAME OF CEMETERY OR CREMATORY Mount Moriah
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. OCT 22 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Howard Funeral Home ADDRESS Pocatello Ida.
G John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

OCT 30 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 322
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Idaho b. COUNTY Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello

d. STREET ADDRESS (If rural, give location) 532 Moreland

3. NAME OF DECEASED (Type or Print) a. (First) IRENE b. (Middle) c. (Last) HUMBURG

4. DATE OF DEATH (Month) (Day) (Year) October 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Dec. 19, 1918	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	Walgren Drug	Montpelier Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar E. Olson	Nebraska	Lillie Simpson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	519-09-9363	Max A. Humburg	Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma of L. breast - 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Oct 20, 1952, *that I last saw the deceased alive on* Oct 20, 1952, *and that death occurred at* 3:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. McMahon	Pocatello	10/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-22-52	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 29 1952	Eva M. Walein	Downard Funeral Home	Pocatello Idaho
		by John P. Grosman	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2536
Local Reg. No. 326
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Ellsworth
c. (Last): Hoffman

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 31, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Weber, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edmund Ellsworth — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Ellen Blair — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wallace Hoffman — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) with myocardial failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952, *to* Oct. 24, 1952, *that I last saw the deceased alive on* Oct 24, 1952, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L S Call 558 M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: Oct 27 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-52 01
24c. NAME OF CEMETERY OR CREMATORY: Lewisville Cemetery
24d. LOCATION (City, town, or county) (State): Lewisville, Idaho

DATE REC'D BY LOCAL REG.: Oct. 31, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls
Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 323
Reg Dist. No. 510

BIRTH NO. .....

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): several years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE 59 PORTNEUF PARK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 59 PORTNEUF PARK

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	GLYNDWOR	RICHARDS	OCTOBER	25,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	WHITE	MARRIED	JUNE 12, 1894	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MALAD, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS A. RICHARDS — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: SARAH CHIVERS — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR #1.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Paul Richards — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): cor heart failure.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Oct 1952 *to* —— 19—, *that I last saw the deceased alive on* 17 Oct, 19 52, *and that death occurred at* approx 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Marshall	MD	804 E. Center Pocatello	27 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 29, 1952	AMERICAN FALLS.	AMERICAN FALLS IDAHO

DATE REC'D BY LOCAL REG. OCT 29 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Hall-Hunt Mortuary, Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 353
Local Reg. No. 327
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho

c. LENGTH OF STAY (in this place): 9 mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Power

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls

d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cleveland	Elro	Coffelt, Jr.	10	26	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Dec. 20, 1951		10	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): American Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cleveland E. Coffelt — BIRTHPLACE: Antlers, Oklahoma

14. MOTHER'S MAIDEN NAME: Betty Jean Light — BIRTHPLACE: Antlers, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Cleveland E. Coffelt — ADDRESS: Am. Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diarrhoea — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Anemia — Several months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 25 Oct, 1952, *to* 26 Oct, 1952, *that I last saw the deceased alive on* 26 Oct, 1952; *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Louis E. Burch	MD	Pocatello, Ida	Oct. 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-30-52	Fallsview	American Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 29 1952	Eva M. Wallin	W. L. Ferris	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
NOV 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 232
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 238 Washington Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 238 Washington Avenue

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) EDWARD c. (Last) NATTRESS

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: Retail stores

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas N. Nattress
BIRTHPLACE: Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME: Ada Wrigley
BIRTHPLACE: American Fork, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-07-1400

17. INFORMANT'S OWN SIGNATURE: Evelyn J. Nattress
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes — 6-13 yrs?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pyelonephritis — 15 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* October 27, 19 52, *that I last saw the deceased alive on* Oct. 27, 19 52, *and that death occurred at* ~~10:30~~ 9 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Koehler M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 29, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Nov 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3540
Local Reg. No. 325
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello, Idaho.
c. LENGTH OF STAY (in this place) 4 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First) Stena
b. (Middle)
c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 - 1952

5. SEX Female
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Feb. 20 - 1882
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 8 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, Mother
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Aalborg, Denmark.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Soren Christenson
BIRTHPLACE Vesterhassing Denmark.
14. MOTHER'S MAIDEN NAME Kisten Marie Hanson
BIRTHPLACE Vensyssel Denmark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None -
17. INFORMANT'S OWN SIGNATURE J. C. Nelson
ADDRESS Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive intestinal Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic leukemia and Duodenal ulcer — 1 year
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Oct 27, 1952, *that I last saw the deceased alive on* Oct 27, 1952, *and that death occurred at* 12 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Howard MD (Degree or title)
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-30-52
24c. NAME OF CEMETERY OR CREMATORY Aberdeen
24d. LOCATION (City, town, or county) Aberdeen, (State) Idaho.

DATE REC'D BY LOCAL REG. OCT 29 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR H. L. Donic
ADDRESS Am. Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 334
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 24 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): STILLMAN
b. (Middle):
c. (Last): WETEMBONNE

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown

8. DATE OF BIRTH: unknown

9. AGE (In years last birthday): 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): No data

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Hospital records
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delerium tremors — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholism, chronic — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3291/

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 27, 1952, *to* October 28 1952, *that I last saw the deceased alive on* 28 Oct, 1952, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James Hindman M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 31, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct. 31, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Reservations

24d. LOCATION (City, town, or county) (State): Fort Hall Idaho

DATE REC'D BY LOCAL REG.: Nov 10 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Lindman

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form UPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 13 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 233
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 32 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 653 NORTH ARTHUR

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EMMA	NANNETTE	LEWIS KITE	OCTOBER 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 11, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): BRISTOL, TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC LEWIS — BIRTHPLACE: TENNESSEE
14. MOTHER'S MAIDEN NAME: DELILA — BIRTHPLACE: TENNESSEE

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT'S OWN SIGNATURE: Beatrice Clark — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

421.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic valvular heart disease with cardiac failure — 10 yrs.

DUE TO (c) Chronic nephritis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Toxic thyroid disease — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None	None	Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. *I hereby certify that I attended the deceased from* October 4 *1952 to* Oct. 28, *1952 that I last saw the deceased alive on* Oct. 27, *1952 and that death occurred at* 7:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Dean Hartvigsen, MD	Pocatello, Idaho	Oct. 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOVEMBER 1, 1952	MOUNTAIN VIEW CEMETERY	POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 10 1952	Eva M. Wallin	Allen J. Manning	HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 328
Reg. Dist. No. 510

BIRTH NO. 111-52-1249

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 235 S. 4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KENNETH	A.	HELMANDOLLAR	Oct., 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Oct., 27, '52	0		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dean Helmandollar — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Julia Anderson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Dean Helmandollar — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of the newborn — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 | 27, 1952, to 10 | 28, 1952, that I last saw the deceased alive on 10 | 28, 1952, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Louis E. Bush	MD	804 E. Center, Pocatello	30 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-30-52	Asperd Cem.	Asperd Idaho

DATE REC'D BY LOCAL REG.: NOV 7 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR — ADDRESS: Byron B. Howard Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 8 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 329
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1314 N. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ELBERT c. (Last) JOHNSON

4. DATE OF DEATH: (Month) Oct., (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Feb., 1, 1885	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER oG	OIL FIELDS	Romaine Co. Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Harvey Johnson.	Ill.	Julia Crawford	U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Leo E. Johnson	Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis - Rt. Side — INTERVAL BETWEEN ONSET AND DEATH: 3 WKs -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 10-28, 1952, *that I last saw the deceased alive on* 10-28, 1952; *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, M.D.	Pocatello, Ida.	10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-30-52	Salem	Salem Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 7 1952	Eva M. Wallin	Byron B. Maynard	Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NOV 8 1952 DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 330
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 536 Richland Acres

3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) c. (Last) CUTSHALTS

4. DATE OF DEATH (Month) Oct. (Day) 31, (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 23, 1896

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY Hartell Freightlines

11. BIRTHPLACE (State or foreign country) Burlington Wis.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Karcher BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Dora — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 519-24-9622

17. INFORMANT'S OWN SIGNATURE Francis Bergendorff ADDRESS Pocatello, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1744
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Cardia Uterus Grade #2.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1952 *to* 10-31, 1952 *that I last saw the deceased alive on* 10-31, 1952 *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. E. Merrill, M.D. (Degree or title)

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 3 NOV. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-3-'52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. NOV 7 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Dawnard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2516
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ida Ellen b. (Middle) Bloxham c. (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year): October 1 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Downey Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thos. Jos. Bloxham — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Harriet Alice Croxall — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Daniel B. Barnes — ADDRESS: Downey Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 2 0 1 Status adhesus due to myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis General

DUE TO (c) and myocardial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Oct 1st

22. *I hereby certify that I attended the deceased from* Aug 5, 1951, *to* Sept, 1952, *that I last saw the deceased alive on* OCT 1st, 1952, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Downey Idaho

23c. DATE SIGNED: 10-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 4 1952

24c. NAME OF CEMETERY OR CREMATORY: Downey

24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 10/4/52

REGISTRAR'S SIGNATURE: Orissa Salvesen

25. FUNERAL DIRECTOR: J. Guy Hansen — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 303
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK — OCT 11 1952
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHUBBUCK
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHUBBUCK
d. STREET ADDRESS (If rural, give location): ROUTE #2 NORTH CHUBBUCK

3. NAME OF DECEASED (Type or Print)
a. (First): DELBERT
b. (Middle): ARTHUR
c. (Last): BRISCOE

4. DATE OF DEATH (Month) OCTOBER (Day) 7, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MARCH 5, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (State or foreign country): BEAVER, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS BRISCOE — BIRTHPLACE: LANCASTER, ENGLAND
14. MOTHER'S MAIDEN NAME: MARTHA ANN BARNEY — BIRTHPLACE: SPANISH FORK, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: X Vern Briscoe — ADDRESS: Tyhee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Albuminuria
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
acute Influenza

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* several years of Hon., 19__, *to* _____, 19__, *that I last saw the deceased alive on* Leader Reed May 28, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. McKay — (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCTOBER 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county): POCATELLO, BANNOCK, (State): IDAHO

DATE REC'D BY LOCAL REG.: OCT 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No 231
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ACCIDENT ON BALLARD ROAD MIDWAY BETWEEN HAWTHRONE ROAD AND U.S. # 91.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): ROUTE # 2 NORTH ON HAWTHRONE ROAD.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DEVON	DAVID	SAUNDERS	OCTOBER	25,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
MALE	WHITE	NEVER MARRIED	JULY 20, 1942	10				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD "AT HOME"
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IDAHO FALLS, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT R. SAUNDERS	FARNUM, IDAHO	ELAINE DAVENPORT	WOODVILLE, IDAHO

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	----------	---------	Robert R. Saunders	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) hemorrahage
DUE TO (c) tractor turning over

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. resting on chest.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	about farm	Ballard Road	Bannock	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Oct.	25,	1952	6:50 PM		Tractor turned over

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur M Hall	Coroner	Pocatello Idaho	Oct 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	OCTOBER 28, 1952	MOUNTAIN VIEW CEMETERY	POCATELLO BANNOCK	IDAHO

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
NOV 10 1952	Eva M. Wallin	Allen J. Mannings	HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 2 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

State File No.
Local Reg. No.
Reg. Dist. No. 52

BIRTH NO. 111-52-12517 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) Ann c. (Last) Conner

4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 9/26/52 ~~Sept 26, 1952~~
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 67
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chris Conner BIRTHPLACE Lubbock Texas
14. MOTHER'S MAIDEN NAME Joffre Scott BIRTHPLACE Cokeville Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Chris E Conner ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth (6 mos) — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1952, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 4 1952
24c. NAME OF CEMETERY OR CREMATORY Cokeville Cemetery
24d. LOCATION (City, town, or county) (State) Cokeville Wyoming

DATE REC'D BY LOCAL REG. 1/3/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Form

RECEIVED
OCT 29 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death

State File No.
Local Reg. No.
Reg. Dist. No. 583

BIRTH NO. 111-52-12516

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Elvis
b. (Middle) Edwin
c. (Last) Conner

4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept 26 1952
9. AGE (In years last birthday) If under 1 year: Months / Days; If under 1 hr.: Hours / Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 62
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elvis Conner
BIRTHPLACE Lubbock Texas
14. MOTHER'S MAIDEN NAME Joffre Scott
BIRTHPLACE Cokeville Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elvis E Conner
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth (6 mos) — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1952, *to* Sept 28, 1952, *that I last saw the deceased alive on* Sept 28, 1952 *and that death occurred at* 4:00 p.m.; *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Reed Rich MD
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 1952
24c. NAME OF CEMETERY OR CREMATORY Cokeville Cemetery
24d. LOCATION (City, town, or county) (State) Cokeville Wyoming

DATE REC'D BY LOCAL REG. 10/25/52
REGISTRAR'S SIGNATURE N Perry
25. FUNERAL DIRECTOR Vile Matthews
ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Geneva Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Hirschi

4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 10 1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Born Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Hirschi BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Susan Katherine Warren BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl E Hirschi ADDRESS Geneva Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1952, *to* Oct 28, 1952, *that I last saw the deceased alive on* Oct 28, 1952, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. P. Gaeltner M.D. 471 (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 1 1952
NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 11/1/52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Nile Matthews
ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fish Haven Idaho
c. LENGTH OF STAY (in this place) 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fish Haven Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Victoria c. (Last) Stack

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 12 not known
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sweeden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown BIRTHPLACE Sweeden
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Owen L. Stock — Hemiplegia right sided — INTERVAL BETWEEN ONSET AND DEATH 4 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterial hypertension — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 1951, *to* Aug 22, 1952, *that I last saw the deceased alive on* Aug 22, 1952, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Spencer H Rich 334 (Degree or title) MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Aug 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 26 52
24c. NAME OF CEMETERY OR CREMATORY Fish Haven Cemetery
24d. LOCATION (City, town, or county) Fish Haven Idaho (State)

DATE REC'D BY LOCAL REG. 10/24/52
REGISTRAR'S SIGNATURE N N King
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Idaho
c. LENGTH OF STAY (in this place) 80
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Isabel
b. (Middle) King
c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 10, 1871
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Liberty Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David M King BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Susan Clark BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Ivie Humphreys ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Gastric Cancer — INTERVAL BETWEEN ONSET AND DEATH 2+ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 471 L. P. Gaulnes (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 30 1952
NAME OF CEMETERY OR CREMATORY Liberty Cemetery
24d. LOCATION (City, town, or county) Liberty Idaho (State)

DATE REC'D BY LOCAL REG. 11/24/52
REGISTRAR'S SIGNATURE C N Young
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC... OCT 2 ... 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3554
Local Reg. No.
Reg. Dist. No. 55

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Daughters Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): May
c. (Last): Burton

4. DATE OF DEATH (Month) (Day) (Year): Oct 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 3, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Nichols — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Dunlap — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond Burton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Numerous metastatic Carcinomas — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of breast
DUE TO (c) Amputated — 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948
19b. MAJOR FINDINGS OF OPERATION: Cancer of breast
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* October 6, 1952, *that I last saw the deceased alive on* October 6, 1952, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reed Rich M.D.
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pocatello Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 10/9/52
REGISTRAR'S SIGNATURE: A. Kenny
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Buck c. (Last) Smedley

4. DATE OF DEATH (Month) (Day) (Year) Oct 12, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH July 18, 1868.
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hucknal England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Buck BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Nancy Stafford BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lillian Buck ADDRESS Paris, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Debility — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1947, *to* Oct 12, 1952, *that I last saw the deceased alive on* Oct 12, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Spencer Hirsch 337 (Degree or title) MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Oct 15-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 15, 1952 01
NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE REC'D BY LOCAL REG. 10/24/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) James c. (Last) Lewis

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 1879
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paris Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Lewis BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Elizabeth King BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Arthur Lewis ADDRESS Paris Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left sided Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1950, *to* Oct 13, 1952, *that I last saw the deceased alive on* Oct 13, 1952, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Spencer H Rich (Degree or title) MD.
23b. ADDRESS Paris Idaho.
23c. DATE SIGNED Oct 15-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 16 1952
24c. NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE REC'D BY LOCAL REG. 10/24/52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
NOV 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lanark Idaho | c. LENGTH OF STAY in this place: 8 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho | b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lanark Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dee Ann | b. (Middle) | c. (Last) Roberts

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married | 8. DATE OF BIRTH: Apr 9 1944. | 9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Going to School | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Montpelier Idaho | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dean Roberts | BIRTHPLACE: Lanark Idaho | 14. MOTHER'S MAIDEN NAME: Phyllis Long | BIRTHPLACE: Seattle Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S OWN SIGNATURE: Jean Roberts | ADDRESS: Lanark Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.0 Gun shot wound (Accidental) | INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: Physical examination | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home | 21c. (CITY, TOWN OR TOWNSHIP): Lanark | (COUNTY): Bear Lake | (STATE): Idaho

21d. TIME OF INJURY (Month): Oct (Day): 16 (Year): 1952 (Hour): 5 P.M. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑ | 21f. HOW DID INJURY OCCUR? Was getting gun out of gun case to go hunting. Gun was loaded and fell on floor. Rifle fired. Bullet went into bathroom striking Child in back

22. *I hereby certify that I attended the deceased from* Oct 16, 1952, to Oct 16, 1952, *that I last saw the deceased alive on* Oct 16, 1952, *and that death occurred at* 11:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Koch (Degree or title) M.D. | 23b. ADDRESS: Montpelier Idaho | 23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: Oct 18 52 | NAME OF CEMETERY OR CREMATORY: Lanark Cemetery | 24d. LOCATION (City, town, or county) (State): Lanark Idaho

DATE RECD BY LOCAL REG: 11 52 | REGISTRAR'S SIGNATURE: N Hess | 25. FUNERAL DIRECTOR: Dale Matthews | ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. V30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway #95 4½ mi. so. of
c. LENGTH OF STAY (in this place): Plummer, Ida.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ miles south of Plummer, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Laurence
b. (Middle): Russell
c. (Last): Faulkner

4. DATE OF DEATH (Month) (Day) (Year): September 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 11-2-1901
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 57
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Pincher Creek, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. D. Faulkner — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Ella Burns — BIRTHPLACE: No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-09-8276
17. INFORMANT'S OWN SIGNATURE: LeRoy R. Faulkner — ADDRESS: Kamiah

18. CAUSE OF DEATH 825.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest
DUE TO (c) and ribs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4½ mi. so. of Plummer on U. S. #95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 29 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck overturned on him - may have fallen asleep.

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____ 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 1:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wessa, Coroner (Degree or title)
23b. ADDRESS: St. Maries, Ida
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 10-3-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-11-52
REGISTRAR'S SIGNATURE: Esper S. Brebner
25. FUNERAL DIRECTOR: K. H. Malcom — ADDRESS: Brown - Hann Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 48
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fernwood
c. LENGTH OF STAY (in this place): few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crystal Peak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 918 W. Gordon

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): C.
c. (Last): Rowley

4. DATE OF DEATH (Month) (Day) (Year): September 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1901
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 22
10b. KIND OF BUSINESS OR INDUSTRY: Spokane Paint & Wall Paper Co.
11. BIRTHPLACE (State or foreign country): Canton, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Rowley — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Nellie Boyce — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-05-2502
17. INFORMANT'S OWN SIGNATURE: Mrs Irene Rowley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

782.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Wessa (Degree or title): Coroner
23b. ADDRESS: St. Maries, Ida
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-1-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 10-3-52
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: C. E. Gilman, Hazen & Geeger — ADDRESS: Spokane

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 180

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. #2 Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	Washington	Everett	10	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 11, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Perth, Maine
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Data — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No Data — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Bernice Everett — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jergen A. Rapp M.D.	St. Maries, Idaho	10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-4-52	Riverside Cemetery	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-3-52	Esper S. Credner	Gerald E. Browning	St. Maries Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 50
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): St. Maries Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Walter
c. (Last): Boutillier

4. DATE OF DEATH: October 7 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 16, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumbering

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John L. Boutillier
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Martha Long
BIRTHPLACE: No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. E. Boutillier
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May *1952 to* Oct 7, *1952 that I last saw the deceased alive on* Oct 7, *1952 and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title): M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: Oct 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Esper B. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 120

BIRTH NO. 111-52-12541

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries.
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 430 12th Street.

3. NAME OF DECEASED (Type or Print): a. (First) Anne b. (Middle) Irene c. (Last) Mead

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 30, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 15 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John S. Mead — BIRTHPLACE: St. Paul, Minnesota

14. MOTHER'S MAIDEN NAME: Margaret Florence Adam — BIRTHPLACE: Leicestershire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: John S. Mead — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

763.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar Pneumonia - left lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralytic ileus — 14 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Oct 1952, *to* 15 Oct 1952, *that I last saw the deceased alive on* Oct 15, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jurgen A. Rapp — (Degree or title): M.D. — **23b. ADDRESS**: St. Maries, Idaho — **23c. DATE SIGNED**: 10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10-18, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn — **24d. LOCATION** (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 10-20-52 — REGISTRAR'S SIGNATURE: Esper B. Brebner — **25. FUNERAL DIRECTOR**: Gerald E. Browning — ADDRESS: St. Maries Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. _____
Local Reg. No. 53
Reg. Dist. No. 120

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 243 13 th Street

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) B. c. (Last) Bemis

4. DATE OF DEATH: (Month) (Day) (Year) October 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-17-1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Princeton, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Bemis — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Catherine Corbett — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 518-03-7090
17. INFORMANT'S OWN SIGNATURE: x Mrs Albert Bemis — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 3:29 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp, M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-1-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Esper B. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning, St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 163
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 598 Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 598 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Martha Jane
b. (Middle): Carling Webb
c. (Last): Porter

4. DATE OF DEATH (Month) (Day) (Year): October, 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 25, 1867
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 8, Days 8
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fillmore, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac V. Carling
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Asenith Browning
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Daphne W. Jemmett
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Causes incident to age

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1952, *to* 10-3, 1952, *that I last saw the deceased alive on* 10-3, 1952, *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A E Miller M D
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Basalt Cemetery
24d. LOCATION (City, town, or county) (State): Bingham Idaho

DATE REC'D BY LOCAL REG.: Oct 6 1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patine
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 167
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Fairgrounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

d. STREET ADDRESS (If rural, give location): North Fairgrounds

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie	Carey	Putnam	October 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Sept. 13, 1885	67	0	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	own home	Waterloo, Iowa	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin Luther Carey	Iowa	Sarah Ann Haden	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		E. Zimmerman	Palisades, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma gall Bladder — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

155X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
August 1952	Carcinoma obstructing common bile duct	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Oct. 6, 1952, *that I last saw the deceased alive on* Oct. 6, 1952, *and that death occurred at* 11:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C Dean Packer M. D.	Blackfoot, Idaho	10-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1952	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 8-1952	Myrtle E Patrick	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 767
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
d. STREET ADDRESS (If rural, give location): Box 3

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) LEE c. (Last) BRELAND

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 31, 1941
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert M. Breland — BIRTHPLACE: St. John, N.D.
14. MOTHER'S MAIDEN NAME: Helen Bear — BIRTHPLACE: Ft. Hall, Idaho.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert M. Breland — ADDRESS: Ft. Hall, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia Severe Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Cardiac Decompensation — 18 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 19 52, *to* Oct. 13, 19 52, *that I last saw the deceased alive on* Oct. 13 19 52, *and that death occurred at* 7:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dean Packer (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Oct. -52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 31-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 171
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
OCT 18 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 534 W. Judicial Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 534 W. Judicial Street

3. NAME OF DECEASED (Type or Print): a. (First) Marcus b. (Middle) Calvin c. (Last) Shawver

4. DATE OF DEATH: (Month) (Day) (Year) October 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 1, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 2 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer/broker

10b. KIND OF BUSINESS OR INDUSTRY: potatoe & grain

11. BIRTHPLACE (State or foreign country): Sedan, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harve Shawver

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Clementine Macabee

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Kenneth Shawver ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Expansive heavy murmur — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia due to Stroke — Oct 18 1943

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8 1943 *to* Oct 13 1952, *that I last saw the deceased alive on* Sept 3 1952, *and that death occurred at* 6:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-16-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct 15 1952

REGISTRAR'S SIGNATURE: Myrtle Alice E. Fales

25. FUNERAL DIRECTOR: Willard Cooper ADDRESS: Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 175
Reg. Dist. No. 6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 61 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eastern Idaho Fairgrounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Blackfoot N. Fairgrounds

3. NAME OF DECEASED (Type or Print)
a. (First): Lorenzo
b. (Middle):
c. (Last): Jorgensen

4. DATE OF DEATH (Month) (Day) (Year): October 17, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 21, 1891
9. AGE (In years last birthday): 61 — If under 1 year: Months 5, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Montpelier, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Peter Jorgensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Hannah Marie Andersen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 1917-1919
16. SOCIAL SECURITY NO.: 518-28-2532
17. INFORMANT'S OWN SIGNATURE: Tony Jorgensen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend *to* _____, 19__, *that I last saw the deceased alive on* never saw him alive *and that death occurred at* about 1:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Oct. 21, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Basalt Cemetery
24d. LOCATION (City, town, or county) (State): Bingham Idaho

DATE REC'D BY LOCAL REG.: Oct. 18-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Willard Cooper — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 174
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Centerville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lucy Addie b. (Middle) Quigley c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) Oct - 17, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 25 - 1870
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clarkston - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Quigley BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Harriet Yates BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Gladys W. Belnap ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility & anemia 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see patent alive *, that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. C. Hampton M.D. (Degree or title)
23b. ADDRESS Blackfoot Ida
23c. DATE SIGNED 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 18 - 52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Centerville - Utah

DATE REC'D BY LOCAL REG. Oct 18 1952
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. .....
Local Reg. No. 176
Reg. Dist. No. 600

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 725 E. Judicial St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 725 E. Judicial St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ALEXANDER
c. (Last): KEELE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 15, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Payson, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Keele — BIRTHPLACE: Payson, Utah
14. MOTHER'S MAIDEN NAME: Alice Bielby, — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wayne Keele — ADDRESS: Blackfoot, Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential hypertension — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
osteo arthritis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 19[illegible], *to* Oct. 18, 19 52, *that I last saw the deceased alive on* Oct 18, 19 52, *and that death occurred at* 7:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emerrill Parker 315 M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-52
24c. NAME OF CEMETERY OR CREMATORY: Groveland Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 20-1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52 [illegible]

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 184
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kennedy Park Addition

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 614 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Ricky
b. (Middle): William
c. (Last): Chaffin

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 15, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 10; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Glen Chaffin — BIRTHPLACE: Jackson, Wyoming
14. MOTHER'S MAIDEN NAME: Lucille Palmer — BIRTHPLACE: Mackay, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Glen Chaffin — ADDRESS: Blackfoot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pyelitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week after birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital deformity of urethra attaching to normal sinus birth
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congenital absence of the abdominal musculature.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1952 *to* Oct 25, 1952, *that I last saw the deceased alive on* Oct 28, 1952, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill Parker MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10.28.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley - Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct. 27 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3572
Local Reg. No. 188
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 551 North University

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 551 North University

3. NAME OF DECEASED (Type or Print): a. (First) Griffith b. (Middle) Mathew c. (Last) Roberts

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 22, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Utah-Idaho Sugar Co.
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Griffith Perry Roberts — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Ann Mathews — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-8741
17. INFORMANT'S OWN SIGNATURE: Celeste Roberts — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28, 1952, *to* 10-29, 1952, *that I last saw the deceased alive on* 10-28, 1952 *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov 1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 161
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 8M.16D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITALSOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): NANA
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): OCT. 1 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT.2,1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 1, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 65
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BUNGOM CO. NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JACKSON BROWN — BIRTHPLACE: NORTH CAROLINA
14. MOTHER'S MAIDEN NAME: RACHEL SNELSON — BIRTHPLACE: NORTH CAROLINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Nanna — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15-~~##~~, 1952, *to* 10-1, 1952, *that I last saw the deceased alive on* 10-1-52, 19__, *and that death occurred at* 9:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Howard MD
23b. ADDRESS: Bedipass Ida
23c. DATE SIGNED: 7/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-1-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Oct 7-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Jack Henderson By: H. Packham — **ADDRESS**: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 160
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 1M. 12D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): J.
c. (Last): ANGLUND

4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: —
9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GALVE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CONRAD J. ANGLUND — BIRTHPLACE: KANSAS
14. MOTHER'S MAIDEN NAME: ANNIE — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: RECORDS, Elsie McNamar. — ADDRESS: STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchi-pneumonia — 422.2 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocardial degeneration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sinclair

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19, 1952, *to* 10-1, 1952, *that I last saw the deceased alive on* 10-1, 1952, *and that death occurred at* 8:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Howard 658 MD (Degree or title)
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-3-1952
24c. NAME OF CEMETERY OR CREMATORY: Boise
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Oct. 3-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR: Willard A. Casper — ADDRESS: Blackfoot

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 162
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y.8M.23D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAILEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ARDYS
b. (Middle):
c. (Last): BROOKS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 3, 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: JULY, 21, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 5
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HAILEY, IDAHO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE BROOKS — BIRTHPLACE: MISSOURI
14. MOTHER'S MAIDEN NAME: CASSIA WALKER — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Double lobar pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocardial degeneration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 13 *19*52, *to* Oct 3, *19*52, *that I last saw the deceased alive on* Oct 3, *19*52, *and that death occurred at* 1:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Hawmo 658 NW
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 1/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-3-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Hailey, Idaho.

DATE REC'D BY LOCAL REG.: Oct 3 1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

for McGoldrick Funeral Home, Hailey, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 168
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 12 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): 1ST. W. PARK AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): E.
c. (Last): RODGERS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 7 1952.

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 5, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LOCKWOOD, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: SAMIUL RODGERS — BIRTHPLACE: TENN.
14. MOTHER'S MAIDEN NAME: SARAH DANIELS, — BIRTHPLACE: TENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNeman — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abuse of live
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Perforation peptic ulcer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-25-, 1952, *to* 10-7-52, 19__, *that I last saw the deceased alive on* 10-6, 1952, *and that death occurred at* 9:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M L Howard (Degree or title): M. D.
23b. ADDRESS: Blackfoot Ida.
23c. DATE SIGNED: 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-8-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: Oct 9-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.
For Jones Mortuary, Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 166
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 6Y.10M.9D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): M.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): 10- 7 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 3, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Namar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

460X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Occlusion (Partial) aorta

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Numerous varicosities
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 10-7, 19 52, *that I last saw the deceased alive on* 10-7, 19 52, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Howard 658 MD (Degree or title)
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-8-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 164
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 2M. 19D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: TWIN FALLS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): 121 8th AVE.NO.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIA M
b. (Middle): M.
c. (Last): SNYDER

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 7, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 10,1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SEYMOUR SNYDER — BIRTHPLACE: CONN.
14. MOTHER'S MAIDEN NAME: MARY OVERBAUGH — BIRTHPLACE: OHIO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial degeneration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 18, 1952, *to* Oct. 7, 1952, *that I last saw the deceased alive on* Oct. 7, 1952, *and that death occurred at* 3:15A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Howard 658 Md (Degree or title)
23b. ADDRESS: Blackfoot, Ida
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-8-52
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. So. Cem
24d. LOCATION (City, town, or county) (State): Buhl, Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Oct. 7-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Thomas Rt. #2
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2, Thomas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Thomas
d. STREET ADDRESS (If rural, give location): Rural Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Artie
b. (Middle): Knight
c. (Last): Van Orden

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 26, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Impl'mt. Dlr.
10b. KIND OF BUSINESS OR INDUSTRY: Farm - Ret. Store
11. BIRTHPLACE (State or foreign country): Washington, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Peter Edmund Van Orden — BIRTHPLACE: Kaysville, Utah
14. MOTHER'S MAIDEN NAME: Christena Bastion — BIRTHPLACE: Washington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Edith J. Van Orden — ADDRESS: Blf't. Rt. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1952, *to* Oct. 8, 1952, *that I last saw the deceased alive on* Oct 5, 1952, *and that death occurred at* 11:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Merrill Packer M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct-9-1952
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 165
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 4M. 19D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGBY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle):
c. (Last): ARNSBERGER

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 8, 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: MAY 8,1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 5, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POPLAR BLUFF, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.7 Lobar pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fracture rt hip
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 25,1952-4:30am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on way to bathroom

22. *I hereby certify that I attended the deceased from* MAY 19, *1952, to* OCT. 8, *1952, that I last saw the deceased alive on* OCT. 8, *1952, and that death occurred at* 8:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 658 7118
23b. ADDRESS: Bennington Idaho
23c. DATE SIGNED: 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 8-1952. 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Removed to Idaho Falls

DATE REC'D BY LOCAL REG.: Oct. 8-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 170
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y. 2M. 2D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
d. STREET ADDRESS (If rural, give location): COUNTY HOME

3. NAME OF DECEASED (Type or Print)
a. (First): ED.
b. (Middle):
c. (Last): DUVAL

4. DATE OF DEATH (Month) (Day) (Year): OCT. 11, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 24, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOT KNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN — BIRTHPLACE: NOT KNOWN
14. MOTHER'S MAIDEN NAME: NOT KNOWN — BIRTHPLACE: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: RECORDS, STSTE HOSPITALSOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

571.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Acute enteritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fatty infiltration of heart

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 9, 1951, *to* OCT. 11, 1952, *that I last saw the deceased alive on* oct. 10, 1952, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. Q. Howard (Degree or title) MD
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11-1952
24c. NAME OF CEMETERY OR CREMATORY: St. Hospital-Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Oct. 11-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: J. C. Sandberg — ADDRESS: Blackfoot
By Grace A. Sandberg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 18 1952 DIVISION OF VITAL STATISTICS

State File No. 3582
Local Reg. No. 173
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 10M.21D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): H.
c. (Last): YOUNG

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 14, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 9, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIGHT WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SPRINGFIELD, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LAMES L. YOUNG — BIRTHPLACE: SO. CAROLINA
14. MOTHER'S MAIDEN NAME: SARAH RUSH — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: RECORDS Elsie McNamar — ADDRESS: STATE HOSPITAL SOUTH BLACKFOOT, IDAHO.

18. CAUSE OF DEATH 433.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 1951, *to* 10-14, 1952, *that I last saw the deceased alive on* 10-13-, 1952, *and that death occurred at* 4:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Howard M.D. (Degree or title)
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 16 Oct. 52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Oct 16-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Willard Cosper — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3583
Local Reg. No. 177
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4yr, 8mo, 8da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): UNION
b. (Middle): E.
c. (Last): MILLSPAUGH

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 18 1952

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: APRIL 28, 1862
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER, MINER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MT. PLEASANT, IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN MILLSPAUGH — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 10, 1948, *to* OCT. 18, 1952, *that I last saw the deceased alive on* OCT. 18, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. R. Howard — Nbd
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 1/4/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 10-19-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 19-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho. for Alsip Funeral Home, Nampa, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 178
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7yr, 18da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNKNOWN
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): KATHERINE
c. (Last): GEORGE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 18, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: AUGUST 13, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: George UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lemont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 20, 1945, *to* OCT. 18, 1952, *that I last saw the deceased alive on* OCT. 18, 1952, *and that death occurred at* 9:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Hawkins 658 Ind
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-23-52
24c. NAME OF CEMETERY OR CREMATORY: Hosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 20-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3585
Local Reg. No. 179
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED 27 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4yr, 7mo, 8da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): L.
b. (Middle): V.
c. (Last): LEDVINA

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 20, 1952

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 23, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WAHOO, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOSEPH LEDVINA — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar pneumonia, double — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): coronary disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 12, 1948, *to* OCT. 20, 1952, *that I last saw the deceased alive on* OCT. 20, 1952, *and that death occurred at* 8:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Leonard 65 Un
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial/removal
24b. DATE: 20 Oct 52
24c. NAME OF CEMETERY OR CREMATORY: Boise
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: Oct 26-1952
REGISTRAR'S SIGNATURE: Mrs Walter E Latane
25. FUNERAL DIRECTOR: Willard Casper — ADDRESS: Blackfoot Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended May 25, 1953

Certificate of Death

STATE OF IDAHO

State File No. 3586
Local Reg. No. 180
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place): 2mo.-13 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)

a. (First): MARTHA

b. (Middle):

c. (Last): McENTIRE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 21, 1952

5. SEX: f.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: May 7, 1889

9. AGE (In years last birthday): 63

IF UNDER 1 YEAR — Months: 5 Days: 14

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisville, Utah

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James McEntire — BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Lucy Wallace — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: W. Lament — ADDRESS: Records State Hospital South, Blackfoot, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio - renal disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocarditis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 8, 19 52, *to* Oct. 21, 19 52, *that I last saw the deceased alive on* Oct. 21, 19 52, *and that death occurred at* 6:50a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Q. Howard — (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Ida.

23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10/24/52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1952

REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAY 23 1953 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 52-3586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Martha McIntire (Name on Original Certificate) who died (Was Born or Died) on Oct. 21, 1952 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Sister in Law (Bible Record, Insurance Policy, Etc.) prepared on May 22 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname of deceased.	McIntire	McEntire

Subscribed and sworn to before me this 22 day of May, 1953.
Eugene L. Bush
Notary Public, residing at Idaho Falls, Idaho
My commission expires July 17, 1956
(Seal)

Signed Mrs Arthur B Mc Entire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

443 G St. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May, 1953.
Eugene L. Bush
Notary Public, residing at Idaho Falls, Idaho
My commission expires July 17, 1956
(Seal)

Signed Jack A. Wood
(Signature of Any Credible Person)

273 N. Ridge Ave
Idaho Falls, Idaho
(Street Address, City, State)

DPH 52.155

1 c. pd.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 180
Reg. Dist. No. 601

BIRTH NO.

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2mo, 13da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle):
c. (Last): MCINTIRE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 21, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 7, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HARRISVILLE, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JAMES MCINTIRE — BIRTHPLACE: WEST VIRGINIA
14. MOTHER'S MAIDEN NAME: LUCY WALLACE — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W Comment — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

442X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - rural [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 8, 1952, *to* OCT. 21, 1952, *that I last saw the deceased alive on* OCT. 21, 1952, *and that death occurred at* 6:50Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Howard, MD
23b. ADDRESS: Blackfoot, Ida
23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 182
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 28yr, 10, 28d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): DEE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 21, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): ABOUT 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HOLLAND
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: JOHN DEE — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE — ADDRESS: W. Ramsey RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma Hemorrhage
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 28, 1923, *to* OCT. 20, 1952, *that I last saw the deceased alive on* OCT. 20, 1952, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Howard MD
23b. ADDRESS: Blackfoot, Ida
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-1952
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct. 24-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR — ADDRESS: Willard Cooper Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 183
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 16Y. 7M. 26D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARMA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle):
c. (Last): ZIMMERMAN

4. DATE OF DEATH (Month) (Day) (Year): OCT. 21 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 16, 1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEPHONE LINE MAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CARLOCK, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A.C. ZIMMERMAN — BIRTHPLACE: COUGERVILLE, ILL.
14. MOTHER'S MAIDEN NAME: MARTHA L. MOORE — BIRTHPLACE: CHAMPLAIN, ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intra cranial infection

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 1, *19*52, *to* OCT. 21, *19*52, *that I last saw the deceased alive on* Oct. 21, *19*52, *and that death occurred at* 7:35P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Howard 658 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 10-23-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): CALDWELL, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 23 - 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: BLACKFOOT, IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 181
Reg. Dist. No. 601

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B LACKFOOT
c. LENGTH OF STAY (in this place): 3yr, 11mo, 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STA TE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CUSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHALLIS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): L.
c. (Last): HAMMOND

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 23, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 11, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 11, Days 12; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LINCOLN COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: WILLIAM HAMMOND — BIRTHPLACE: ILLINOIS
14. MOTHER'S MAIDEN NAME: JANE HORNE — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE / ADDRESS: [illegible] RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria - sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 18, 1948, *to* OCT. 23, 1952, *that I last saw the deceased alive on* OCT. 23, 1952, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Howard MD
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 10/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: Challis Ida.
24d. LOCATION (City, town, or county) (State): Challis Ida.

DATE REC'D BY LOCAL REG.: Oct. 23 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patricia
25. FUNERAL DIRECTOR: Marvel Funeral Home — [illegible] Marvel
ADDRESS: Arco

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 1 57
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: BINGHAM

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT

c. LENGTH OF STAY (in this place): 7mo, 13da

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: ADA

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE

d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) c. (Last) COOK

4. DATE OF DEATH: (Month) (Day) (Year) OCTOBER 25, 1952

5. SEX: F

6. COLOR OR RACE: WH

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 27, 1869

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 90217 Cerebral hematoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fall from bed

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arterio - sclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 23, 1952 - 3:55am

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: fell from bed

22. *I hereby certify that I attended the deceased from* MARCH 12, 1952, *to* OCT. 25, 1952, *that I last saw the deceased alive on* OCT. 25, 1952, *and that death occurred at* 5:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W R Howard (65) — (Degree or title): MD

23b. ADDRESS: Blackfoot, Ida

23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10-28-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Oct 27 1952

REGISTRAR'S SIGNATURE: Mrs Valeria Lewis

25. FUNERAL DIRECTOR: Howard Packham — **ADDRESS**: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 156
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4mo, 25da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVUE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) HUGO b. (Middle) A. c. (Last) RAW

4. DATE OF DEATH: (Month) OCTOBER (Day) 26, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 12 1880

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months: 3 Days: 14 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (State or foreign country): WISCONSIN

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JAMES A. RAW
BIRTHPLACE: WISCONSIN

14. MOTHER'S MAIDEN NAME: SARAH HANE COKER
BIRTHPLACE: WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypostemsion, Anuria

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 31, 1952, *to* OCT. 26, 1952, *that I last saw the deceased alive on* OCT. 26, 1952, *and that death occurred at* 7:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Howard (Degree or title): MD

23b. ADDRESS: Blackfoot Ida

23c. DATE SIGNED: 11-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Permanent

24b. DATE: Nov. 27-1952

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Nov. 27-1952.

REGISTRAR'S SIGNATURE: Mrs Velma E Paine

25. FUNERAL DIRECTOR: J. C. Sandberg By Grace A. Sandberg

ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 184
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Rural Rt 3
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Rural Rt 3
d. STREET ADDRESS (If rural, give location): Rt 3

3. NAME OF DECEASED (Type or Print)
a. (First): Rhoda
b. (Middle): Ann Marie
c. (Last): Merkley

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 12, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lucin, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred Emmett Player — BIRTHPLACE: Scipio, Utah
14. MOTHER'S MAIDEN NAME: Annie Leticia Parsons — BIRTHPLACE: Brighan City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elden Merkley — ADDRESS: Rt. #3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Gall bladder
DUE TO (c): and bile ducts — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May '52
19b. MAJOR FINDINGS OF OPERATION: Obstruction of Cystic & Common bile duct by tumor
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* 30 Oct, 1952, *that I last saw the deceased alive on* 28 Oct, 1952, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth A. Mc Innes — (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-3-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Bladkfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 1-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. Benson
Local Reg. No. 44
Reg Dist. No. 410

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institutional residents before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lulu b. (Middle) c. (Last) Goodman

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WILLIAM M.

8. DATE OF BIRTH: Sept 6, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 0 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY?: U S A.

13. FATHER'S NAME: unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary C. Brown
BIRTHPLACE:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Dora M. Werry
ADDRESS: Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 to 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) cerebral arteriosclerosis — unknown
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — ?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10/3/52 19__, *to* 10/3/52 19__, *that I last saw the deceased alive on* 10/3/52 19__, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron L. Benson MD

23b. ADDRESS: Sun Valley, Idaho

23c. DATE SIGNED: 10/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 10-6-52

24c. NAME OF CEMETERY OR CREMATORY: Eagle

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Oct-16-1952

REGISTRAR'S SIGNATURE: Robert H. Wright - per E.B.V.

25. FUNERAL DIRECTOR: Ray McGoldrick

ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 45
Local Reg. No. 410
Reg. Dist. No. 410

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Willie b. (Middle) Clarince c. (Last) MARTIN

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 52

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: Oct 17, 1899

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months 11 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter - Decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: (deceased) George Alexander Martin
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Sarah Jane Swearingin
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I-II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs A. H. Simmers
ADDRESS: 466 Walnut Pomona Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Block.
INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Alcoholism
Found dead in home.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Wright - Blaine County Coroner
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 10-8-1952

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 10-10-52
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: Oct-23-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - per
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 42
Reg. Dist. No 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside city or town limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 1½ HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Mi. N. of Ketchum

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JESSE b. (Middle) EDWARD c. (Last) CAMERON

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APR. 20-1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 5 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETAIL CLERK

10b. KIND OF BUSINESS OR INDUSTRY: HWD.

11. BIRTHPLACE (State or foreign country): Carey, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Cameron
BIRTHPLACE: MELROSE MONTANA

14. MOTHER'S MAIDEN NAME: MAUDE CULVER
BIRTHPLACE: S-L-C UTAH

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 429-11-

17. INFORMANT'S OWN SIGNATURE: Thora C. Brown
ADDRESS: Hailey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Block -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last

DUE TO (b) Overexertion while hunting -

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: inst-

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Wright - M.D. - Coroner (Degree or title)

23b. ADDRESS: Blaine County - Hailey, Idaho

23c. DATE SIGNED: Oct. 10-1952

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 10-8-52

24c. NAME OF CEMETERY OR CREMATORY: Hailey

24d. LOCATION (City, town, or county) (State): Hailey, Ida.

DATE REC'D BY LOCAL REG.: Oct-12-1952

REGISTRAR'S SIGNATURE: Robert H. Wright - per

25. FUNERAL DIRECTOR: Ray McGoldrick

ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Let Bur.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 46
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine Hailey
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue rural
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey, Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) William c. (Last) Cloughton

4. DATE OF DEATH (Month) (Day) (Year) 10 - 12 - 52

5. SEX m

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 28, 1884

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months 2 Days 14
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER-CATTLE

10b. KIND OF BUSINESS OR INDUSTRY former

11. BIRTHPLACE (State or foreign country) ENGLAND ~~Unknown~~

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME unknown
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE England

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. no.

17. INFORMANT'S OWN SIGNATURE Thomas W Cloughton
ADDRESS Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 53 *to* Oct 12, 1953, *that I last saw the deceased alive on* Oct 12, 1952 *and that death occurred at* 12:00 P m. *from the causes and on the date stated above.*

23a. SIGNATURE M.D. (Degree or title)
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 10-15-52
24c. NAME OF CEMETERY OR CREMATORY Hailey
24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. Oct-30-1952
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.Y.
25. FUNERAL DIRECTOR Ray McGoldrick
ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 47
Reg. Dist. No. 410

BIRTH NO.

NOV 1 1952

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Triumph Mine

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Owen b. (Middle) Eugene c. (Last) Jamman

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1952

5. SEX: m.

6. COLOR OR RACE: w.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 6, 1921

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR — Months: — Days: 10
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): former - MINER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soldier, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George J Jamman — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Ida B Cooley — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes. W.W. II

16. SOCIAL SECURITY NO.: 519-34-2620

17. INFORMANT'S OWN SIGNATURE: Leata E. Booher — ADDRESS: Bellevue, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Triumph Mine Idaho

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Triumph Blaine Idaho

21d. TIME OF INJURY (Month): Oct (Day): 16 (Year): 1952 (Hour): 11 AM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: fell down mine shaft.

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: H.H. Harlan — (Degree or title): M.D.

23b. ADDRESS: Hailey Idaho

23c. DATE SIGNED: 10/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 10-19-52

24c. NAME OF CEMETERY OR CREMATORY: Hailey

24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Oct-30-1952

REGISTRAR'S SIGNATURE: Robert H. Wright-per

25. FUNERAL DIRECTOR: Kay McGoldrick

ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

let B.V.

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 352
Reg. Dist. No. .....

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Idaho City
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 408 Linden St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Eugene
c. (Last): Gramer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29th 1926

9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Splicer.

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co

11. BIRTHPLACE (State or foreign country): Crookston Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harold Eugene Gramer.
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Agnes Strand
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): World War Two

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Harold E. Gramer
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

823.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e g , in or about home, farm, factory, street, office bldg., etc.): Moss Creek Summit

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho City Boise. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 4. 1952 11.30 p. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Ran off grade on sharp turn

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Mellor. Coroner

23b. ADDRESS: Idaho City. Boise Co. Idaho

23c. DATE SIGNED: Oct. 8. 1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 8. 1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-9-52

REGISTRAR'S SIGNATURE: Mrs E. S. Robison

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. S. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Original RECEIVED OCT 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crouch
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 1025 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) Homer c. (Last) Frint

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 3, 1911

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR Months: 4 Days: 12 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumberjack

10b. KIND OF BUSINESS OR INDUSTRY: lumbering

11. BIRTHPLACE (State or foreign country): Letha, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman Henry Frint — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Newell — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 540 28 7126

17. INFORMANT'S SIGNATURE x Delilah May Frint — ADDRESS

18. CAUSE OF DEATH 910.9

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 28 Miles from Crouch

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Crouch Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 15. 1952 3 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Falling tree-allowed a dead tree to fall.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Reginald John Mellor — (Degree or title): Coroner

23b. ADDRESS: Idaho City. Idaho

23c. DATE SIGNED: Oct. 20. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 10-25-52

REGISTRAR'S SIGNATURE: Inez E. S. Robison

25. FUNERAL DIRECTOR — ADDRESS: Glenn W. Beatty — Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 352
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boise,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowman.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at Forest Service

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2120. North 18 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN. b. (Middle) R. c. (Last) TAYLOR.

4. DATE OF DEATH: (Month) October. (Day) 28. (Year) 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: Feb. 18. 1879.

9. AGE (In years last birthday): 73. IF UNDER 1 YEAR Months Days: 8-10. IF UNDER 24 HRS. Hours Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Service.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scott County Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Syris. J. Taylor. BIRTHPLACE: Scott County Tenn.

14. MOTHER'S MAIDEN NAME: Rose Carter. BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dorothy R. Jensen ADDRESS 2120 N. 18 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lowman. Boise. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 28. 1952. 7:40 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Found dead in bed.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Nellor Coroner

23b. ADDRESS: Idaho City, Boise Co. Idaho

23c. DATE SIGNED: Oct. 30. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: October. 31. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 11-3-52

REGISTRAR'S SIGNATURE: Mrs. E. S. Rotian

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 83
Reg. Dist. No. 110

BIRTH NO. 111-52-12622

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broten
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print)
a. (First): Jerry
b. (Middle): Joe
c. (Last): Stockdale

4. DATE OF DEATH (Month) (Day) (Year): 10/14/1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/12/1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Keith L. Stockdale — BIRTHPLACE: Duff Nebr.
14. MOTHER'S MAIDEN NAME: Melba Dillon — BIRTHPLACE: Huntington, W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Keith L. Stockdale — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/12, 1952, *to* 10/14, 1952, *that I last saw the deceased alive on* 10/14, 1952, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen E. Peterson M.D. 308
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1952
REGISTRAR'S SIGNATURE: Merlene H. Miley
25. FUNERAL DIRECTOR: F. G. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 84
Reg. Dist. No. 110

111-52-12623
BIRTH NO.

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broten
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Jim c. (Last) Stockdale

4. DATE OF DEATH: (Month) (Day) (Year): 10/14/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10/12/1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 2 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Keith L. Stockdale — BIRTHPLACE: Duff, Nebr.

14. MOTHER'S MAIDEN NAME: Melba Dillon — BIRTHPLACE: Huntington, W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ruth L. Stockdale — ADDRESS: Broten

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/12, 1952, *to* 10/14, 1952, *that I last saw the deceased alive on* 10/14, 1952, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen E. Peterson M.D. — **23b. ADDRESS**: Sandpoint Idaho — **23c. DATE SIGNED**: 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/18/1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinecrest Cemetery — **24d. LOCATION** (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21-1952 — **REGISTRAR'S SIGNATURE**: Marlene H. Miley

25. FUNERAL DIRECTOR: L. B. Mason — **ADDRESS**: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOI-SE, IDAHO

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 85
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 315 South Florence

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Burrus

4. DATE OF DEATH (Month) (Day) (Year): 10/26/1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/13/1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Meridosia, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John William Burrus — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Clarabelle Strickland — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Margaret G. Burrus — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Essential
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene rt. foot

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Oct 26, 1952, *that I last saw the deceased alive on* Oct 25, 1952 *and that death occurred at* 6:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Munson M.D.
23b. ADDRESS: North Idaho Clinic
23c. DATE SIGNED: 27 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/27/1952
24c. NAME OF CEMETERY OR CREMATORY: Colville
24d. LOCATION (City, town, or county) (State): Colville, Washington

DATE REC'D BY LOCAL REG.: Nov. 1-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: L. G. Moon Jr. — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3604
Local Reg. No. 87
Reg. Dist. No. 110

RECEIVED NOV 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1502 Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1502 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Franklin; b. (Middle) Elmer; c. (Last) Hull

4. DATE OF DEATH: (Month) (Day) (Year): 10/28/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/18/1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Celina, Mercer Cty, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Hull
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Julia Lehman
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Mrs. Geo. Hull
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive, heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Arteriosclortic heart disease.

DUE TO (b) Arteriosclerosis and Hypertension — INTERVAL BETWEEN ONSET AND DEATH: "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy, senility.

19a. DATE OF OPERATION: 4/20/52

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 19 52 *to* 10/28, 19 52 *that I last saw the deceased alive on* 10/28, 19 52 *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Smith MD

23b. ADDRESS: 109½ First Ave. Sandpoint

23c. DATE SIGNED: 10/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1952

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: G Moon Jr
ADDRESS: Moon Funeral Home, Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 110

BIRTH NO.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1006 Poplar

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle) Hansen; c. (Last) Franklin

4. DATE OF DEATH (Month) (Day) (Year): 10/31/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/10/1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans Mork
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel M. Demere
ADDRESS: Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arterio sclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* Oct 31, 1952, *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* 10½ A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: Nov 8 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/6/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13-1952

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: F. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3606
Local Reg. No. 82
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home (no address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location): None Laclede

3. NAME OF DECEASED (Type or Print): a. (First) Delbert b. (Middle) Bruce c. (Last) Stevens

4. DATE OF DEATH: (Month) October (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/17/1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instructor 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Brillion Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delbert Stevens
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Marie Schneider
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 519-03-5517

17. INFORMANT'S OWN SIGNATURE: Mrs. Bessie Stevens
ADDRESS: Laclede, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Infarction — 3 wks

DUE TO (c) Generalized Arteriosclerosis ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31st, 1952, to Sept 30th, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 11:21 Am., from the causes and on the date stated above.

23a. SIGNATURE: A. Munson 659
(Degree or title): MD
23b. ADDRESS: 1013 Oak St Sandpoint
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Senecaquoteen Cemetery
24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: Oct. 7-1952
REGISTRAR'S SIGNATURE: Merlene H. Mikey

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 82
Reg. Dist. No. 110

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Thomas
c. (Last): Jefferson

4. DATE OF DEATH (Month) (Day) (Year): 10/8/1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/3/1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (State or foreign country): Casey, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x M A Larson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8, 1952 *to* 10/8, 1952, *that I last saw the deceased alive on* Oct 8, 1952, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clarice K. Martin 244 (Degree or title) DO
23b. ADDRESS: 200 Euclid Sandpoint Ida
23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/11/1952
24c. NAME OF CEMETERY OR CREMATORY: Thompson Falls Cem.
24d. LOCATION (City, town, or county) (State): Thompson Falls, Montana

DATE REC'D BY LOCAL REG.: Oct. 14-1952
REGISTRAR'S SIGNATURE: Marlene W. Miley
25. FUNERAL DIRECTOR: L G Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 7608
Local Reg. No.
Reg. Dist. No. 112

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coolin, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coolin, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sadie; b. (Middle) Dwyer; c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 11, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Patrick Dwyer
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Margaret Dwyer
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edward J. Roberts
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H.T. Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent ruptured diverticulum of sigmoid with abscess formation.

19a. DATE OF OPERATION: 9/8/52

19b. MAJOR FINDINGS OF OPERATION: Ruptured sigmoid diverticulum w/abscess, paralytic ileus

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/1, 1952, *to* 10/14, 1952, *that I last saw the deceased alive on* 10/13, 1952, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold G. Lawson 236 (Degree or title): M.D.

23b. ADDRESS: Newport Wash.

23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE 01: Oct. 15, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fairmount

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 10-15-52

REGISTRAR'S SIGNATURE: T. N. Worch

25. FUNERAL DIRECTOR: L. E. Sherman
ADDRESS: Newport, Wash

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 86
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	M.	Henke	Oct. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 22, 1927	25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woods worker	Lumbering	Newport, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Henke	Mich.	Isabelle McArthur	Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes World War 2	534-16-4827	Thomas A. Henke	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Crushed Skull	Instantly
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auto Accident	
DUE TO (c)	Alcholism	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway No 2	Priest River Bonner Ida Co.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct 22 1952 10:30 p.m.		Driver lost control Auto, went into ditch.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Sandpoint, Idaho.	10-26-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	10-26-52	Newport Cemetery	Newport Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 30-1952	Merlene Oates	C. E. Sherman	Newport, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 88
Local Reg. No. 110
Reg. Dist. No.

RECEIVED NOV 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print)
a. (First): Flora
b. (Middle): May
c. (Last): Derr

4. DATE OF DEATH (Month) (Day) (Year): 10/29/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/22/1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lamars, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Levi Dingley
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Emma Hornberger
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Rose L. Derr
ADDRESS: Clarks Fork, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RT. HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT 13, 1952, *to* OCT 28, 1952, *that I last saw the deceased alive on* OCT 28, 1952, *and that death occurred at* 5:06A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. G. Munson MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: Oct 30, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/1/1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1952
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: L. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5241
Local Reg. No. 90
Reg. Dist. No. 110

RECEIVED NOV 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sandpoint
LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Talache Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sandpoint
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	MAITLAND	CHAPMAN	Oct	31,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	3/12/1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Farming	Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry M. Chapman	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Harry Chapman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lawrence A. Wood Coroner	Sandpoint, Idaho.	Nov. 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/5/1952	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 6-1952	Marlene Oates	E. L. Moon Jr	Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

111-52-11270

Certificate of Death

STATE OF IDAHO

State File No. 3612
Local Reg. No. 196
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DeLynn b. (Middle) c. (Last) Nelson

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept 22, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 ; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Glenn Therril Nelson BIRTHPLACE: Wyo.

14. MOTHER'S MAIDEN NAME: Joan Storer BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Glenn T. Nelson ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776.X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 6½ hrs Stated

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 22, 1952, *to* Sept 23, 1952, *that I last saw the deceased alive on* Sept 23, 1952, *and that death occurred at* 4:11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Rigby Ida

23c. DATE SIGNED: 9/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-25-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: October 25-52

REGISTRAR'S SIGNATURE: Anna Rudgies

25. FUNERAL DIRECTOR: Ralph M Wood ADDRESS: Idaho Falls, Idaho

Ralph M. Wood

Federal Security Agency
United States Public Health Service

Form DPH-48(2)

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NOV 4 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3613
Local Reg. No. 19
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 139 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) Oliver; b. (Middle) Calvin; c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 17, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oliver A Anderson
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Louisa Tempest
BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bud Anderson
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/24, 1952, *to* 9/23, 1952, *that I last saw the deceased alive on* 9/23, 1952, *and that death occurred at* 1200 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. McMillan M.D.

23b. ADDRESS: 355 F St.

23c. DATE SIGNED: 9/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-26-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: October 25-52

REGISTRAR'S SIGNATURE: Anne Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Ida ho

Federal Security Agency
United States Public Health Service

Form DPH-4862

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3514
Local Reg. No. 160
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cody, Wyoming
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Lewis; c. (Last) Dickinson

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 22, 1878

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis John Dickinson
BIRTHPLACE: N.Y.

14. MOTHER'S MAIDEN NAME: Sarah Jane Doty
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Nellie R. Dickinson
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gastro intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Ulceration — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

541.0

19a. DATE OF OPERATION: Aug 5, 1952

19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer.

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 4, 1952, *to* Sept. 25, 1952, *that I last saw the deceased alive on* Sept 25, 1952, *and that death occurred at* 10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Garlick, M.D. (Degree or title)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Cremation
24b. DATE: 9-29-52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Columbarium
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: October 25-52
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3615
Local Reg. No. 187
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall Nursing Home - 211 S. Water Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 344 East 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) VanBUREN c. (Last) BOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) Sept., 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 2, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crawford County, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Bowman
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Jane Manly
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bertha Kearney
ADDRESS: 344 E 17th Idaho Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* I Saw him, Only once, 19___, *that I last saw the deceased alive on* Sept 23, 1952, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D W Corbett, M.D.

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2 Oct 52

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: October 8-1952

REGISTRAR'S SIGNATURE: Verna Bridges

25. FUNERAL DIRECTOR: Mark Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3616
Local Reg. No. 183
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 248 East 1st South

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) JOY c. (Last) WALLGREN CHRISTENSEN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1952.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 16, 1922
9. AGE (In years last birthday) 29 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Preston, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Arthur Wallgren BIRTHPLACE Preston, Ida.
14. MOTHER'S MAIDEN NAME Hattie Peterson BIRTHPLACE Preston, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Hals Christensen ADDRESS Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute glomerulo nephritis 685X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Complete Abruptio placenta

19a. DATE OF OPERATION 9/14/52
19b. MAJOR FINDINGS OF OPERATION Emergency. Complete Abruptio placenta
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1952, to 10/2, 1952, that I last saw the deceased alive on 10/2, 1952, and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE Jack R. Carey (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED 10/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-6-52
24c. NAME OF CEMETERY OR CREMATORY Preston
24d. LOCATION (City, town, or county) (State) Preston, Idaho.

DATE REC'D BY LOCAL REG. 10-9-52
REGISTRAR'S SIGNATURE Anna Bingen
25. FUNERAL DIRECTOR Richards & Son ADDRESS Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 188
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 334 west 19, street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 334 west 19, street

3. NAME OF DECEASED (Type or Print)
a. (First): Evaleene
b. (Middle):
c. (Last): St, Clair

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1952

5. SEX: Female
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 13, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houswife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Bouth Calton Lancashire ENG.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Burrows — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Annie Brocklebank — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Margaret Plastino — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* October 3, 1952, *that I last saw the deceased alive on* Sept. 1952, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 306 D R Paull M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 6-52
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona Idaho Bonneville Idaho

DATE REC'D BY LOCAL REG.: October 20-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Burk — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3618
Local Reg. No. 209
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 689 Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE:
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Hisley c. (Last) Hathaway

4. DATE OF DEATH (Month) (Day) (Year): Oct 4-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1-1920

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR Months: 4 Days: 3 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dubois - Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Chas W Hathaway — BIRTHPLACE: Chester - Idaho

14. MOTHER'S MAIDEN NAME: Josephine Russell — BIRTHPLACE: Rigby - Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Army - WWII

16. SOCIAL SECURITY NO.: 518-18-5189

17. INFORMANT'S OWN SIGNATURE: J W Hathaway — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J W Davis — (Degree or title): M.D. — **23b. ADDRESS**: Idaho Falls Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct-7-1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Ammon Cemetery — **24d. LOCATION** (City, town, or county) (State): Bonneville, County

DATE REC'D BY LOCAL REG.: Nov 7-1952 — REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48(2)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

2 copies Steve

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 193
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Lester	Cummings	Oct-16-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	SEPT-18-1887	65	0	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Platte - Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William A. Cummings - BIRTHPLACE Logansport Indiana
14. MOTHER'S MAIDEN NAME Lorena A. Venard BIRTHPLACE Union Star, Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No -
16. SOCIAL SECURITY NO. 530-03-8515
17. INFORMANT'S OWN SIGNATURE Jack D. Cummings ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) a Pulmonary Embolism
Carcinoma of Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-8-52	Pneumonectomy for Carcinoma of Lung Left.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, *1952, to* 9-23-, *1952, that I last saw the deceased alive on* 9-23-, *1952, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Steven Hatch, M.D.	Idaho Falls Ida	10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct-8-1952	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
October 23-1952	Anna Bridgen	Leo A. Williams

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 198
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print): a. (First) Peter; b. (Middle) Holst; c. (Last) Westergard

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 5, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C Westergard
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mary Holst
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: James Westergard
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 8 yrs.

DUE TO (c) Arteriosclerosis + — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 8 yrs +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Oct. 7, 1952, *that I last saw the deceased alive on* Oct. 7, 1952, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall 422 (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-10-52

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: October 25-52

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood, Jr.

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-480.1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3621
Local Reg. No. 194
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Donneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1360 So Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Same
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Edwards

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 1-1877
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 11 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer
10b. KIND OF BUSINESS OR INDUSTRY Livestock Industry
11. BIRTHPLACE (State or foreign country) Manti - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James P. Edwards. BIRTHPLACE Far West. Mo.
14. MOTHER'S MAIDEN NAME Catherine Petty BIRTHPLACE Nauvoo - Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE T. J. Edwards ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis (Small) — 9 months

356.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Oct., 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch (Degree or title) M.D.
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct - 16 - 1952
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. October 23-52
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 200
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Henry

4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) about 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hardening of arteries

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Oct, 1952, *to* 15 Oct 1952, *that I last saw the deceased alive on* 15 Oct, 1952, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Ida.

23c. DATE SIGNED 24 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/27/52

24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park

24d. LOCATION (City, town, or county) (State) Idaho Falls, Ida.

DATE REC'D BY LOCAL REG. Nov. 3-1952

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Williams

ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-4802

There was practically no information available regarding this man. He had at one time worked for Virgil Johnson at Fenton, but was not working at time of death. Mr. Williams, I know, made every effort to get more information.

A.B.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 191
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.SHospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): A
c. (Last): Hanks

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1887
9. AGE (In years last birthday): 7065 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston Utah
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ephraim K Hanks — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lottie Bagley — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rt sided heart failure — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia — 11 day
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 19[illegible], *to* 10-16, 19[illegible], *that I last saw the deceased alive on* 10-16, 19[illegible], *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: 10-18-5[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: October 21-1952
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: [signature] — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Davis

RECEIVED
NOV 4 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 195
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 494 - W - 18th

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Ray c. (Last) Burbank

4. DATE OF DEATH (Month) (Day) (Year) Oct - 16 - 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Oct - 13 - 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Austin Burbank BIRTHPLACE Brigham City Utah

14. MOTHER'S MAIDEN NAME Norma Nielson BIRTHPLACE Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Austin Burbank ADDRESS

18 CAUSE OF DEATH 76210
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, newborn. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE A. W. Davis (Degree or title) MD

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - 3

24b. DATE Oct. 18-1952

24c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery

24d. LOCATION (City, town, or county) (State) ~~Idaho~~ Richmond - Utah

DATE REC'D BY LOCAL REG. October 23-52

REGISTRAR'S SIGNATURE Anna Budge

25. FUNERAL DIRECTOR Geo A. Williams ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 199
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Roberts~~ Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roberts
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Karl
b. (Middle) Delbert
c. (Last) Lamb

4. DATE OF DEATH (Month) Oct. (Day) 16, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 8, 1935
9. AGE (In years last birthday) 17 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sheridan Montana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Delbert Ross Lamb — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Leora Edna Lyon — BIRTHPLACE Basalt, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] — ADDRESS Roberts R#1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound in the head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Hi Way
21c. (CITY, TOWN, OR TOWNSHIP) Roberts (COUNTY) Jefferson (STATE) Idaho

21d. TIME OF INJURY (Month) Oct (Day) 16 (Year) 1952 (Hour) 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gun accidently discharged while he was in truck

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Coroner (Degree or title)
23b. ADDRESS Rigby Idaho
23c. DATE SIGNED Oct 21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-21-52
24c. NAME OF CEMETERY OR CREMATORY Basalt,
24d. LOCATION (City, town, or county) Basalt, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 30-52
REGISTRAR'S SIGNATURE Anna Budgis
25. FUNERAL DIRECTOR Loyd M Walker — ADDRESS Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Ellsworth

State File No. 26
Local Reg. No. 201
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location) Gen-Del

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Keele Sr.

4. DATE OF DEATH (Month) Oct (Day) 18 (Year) 1952

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 1884 ~~Feb 1858~~
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months 6 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salem, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Theo Alexander Keele
BIRTHPLACE
14. MOTHER'S MAIDEN NAME
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) Star I 44's X
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Robert B Keele
ADDRESS 915 Bayreuth

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio — 2 yrs.
DUE TO (c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Bonn. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12-52, 19__, *to* Oct. 18, 19 52, *that I last saw the deceased alive on* 10 am, 19 52, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B. DeCain E. Dimmett
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct-21-1952
24c. NAME OF CEMETERY OR CREMATORY Ucon, Cemetery
24d. LOCATION (City, town, or county) (State) Ucon, Idaho

DATE REC'D BY LOCAL REG. Nov. 3-1952
REGISTRAR'S SIGNATURE Anna Budgies
25. FUNERAL DIRECTOR Lee A. Williams
ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 27
Local Reg. No. 206
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHRIS; b. (Middle) ADOLPH; c. (Last) FISCHER

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Herdsman

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. N. Thomas — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 17th, 1952, *to* Oct 18, 1952, *that I last saw the deceased alive on* Oct 18, 1952, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Hatch — (Degree or title): M.D. — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: Oct. 20, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Dubois Cemetery — **24d. LOCATION** (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: Nov. 4-1952 — REGISTRAR'S SIGNATURE: Lena Bridges — **25. FUNERAL DIRECTOR**: Oreand LeBeck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 28
Local Reg. No. 189
Reg. Dist. No. 610

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

111-52-12715 BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 11,15--10.th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle):
c. (Last): Clawson

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 18, 52

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours 8 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 83

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leo R. Clawson
BIRTHPLACE: Provadence Utah

14. MOTHER'S MAIDEN NAME: Joyce Peterson
BIRTHPLACE: Idaho Falls Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Leo R. Clawson
ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — premature rupture of membranes at 5½ mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gestation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952, *to* Oct. 19., 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4-30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 20 '52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Bonneville Idaho

DATE REC'D BY LOCAL REG.: October 20 1952
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 202
Reg. Dist. No. 611

643 NOV 12 1952 STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Stinson
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): Oct - 19 - 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 6, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boone Co - Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Allan Stinson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Annie L. Godwin — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Kranz MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 10/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-23-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1952
REGISTRAR'S SIGNATURE: Annie Budgen
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 190
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 509 N. Water Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 509 N. Water Avenue

3. NAME OF DECEASED (Type or Print): a. (First) HORTENSIA b. (Middle) GRACE c. (Last) HODGE

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 8, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Batesville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Bailey Padgett
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Phoebe Engles
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Fannie Hodge, Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 12 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Batesville, Arkansas

DATE REC'D BY LOCAL REG.: October 21-52
REGISTRAR'S SIGNATURE: Anna Phipps
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 31
Local Reg. No. 205
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) IDA; b. (Middle) MAY; c. (Last) EPPERSON

4. DATE OF DEATH: (Month) (Day) (Year): Oct 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 29, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Glenns Ferry, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles H. Walker
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Elizabeth Harmon
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary E. Stewart
ADDRESS: Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 19, 1952, *to* Oct 20, 1952, *that I last saw the deceased alive on* Oct 20, 1952, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: Mountain Home Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Anna Rudges
25. FUNERAL DIRECTOR: Geo. Jensen
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 192
Local Reg. No.
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 174 W. 14th Street

3. NAME OF DECEASED (Type or Print) a. (First) Saul b. (Middle) Martindale c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) October 21 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 21, 1884

9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 7 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Lorenzo Martindale BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Mary McIntosh BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Murray S. Martindale ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

57013

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Small bowel infarction

DUE TO (c) Post-operative adhesions & volvulus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Unk

19b. MAJOR FINDINGS OF OPERATION Old surgery for ulcers "years ago."

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Glen Williams M.D.

23b. ADDRESS 353 F St. Idaho Falls

23c. DATE SIGNED 10-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/24/52

24c. NAME OF CEMETERY OR CREMATORY Oakley

24d. LOCATION (City, town, or county) (State) Oakley, Idaho

DATE REC'D BY LOCAL REG. Oct. 22-1952

REGISTRAR'S SIGNATURE Anna Bridges

FUNERAL DIRECTOR Jack A. Wood

ADDRESS Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 207
Reg. Dist. No. 610

BIRTH NO. 111-52-12721 NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Poplar
d. STREET ADDRESS (If rural, give location): Rigby, Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Infant; b. (Middle); c. (Last) SMITH

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 20, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 14, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Max Smith — BIRTHPLACE: Ririe, Idaho

14. MOTHER'S MAIDEN NAME: Artella Hammer — BIRTHPLACE: Ammon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Max Smith — ADDRESS: Poplar, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

761.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature rupture of membranes & Delivery of premature infant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:25A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Davis (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Nov. 5-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Bonneville

Certificate of Death

STATE OF IDAHO

State File No. 3634
Local Reg. No. 210
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1211 - Boise Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Steward	Allen	Oct - 28 - 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan-10-1902	50	9	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iona - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Simon M. Allen	Mt. Pleasant Utah	Mary Walker	Mt. Pleasant Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE LaVern Allen ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease & mitral stenosis & insufficiency, aortic stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and insufficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 25 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* 28 Oct, 1952, *that I last saw the deceased alive on* 28 Oct, 1952 *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lucian F. Krantz MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 31 1952	Iona Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 7-1952	Anna Bridges	Geo A. Williams	Idaho Falls.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
NOV 4 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 186
Reg. Dist. No. 6-B

BIRTH NO.

1. PLACE OF DEATH — STATE
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gen Del-

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location) Gen Del

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Hugh c. (Last) Clayton

4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 24 1886

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 5 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Roxboro - North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wiley Mangum Clayton — BIRTHPLACE North Carol

14. MOTHER'S MAIDEN NAME Emily Frances Morris - — BIRTHPLACE N. Carolina

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Eugene L Clayton — ADDRESS Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD — 23b. ADDRESS Idaho Falls — 23c. DATE SIGNED 9-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 9/28/52 — 24c. NAME OF CEMETERY OR CREMATORY Ucon Cemetery — 24d. LOCATION (City, town, or county) Ucon Idaho (State)

DATE REC'D BY LOCAL REG. October 1 1952 — REGISTRAR'S SIGNATURE Irma Burgess

25. FUNERAL DIRECTOR Leo A. Williams — ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

State File No. 16
Local Reg. No. 204
Reg. Dist. No. 646611

BIRTH NO.

NOV 12 1952

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls

c. LENGTH OF STAY (in this place): 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #91, enroute to Idaho Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Montana

b. COUNTY: Beaverhead

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Monida

d. STREET ADDRESS (If rural, give location): Centennial Valley

3. NAME OF DECEASED (Type or Print)

a. (First): CHARLES

b. (Middle): MONROE

c. (Last): JONES

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 17, 1881

9. AGE (In years last birthday): 71

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Livestock

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alberine Franklin Jones — BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Martha Russell — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter L. Sperry — ADDRESS: Monida, Montana

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe Gastric Hemhorrhage — INTERVAL BETWEEN ONSET AND DEATH: few days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Presumably Ulcers

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased* ~~alive~~ *on* ____, 19____, *and that death occurred at* 1:25P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo A Sullivan — (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 10/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Dillon, Montana

DATE REC'D BY LOCAL REG.: Nov. 4-1952

REGISTRAR'S SIGNATURE: Anna Rudyn

25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46071

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 36-52
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
OCT 2 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) Yrs 30
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Gensel

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH June 6 1871

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger

10b. KIND OF BUSINESS OR INDUSTRY Logging

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE James H Gensel
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4167

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocordites & endocarditis
DUE TO (c) Rheumatic heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/27, 1952, *to* 10/3, 1952, *that I last saw the deceased alive on* 10/3, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred W Bonner (Degree or title) MD

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 10/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 7 1952

24c. NAME OF CEMETERY OR CREMATORY Grandview

24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 10-4-52

REGISTRAR'S SIGNATURE K. M. Bonner

25. FUNERAL DIRECTOR

ADDRESS Bonners Ferry Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 28
Local Reg. No. 37-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) first house west of Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) First house west of Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
A L		Cooper	October 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Never Married	Jan 13, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardner "		New York State	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Cooper	Canada	Katie Johanna	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-8267	Carl Bowell	Bonners Ferry Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of foot.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 19 52, *to* Oct 28 19 52, *that I last saw the deceased alive on* Oct 27, 19 52, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Bonnee	M. D.	Bonners Ferry Ida	Oct 30-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 30-1952	Grandview Cemetery	Boundry County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 31-1952	C. M. Bonnee	E. W. Whitney	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED NOV 8 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 10
Local Reg. No. 38-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bonners Ferry
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) near home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bonners Ferry
d. STREET ADDRESS (If rural, give location) District 2

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Vicera c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year) October 29, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH October 29, ~~1952~~ 1885

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Hinton West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 532-01-5975

17. INFORMANT'S OWN SIGNATURE Mildred L. Jones ADDRESS Bonners Ferry Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: one minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ~~on farm~~

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Bonners Ferry Boundry Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~October 29, 52 11:30~~ a.m. — INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE E. H. Purdy (Degree or title) Coroner

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 10/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11/1/52

24c. NAME OF CEMETERY OR CREMATORY Purdy & Kerr Funeral Home

24d. LOCATION (City, town, or county) (State) Monroe Washington

DATE REC'D BY LOCAL REG. 10/31/52

REGISTRAR'S SIGNATURE C. M. Bonnell

25. FUNERAL DIRECTOR E. H. Purdy ADDRESS Bonners Ferry Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 41
Local Reg. No. 377
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle) Irene; c. (Last) Vail

4. DATE OF DEATH: (Month) (Day) (Year): October 5-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: November 29-1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months: 10; Days: 6
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brady, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known Cover
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 221 823

17. INFORMANT'S OWN SIGNATURE: Joyce Lurie
ADDRESS: Portland, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 5, 1952, *to* Oct. 5, 1952, *that I last saw the deceased alive on* Oct. 5, 1952, *and that death occurred at* 12:26 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oako H. Hoover (Degree or title): M.D.

23b. ADDRESS: 706 1/2 Main St. Caldwell, Ida.

23c. DATE SIGNED: Oct. 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 8-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/13/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3541
Local Reg. No. 58
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2205 College Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3515 Good Street

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ELIZABETH
c. (Last): RANDOLPH

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 11, 1868
9. AGE (In years last birthday): 84-6-26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grove Springs, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pete Shaddy — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE 2301736 — ADDRESS: James Oval Randolph Boise Ada

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High blood pressure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8, 1952, *to* 10-9, 195 ~~, that I~~ *last saw the deceased alive on* 10-6, 1952 *and that death occurred at* 3 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE 118 (Degree or title): [signature]
23b. ADDRESS: [signature] Caldwell
23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/10/52 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/16/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3642
Local Reg. No. 5-6
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Floy; b. (Middle) Belle; c. (Last) Mardock

4. DATE OF DEATH (Month) (Day) (Year): October 9-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 7-1870

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months: 10 Days: 2 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Ackworth, Warren County, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Chalkley Haworth
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Ann Simon
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H. C. Mardock, ADDRESS: Caldwell Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: two weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 19 52, *to* Oct 9, 19 52, *that I last saw the deceased alive on* Oct 8, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 Lester Shafe
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 13-1952
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf
24d. LOCATION (City, town, or county) (State): Greenleaf Idaho

DATE REC'D BY LOCAL REG.: 10/14/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR (Name and Address): Peckham-Dakan Chapel
Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 13
Local Reg. No. 60
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwelll
d. STREET ADDRESS (If rural, give location): 215 Fillmore St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): W.
c. (Last): Perkins

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Perkins — BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 540-03-1509
17. INFORMANT'S OWN SIGNATURE: x Elsie Steel — ADDRESS: 215 Fillmore

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Emphysema — 5 yrs.
DUE TO (c): Chronic Bronchitis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Benign Prostatism — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 30, 1952, *to* Oct. 12, 1952, *that I last saw the deceased alive on* Oct. 12, 1952, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Kraus, M.D. 669
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Oct. 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder Idaho

DATE REC'D BY LOCAL REG.: 10/16/52
REGISTRAR'S SIGNATURE: Agnes McDenman
25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home- Merville D. Davis
ADDRESS: Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 44
Local Reg. No. 61
Reg. Dist. No. 960

111-52-12794 BIRTH NO.

RECEIVED OCT 27 1952 DIVISION OF VITAL STATS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Caldwell Mem. Hosp. New-Born

3. NAME OF DECEASED (Type or Print): a. (First) Eric b. (Middle) James c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 17, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 6 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James L. Hansen — BIRTHPLACE: Hills Prin, Alberta Canada

14. MOTHER'S MAIDEN NAME: Emmaline Harper Schlupe — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ******

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Maggie Ann Hansen ADDRESS: Parma Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis Vitalis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rh factor of mother + father
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/17, 1952, *to* 10/17, 1952, *that I last saw the deceased alive on* 10/17, 1952, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Patterson 319 (Degree or title) MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Oct. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: 10/21/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Merville D. Davis ADDRESS: Davis-Warrick Funeral Home Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 62
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1yr 8 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 216 Cleveland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Kinnie	Vaught		10	18	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	4 / 27 / 1886	66	5	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Neva, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Glen Vaught — ADDRESS: Stanley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 16 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sarcoma, Right Thigh

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 9, 1952, *to* October 18, 1952, *that I last saw the deceased alive on* October 18, 1952, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause, M.D. (Degree or title)
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Oct. 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/21/1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/27/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25 FUNERAL DIRECTOR: Flahiff Funeral Chapel — ADDRESS: Lucy M. Flahiff Caldwell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 64
Reg. Dist. No. 360

BIRTH NO. NOV 10 19[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 17yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2124 Michigan South

3. NAME OF DECEASED (Type or Print)
a. (First): Emmett
b. (Middle):
c. (Last): Garland

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 14 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR Months: 7 Days: 5 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Lincoln County Neb.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Garland — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Rilla Bissey — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-0563

17. INFORMANT'S OWN SIGNATURE: Mrs Ada R Garland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 17, 1952, *to* Oct. 18, 1952, *that I last saw the deceased alive on* Oct. 18, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/21/1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Near Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 5-52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Flaniff Funeral Chapel — ADDRESS: Lucy M. Flaniff Caldwell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 28447
Local Reg. No. 68
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenleaf
d. STREET ADDRESS (If rural, give location): Caldwell, Rt.2

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle); c. (Last) Tuning

4. DATE OF DEATH: (Month) (Day) (Year) October 19-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 8-1876

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 10, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newton, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Presnall — BIRTHPLACE: Henry Co., Indiana

14. MOTHER'S MAIDEN NAME: Mary White — BIRTHPLACE: Hendrix Co., Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Tuning — ADDRESS: Caldwell, Rt.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: ca. 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952, *to* Oct. 19, 1952, *that I last saw the deceased alive on* Oct. 19, 1952, *and that death occurred at* 5:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oakes H. Hoover M.D. 670 (Degree or title)
23b. ADDRESS: 706½ Main St. Caldwell, Ida
23c. DATE SIGNED: 10/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 22-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 10/30/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3548
Local Reg. No. 66
Reg. Dist. No. 960

BIRTH NO. NOV 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 110 Freeport St.

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) Orley c. (Last) Fitch

4. DATE OF DEATH (Month) (Day) (Year): October 29-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 13-1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months: 5 Days: 16 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Derby, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Fitch — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Martha Garland — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Florence Lee ADDRESS: Caldwell 110 Freeport

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Superior mesenteric artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Diabetes Mellitus — 4+ years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis obliterans — many years

260X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 10, 1952, *to* Oct 29, 1952 *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* 7P m., *from the causes and on the date stated above.*

23a. SIGNATURE 613 W. J. Hubler (Degree or title): MD

23b. ADDRESS: 221 E Logan St. Caldwell, Ida.

23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: November 1-1952

24c. NAME OF CEMETERY OR CREMATORY: Lyons

24d. LOCATION (City, town, or county) (State): Lyons, Nebraska

DATE REC'D BY LOCAL REG.: 11/5/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dekan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3849
Local Reg. No. 63
Reg. Dist. No. 360

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): Earle
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): October 29-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 16-1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith & Cattle raising -Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bozeman, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 32 BIRTHPLACE: Norman Alexander Webb, Portland, Maine
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Gertrude Hathaway, Oregon, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs Roy E. Loucks Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* Oct 29, 1952, *that I last saw the deceased alive on* Oct 26, 1952, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 556 (Degree or title): R. Norman Mal.
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: Oct 30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/5/52
REGISTRAR'S SIGNATURE: Agnes Malenman
25. FUNERAL DIRECTOR ADDRESS: G. V. Peckham Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No. 72
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Sale Yards

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 909 Albany St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) J.; c. (Last) Mende

4. DATE OF DEATH (Month) (Day) (Year): October 31-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 14-1887

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ditch Rider City Irrigation Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phillipsburg, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amandus Mende — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Martha Faubion — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 4017080 E C

17. INFORMANT'S OWN SIGNATURE: Mrs Susie L Mende — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* found dead, 19____, *to* _____, 19____, *that I last saw the deceased alive on* ~~____, 19____~~, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip Jr Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/14/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52 7115

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 243
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DERRILL		HALL	Sept. 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	June 14, 1952		3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Derrill Hall	Gothenburg, Nebr.	Mary Helen Stigile	So. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Derrill Hall	Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cardiac failure	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acidosis & Dehydration	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/11, 1952, *to* 9/13, 1952, *that I last saw the deceased alive on* 9/13, 1952, *and that death occurred at* 1:18p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. R. Farber M.D.	311½-14th Ave So	9/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/16/52	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 28, 1952	Mrs. Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 239
Reg. Dist. No. 342

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) ROSE c. (Last) KINKADE

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 25, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 6, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 4 Days: 19
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St. Marys Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ross McMahan
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic C-V. Dis. Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-24, 1952, *to* 9-25, 1952, *that I last saw the deceased alive on* 9-24, 1952, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS: Nampa, Ida.
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenn Ferry Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Filer J. Ray Mountain Home Idaho
ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 236
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rt 1
d. STREET ADDRESS (If rural, give location): rt 1

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Elizabeth
c. (Last): Curtis

4. DATE OF DEATH (Month) (Day) (Year): Sept 27 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 7 1868
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Clark McKeever
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Jane Norvel
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: n0
17. INFORMANT'S OWN SIGNATURE: Mrs Lois Strand
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Colon
INTERVAL BETWEEN ONSET AND DEATH: 8-10 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1952, *to* 9-27, 1952, *that I last saw the deceased alive on* 9-27, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Rodwell MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 30 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa
(State): Idaho

DATE REC'D BY LOCAL REG.: Oct 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Tyrrell
ADDRESS: Nampa Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 238
Reg. Dist. No. 363

BIRTH NO.

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	Bell	Gage	10	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	may 5 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rices Minn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A.M.Burfield — BIRTHPLACE: Unknown, USA
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] — ADDRESS [illegible] Glenns Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 9-30, 1952 *to* 10-2, 1952 *that I last saw the deceased alive on* 10-2-, 1952 *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Nampa Ida	10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/3/52		Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 21, 1952	Mrs. Jane Steck	Lewis Edmunds	Nampa, Idaho

Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11457

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2655
Local Reg. No. 245
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) MARGARET c. (Last) DUNBAR

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: Sept. 24, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 9 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ivan Dunbar — BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Margaret Heithecker — BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ivan E. Dunbar — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Deformed brain at birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anencephalus
DUE TO (c) Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24, 1952, *to* 10-2, 1952, *that I last saw the deceased alive on* 10-2, 1952 *and that death occurred at* 9:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. G. Bellamy M.D. — **23b. ADDRESS**: Nampa Ida — **23c. DATE SIGNED**: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/3/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct 28, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Funk

25. FUNERAL DIRECTOR: Lewis Edmunds — **ADDRESS**: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3656
Local Reg. No. 234
Reg. Dist. No. 3-62

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 516 15th Ave So

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) E c. (Last) Beverlin

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widdowed

8. DATE OF BIRTH: Jan 21 1873

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wathena, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Silvers BIRTHPLACE: no rec

14. MOTHER'S MAIDEN NAME: Julia Weythman BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: X L Joe Beverlin ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus to brain — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular Fibrillation — 3 years

DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Embolus to Left popliteal artery — 1 hour
Pyelitis chronic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr Baltzer MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 7 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 235
Reg. Dist. No. 3 6 2

BIRTH NO. 111-52-12521

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 603 16th Ave So

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) Lynn c. (Last) Garner

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct 3 1952

9. AGE (In years last birthday): k — IF UNDER 1 YEAR: Months: Days: 1 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Clayton Garner — BIRTHPLACE: Kingston, Okla

14. MOTHER'S MAIDEN NAME: Ema Warkentin — BIRTHPLACE: Okla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: + Clayton Garner — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Respiratory Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurely (2 mos)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

776X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 3, 1952, *to* Oct 4, 1952, *that I last saw the deceased alive on* Oct 4, 1952, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Nampa — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: Oct 6 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Kohlerlawn Cem — **24d. LOCATION** (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1952 — **REGISTRAR'S SIGNATURE**: Mrs. Jane Steck — **25. FUNERAL DIRECTOR**: Paul L. Alsip — **ADDRESS**: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 247
Local Reg. No. 362
Reg. Dist. No.

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt 3 Amity Road

3. NAME OF DECEASED (Type or Print): a. (First) Lillie b. (Middle) Belle c. (Last) Bennett

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widdowed

8. DATE OF BIRTH: March 21 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nevada, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Greenup Mayfield Tucker
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sallie Ellen Rucker
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: x Helen M. Wallis
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 17IX Carcinoma Cervix with Metastases

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* P-23, 1949, *to* 10-4, 1952, *that I last saw the deceased alive on* 10-4, 1952, *and that death occurred at* 12:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 6 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 228
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 Colorado St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	C	HEDRICK	Oct.	4	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Mar 19. 1936	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Hedrick — BIRTHPLACE: Rupert Idaho
14. MOTHER'S MAIDEN NAME: Ruth Turner. Bruneau Idaho — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-34-0978
17. INFORMANT'S OWN SIGNATURE: L. Sawyers — ADDRESS: Boise

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple skull fractures — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway # 45	Murphy	Owyhee	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct.	4,	52	About 2a. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Loss control of automobile

22. *I hereby certify that I attended the deceased from* viewed remains only *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward J Sullivan Coroner	Murphy, Idaho	10/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 7. 1952	Bruneau Idaho	Murphy Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 12, 1952	Mrs. Jane Stark	Schreiber-McCann-Gibson	Boise

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 50
Local Reg. No. 209
Reg. Dist. No. 363

BIRTH NO. 111-52-12831

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clair	Steven	Smith	October 5-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Infant	October 5-1952	--	--	--	1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clair Smith,	Central City, Nebraska	Lois Clark,	Haviland, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None		None	Clair Smith	Star, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.5

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1/2 hr.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Berets injury	1/2 hr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-5, 1952 *to* 10-5, 1952, *that I last saw the deceased alive on* 10-5, 1952 *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald E Veach	M.D.	Nampa Ada	10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24c. LOCATION (City, town, or county) (State)
Burial	October 7-1952	Greenleaf	Greenleaf, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (ADDRESS)
Oct. 14, 1952	Mrs. Jane Stark	Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 237
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt 2

3. NAME OF DECEASED (Type or Print): a. (First) Bertha Isabell b. (Middle) c. (Last) Matthews

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 15, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellsworth, Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles W Allen
BIRTHPLACE: NY

14. MOTHER'S MAIDEN NAME: Dorothy Ann Carney
BIRTHPLACE: Edina, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 30 5596

17. INFORMANT'S OWN SIGNATURE: X Mrs J L Mage
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. , 19 49 , *to* Oct. 6 , 19 52 ; *that I last saw the deceased alive on* Oct. 6 , 19 52 ; *and that death occurred at* 5:55 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A. Koehne M.D.
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 8 1952
24c. NAME OF CEMETERY OR CREMATORY: Clovardale Cem
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul L. Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 231
Reg. Dist. No. 362

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 407 16th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) EARL c. (Last) ALLEN

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 6, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 4, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Agent

10b. KIND OF BUSINESS OR INDUSTRY: U.R.R.R. Co.

11. BIRTHPLACE (State or foreign country): Elmwood, Nebr.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 712-05-1158

17. INFORMANT'S OWN SIGNATURE: x Dale J Allen
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.0 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Cause Undetermined)

~~DUE TO (c)~~ Cardiac Decompensation — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 52, *to* Oct 6, 19 52, *that I last saw the deceased alive on* 10 – 6, 19 52, *and that death occurred at* 7:05a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Benjamin MD
23b. ADDRESS: Nampa Idaho.
23c. DATE SIGNED: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 17, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Doe
25. FUNERAL DIRECTOR: Jack Lewis Edmunds
ADDRESS: Nampa Ida.
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 232
Reg. Dist. No. 362

BIRTH NO. OCT 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 103 High St.

3. NAME OF DECEASED (Type or Print): a. (First) MAY b. (Middle) PATRICIA c. (Last) HARRISON

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Febr. 28, 1893

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havana, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elroy H. Lamb
BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Kathryn K. Mussett
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE / ADDRESS: x Essie H. Flores, Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis.
DUE TO (c): Nephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-9- , 1952, *to* 10-7- , 1952, *that I last saw the deceased alive on* 9-11- , 1952, *and that death occurred at* 12:35am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Samuel A. Swayne, M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 10-14-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/10/52
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 17, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steckline
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 2 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 241
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 317 17th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 307 17th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) RUSH b. (Middle) EAMES c. (Last) WING

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 5, 1952
9. AGE (In years last birthday): 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Rail Agent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Charles, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hebart Mott BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Sarah Fellows BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Ida Lockman ADDRESS:

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Rectum — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1948, *to* Oct 8, 1952, *that I last saw the deceased alive on* Oct 8, 1952, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: T C Horton Jr (Degree or title) MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 10-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 23 1952
REGISTRAR'S SIGNATURE: Mrs. Jessie Stuck
25 FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]5
Local Reg. No. 230
Reg. Dist. No. 363

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trumbull Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2024 Ash St.

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Jane
c. (Last): Altizer

4. DATE OF DEATH (Month) (Day) (Year): October 10-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 4-1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Christiansburg, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Gordon, BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Adaline Kerr, BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Grace Lundy, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 570.5 Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility & Diabetes — yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-7-, 1952, *to* 10-10, 1952, *that I last saw the deceased alive on* 10-10, 1952, *and that death occurred at* 10:27 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wesche
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 13-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct. 17, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: E. V. Peckham, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 6
Local Reg. No. 251
Reg. Dist. No. 363

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowmont,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): EDWARD
c. (Last): SKELTON

4. DATE OF DEATH (Month) (Day) (Year): Oct 12 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 5 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant-postmaster
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eagle Rock, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sam Skelton — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lona Easley — BIRTHPLACE: Eagle Rock, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Geo. Skelton — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with left hemaphlegia 24 hours.

ANTECEDENT CAUSES — Hypertension, hypertensive nephrosclerosis & hypertensiv

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~encephalopathy.~~ Six to seven years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS None.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None. ----
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 19*50*, to* October 12 *19*52*, that I last saw the deceased alive on* Oct. 12 *, 19*52*, and that death occurred at* 6:10 P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): 344 W B Ross Md
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/17/52
24c. NAME OF CEMETERY OR CREMATORY: PARMA, CEMETERY
24d. LOCATION (City, town, or county) (State): PARMA, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stitch
25. FUNERAL DIRECTOR: Paul S. Rigsby — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3667
Local Reg. No. 252
Reg. Dist. No. 363

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rt 6 off Amity rd
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural rt 6 off Amity rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural rt 6 off Amity rd
d. STREET ADDRESS (If rural, give location) Rural rt 6 off Amity rd

3. NAME OF DECEASED (Type or Print)
a. (First) LORA
b. (Middle) FISHER
c. (Last) BERG

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 52

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov 21, 1905
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paradise, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James W. Fisher — BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Allie Barns — BIRTHPLACE Cove, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 32 8507
17. INFORMANT'S OWN SIGNATURE J. O. Berg — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted 22 bullet wound — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home
21c. (CITY, TOWN, OR TOWNSHIP) Rt 6 Nampa (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) Oct (Day) 13 (Year) 52 (Hour) 7:00 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Earl W. Miller 091 Justice of the Peace (Degree or title)
23b. ADDRESS 421 S 11 Caldwell Ida
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 10/16/52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.
24d. LOCATION (City, town, or county) Nampa, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 10, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Stack
25. FUNERAL DIRECTOR Paul S. Spriggs — ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

CORONER

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3668
Local Reg. No. 253
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural rt 6 off Amity rd
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural rt 6 Nampa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural rt 6 off Amity rd
d. STREET ADDRESS (If rural, give location) Rural rt 6 Nampa off Amity rd

3. NAME OF DECEASED (Type or Print) a. (First) Darrel b. (Middle) c. (Last) Berg
4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept. 15, 1935
9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student ??
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Oscar Berg BIRTHPLACE PARK CITY, UTAH
14. MOTHER'S MAIDEN NAME Lora Fisher BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE E. O. Berg ADDRESS Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 bullet wound rt. side of head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home
21c. (CITY, TOWN, OR TOWNSHIP) Rt 6 Nampa (COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) Oct (Day) 13 (Year) 52 (Hour) 7:00 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? bullet wound in head

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Earl W. Miller (Degree or title) Justice of the Peace
23b. ADDRESS 421 S 11 Caldwell, Idaho
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/16/52
24c. NAME OF CEMETERY OR CREMATORY Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 10, 1952
REGISTRAR'S SIGNATURE Mrs. Janet Steck
25. FUNERAL DIRECTOR Ayer & Kenyon FUNERAL CHAPEL
ADDRESS NAMPA, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]9
Local Reg. No. 246
Reg. Dist. No. 363

BIRTH NO. NOV 5 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritian Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1115 Arthur St.

3. NAME OF DECEASED (Type or Print): a. (First) Elma; b. (Middle) A.; c. (Last) Culver

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 3, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Oshkosh, Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Washburn
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: VanCott
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Intertrochanteric Fracture Right Femur

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 4, 1952, *to* Oct 14, 1952, *that I last saw the deceased alive on* Oct 14, 1952, *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche (Degree or title) M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 28 1952

REGISTRAR'S SIGNATURE: Mrs. [illegible]

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home

ADDRESS: Caldwell Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 5 1952
DIVISION OF VITAL STATISTICS

State File No. 72
Local Reg. No. 244
Reg. Dist. No. 362

BIRTH NO. NOV 5 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 356 Sugar Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 356 Sugar Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	HARVEY	MOORE	Ocotber 15, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Oct. 1, 1876	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer & Businessman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrison Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Raymond H. Moore — ADDRESS: Nampa, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) producing paralysis

DUE TO (c) respiration,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Former stroke 1 year ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 19 52, *to* Oct 15, 19 52, *that I last saw the deceased alive on* Oct 15, 19 52 *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Belknap M.D.
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Oct 18 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 24
Reg. Dist. No. 36 2

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 308 15th Ave So

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) L; c. (Last) Anderson

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 27 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RR Engineer

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Notus, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Anthony Anderson
BIRTHPLACE: Oslo, Norway

14. MOTHER'S MAIDEN NAME: Alma Say
BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Mrs. Arthur L. Anderson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1537 Adenocarcinoma of Pancreas.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bilateral Pulmonary Tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 15, 1952 *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 17, 1952, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H Mangum MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: oct 27 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steele
25. FUNERAL DIRECTOR: John J Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 240
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1703 2Nd St. So.

3. NAME OF DECEASED (Type or Print): a. (First) MAGGIE b. (Middle) A. c. (Last) CONLEY

4. DATE OF DEATH: (Month) (Day) (Year) October 18, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 20, 1895

9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Bacon Jewelry

11. BIRTHPLACE (State or foreign country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Anderson

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Carrie Taylor

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-07-1286

17. INFORMANT'S OWN SIGNATURE: Laurence R. Conley Jr. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4427X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Renal Disease — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia — 5 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Stroke

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-13-52 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Stroke at Home. Fell to Floor

22. *I hereby certify that I attended the deceased from* 10-13, 1952, *to* 10-18, 1952, *that I last saw the deceased alive on* 10-18, 1952, *and that death occurred at* 8:20am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clara M. Cummings-Hastings M.D.

23b. ADDRESS: 1116 2nd St. So. Nampa, Idaho

23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/20/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 242
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) GENEVIEVE b. (Middle) CAROL c. (Last) BRADLEY

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 21, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Paul, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther M. Stevenson — BIRTHPLACE: Phillipsburg, Mo.
14. MOTHER'S MAIDEN NAME: Clara Wills — BIRTHPLACE: Phillipsburg, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Virgil S. Bradley — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Carcinomatosis metastatic to chest — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Carcinoma of kidney — 4 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at [illegible] m., from the causes and on the date stated above.*

23a. SIGNATURE: Joe Seltzer MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 24, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Ida.
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3574
Local Reg. No. 254
Reg. Dist. No. 36-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mosche Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 120 Locust

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAURA	HOOVER	STANTON	Oct. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 22, 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mahaska Co., Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Hoover	No record	Sarah Howard	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Roy Stanton ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V. Dis. Gen.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10, 19 45, *to* 10-22, 19 45, *that I last saw the deceased alive on* 10-22, 19 45, *and that death occurred at* 2120 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald E Nesbit MD 442	Nampa Idaho	10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	10/25/52	Cloverdale Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1952	Mrs. Jane Stack	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2275
Local Reg. No. 256
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 19th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219 19th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) EMMA c. (Last) SERGENT

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 14, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Berlin, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Geo. P. Burke — BIRTHPLACE: Penn

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs L. M. Eisman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal Pneumonia
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 15 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Ohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: Paul L. Peterson — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 3676
Local Reg. No. 250
Reg. Dist. No. 362

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 3 Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): same

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 3 Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MOSE
b. (Middle):
c. (Last): BASS

4. DATE OF DEATH (Month) Oct (Day) 10, (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: July 22, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unionville, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wright Bass — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Bernice Montgomery — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 20 1433
17. INFORMANT'S OWN SIGNATURE: Elza Wood — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

974X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): self hanging — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Nampa (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) Oct (Day) 10, (Year) 1952 (Hour) %
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hung self with tie and tee shirt

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl W. Miller 096 Justice of the Peace
23b. ADDRESS: 421 S 11 Caldwell, Ida
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul E. Chapman — Alsip Funeral Chapel
ADDRESS: Nampa, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3877
Local Reg. No. 255
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 5 Midland Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 4104 Riverdale Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ODELL
c. (Last): CALL

4. DATE OF DEATH (Month) (Day) (Year): October 24 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 6, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Man
10b. KIND OF BUSINESS OR INDUSTRY: Cattle Bus.
11. BIRTHPLACE (State or foreign country): Bountiful, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Call — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Louisa Willey — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs W. O. Call — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio Sclerotic C-V-Di — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4 20.1

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 10-24, 1952, *to* 10-24, 1952, *that I last saw the deceased alive on* 10-24, 1952 *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E Weeche M.D. (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 24, 52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Nov 10, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Paul S Cyprian — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3678
Local Reg. No. 249
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural
d. STREET ADDRESS (If rural, give location): Rt 1 Lone Star Road

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A. G.
c. (Last): FRASER

4. DATE OF DEATH (Month) (Day) (Year): Oct 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, ~~1952~~ 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Fraser — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Ann No record — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: George Francis Fraser — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 540.1 Peritonitis following Ruptured — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gastric ulcer.
DUE TO (c) Chronic ulcer stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20, 1952, *to* Oct 25, 1952, *that I last saw the deceased alive on* Oct 25, 1952, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Belknap MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 20, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1952
REGISTRAR'S SIGNATURE: Mrs. Janet Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 283
Reg. Dist. No. 362

BIRTH NO. OCT 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 744 North Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): TERRENCE
b. (Middle): DEAN
c. (Last): PIERCE

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 3/10/50
9. AGE (In years last birthday): 2 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: KENNETH DEAN PIERCE, BIRTHPLACE: Grants Pass, Ore.
14. MOTHER'S MAIDEN NAME: DORIS LAFQUEST, BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - -
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT'S OWN SIGNATURE: Gayle Steffenhagen, ADDRESS: Box 531, Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital defectiveness

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic spasms
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/14, 1952, *to* 10/14, 1952, *that I last saw the deceased alive on* 10/14, 1952, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth, M. D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 10/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/13/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Oct. 17, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Huck
25. FUNERAL DIRECTOR: Lewis Edmunds, ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEI
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3580
Local Reg. No. 92
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence at Burley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Burley, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Rodney
b. (Middle):
c. (Last): Ewing

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 20, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (State or foreign country): Buhl, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. O. Ewing — BIRTHPLACE: Urbana, Iowa
14. MOTHER'S MAIDEN NAME: Alberta Merchant — BIRTHPLACE: Nibora, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXX
16. SOCIAL SECURITY NO.: 518 36 5895
17. INFORMANT'S OWN SIGNATURE: X Merl M Ewing — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gunshot wound Head. — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 21 1952 12:00 noon
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound.

22. *I hereby certify that I attended the deceased from* never attended. *, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at* 12:00 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: Nov 9 1952
REGISTRAR'S SIGNATURE: R. C. Wilson
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant [illegible]CH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as [illegible] only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 21[illegible]) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 91
Local Reg. No. 470
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 24 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 1 Mile East of Burley

3. NAME OF DECEASED (Type or Print): a. (First) Isabella; b. (Middle); c. (Last) Morris

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1893

9. AGE (In years last birthday): 59; IF UNDER 1 YEAR Months: 9 Days: 5; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cornack, Scotland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Alexander Sharp — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Isabella McVicars — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-26-4850

17. INFORMANT'S OWN SIGNATURE: T. C. Morris — ADDRESS: R1 Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalyzed Sepsis — INTERVAL BETWEEN ONSET AND DEATH: 28 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sub phrenic abscess — 28 days

DUE TO (c) Sub total Gastric resection — 32 days

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchial Pneumonia.

19a. DATE OF OPERATION: 9/23/52

19b. MAJOR FINDINGS OF OPERATION: Pyloric Stenosis due to Chronic Duodenal ulcer

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/15, 1952, *to* 10/23/, 1952, *that I last saw the deceased alive on* 10/23, 1952, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 10/

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-27-52

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Nov 6 1952

REGISTRAR'S SIGNATURE: B. H. Wilson

25. FUNERAL DIRECTOR: Evan B. McCulloch - Burley-Ida. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 882
Local Reg. No. 86
Reg. Dist. No. 470

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1212 Conant Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth (Middle) Joyce c. (Last) Humphrey Howard

4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 10, 1903
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Humphrey
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Margaret Ellen Wood
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James O. Howard ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction, Myocardial, Acute — 420.1 — INTERVAL BETWEEN ONSET AND DEATH 19 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer - Ulcerity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1950, *to* 10-25, 1952, *that I last saw the deceased alive on* 10-25, 1952, *and that death occurred at* 11:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE S. Earnest (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY Shelton-Ririe
24d. LOCATION (City, town, or county) (State) Ririe, Idaho

DATE REC'D BY LOCAL REG. Oct. 27 1952
REGISTRAR'S SIGNATURE R. H. Wilson
25. FUNERAL DIRECTOR J. Garth Payne
ADDRESS Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 93
Reg. Dist. No. 1470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1817 Normal Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1817 Normal Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Bengt b. (Middle) Truelson c. (Last) Hasselstrom

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 27

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Hasselstrom BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Dorothy Hansen BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 507-05-1197

17. INFORMANT'S OWN SIGNATURE: Johanne Marie Hasselstrom ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/25, 1950 *to* 10/30, 1952 *that I last saw the deceased alive on* 10/30, 1952, *and that death occurred at* 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Davis (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/3/52
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov 12 1952
REGISTRAR'S SIGNATURE: B A Wilson
25. FUNERAL DIRECTOR: J. Garth Taylor ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 87
Reg. Dist. No. 470

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): 71 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Poulton c. (Last) Matthews

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Grantsville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Poulton BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Rassbass BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Oakley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1994

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia & Wasting — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Carcinomatosis 2-3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Oct 7, 1952, *that I last saw the deceased alive on* Oct 7, 1952, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton (Degree or title): M. D

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/11/52

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Nov 6 1952

REGISTRAR'S SIGNATURE: R D Nelson

25. FUNERAL DIRECTOR: J. Garth Payne ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]5
Local Reg. No. 89
Reg. Dist. No. 470

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley -rural
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. West 1 Mi. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 3 Mi. West, 1 Mi. So.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Roger c. (Last) McCaslin

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1878

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 11 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): - - Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Wesley McCaslin - BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Nancy Boyd, ---- BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mabel M. McCaslin ADDRESS: R.F.D. #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1952, *to* Oct 25, 1952, *that I last saw the deceased alive on* Oct 25, 1952, *and that death occurred at* 10:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. S. Dunn M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: Nov 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-29-52

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov 6 1952

REGISTRAR'S SIGNATURE: B. F. Nelson

25. FUNERAL DIRECTOR: Kenneth McCulloch - ADDRESS: Burley Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 90
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -View District
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast of Burley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - View District
d. STREET ADDRESS (If rural, give location): Southeast of Burley

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Ann
c. (Last): Bingham

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 4, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-nurse
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: John Glover Smith ----- BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Margaret Allen ----- BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Ivan A Merrill — ADDRESS: Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral thrombosis — 3 wks
DUE TO (c): Arteriosclerosis — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/16, 1949, *to* Oct 28, 1952, *that I last saw the deceased alive on* 10/18, 1952, *and that death occurred at* 10:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Davis (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 11/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Nov. 6 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 660

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Clark

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Spencer

c. LENGTH OF STAY (in this place): 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #91, China Point

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 804 So. Holmes

3. NAME OF DECEASED (Type or Print)

a. (First): PETER

b. (Middle): BARRY

c. (Last): O'BRIEN

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 22, 1908

9. AGE (In years last birthday): 44

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grower and Shipper

10b. KIND OF BUSINESS OR INDUSTRY: Produce, potatos

11. BIRTHPLACE (State or foreign country): Butte, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Barth O'Brien

BIRTHPLACE: Newfoundland

14. MOTHER'S MAIDEN NAME: Annie Burns

BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Barry O'Brien

ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Extensive damage to heart & lungs — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: "

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Spencer, Clark, Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 22 (Year) '52 (Hour) about 7AM m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Automobile upset

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sid Close 47

(Degree or title): Coroner

23b. ADDRESS: Dubois, Idaho

23c. DATE SIGNED: Oct. 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Bonneville County, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: John Summers

25. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3588
Local Reg. No. 24
Reg. Dist. No. 210

RECEIVED
OCT 18 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) GLEN b. (Middle) DANIEL c. (Last) BETTS

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber worker
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Hillsdale, Mich.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Daniel W. Betts — BIRTHPLACE: NY
14. MOTHER'S MAIDEN NAME: Emma Sage — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-1062
17. INFORMANT'S OWN SIGNATURE: Mrs Glen Betts — ADDRESS: Southwick, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 1 year
DUE TO (c) ~~Carcinoma of Prostate~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 26, 1952, *to* Sept 30, 1952, *that I last saw the deceased alive on* Sept 30, 1952, *and that death occurred at* 9:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. Ray Gregware — (Degree or title): M.D.
23b. ADDRESS: 632 30) St John's Way Lewiston, Idaho
23c. DATE SIGNED: 10/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-1-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 2 1952
REGISTRAR'S SIGNATURE: Vernon E. Fowler
25. FUNERAL DIRECTOR: Brower-Wann By K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Gregware

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters
d. STREET ADDRESS (If rural, give location): P.F.I. Camp # 14

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): I
c. (Last): Whaley

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 11-11-1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woodsworker
11. BIRTHPLACE (State or foreign country): Severville Tenn.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 409145467
17. INFORMANT'S OWN SIGNATURE: M. E. Gilbert — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cranio-cerebral injury — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): woods
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clearwater Co. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-2-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: struck by snag

22. *I hereby certify that I attended the deceased from* 10-2-52, 19__, *to* 10-2-52, 19__, *that I last saw the deceased alive on* 10-2-52, 19__, *and that death occurred at* 11 59 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.B. Pappenhagen 304 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Vernon E. Farley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3590
Local Reg. No. 25
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle):
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): 10-7-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 4-27-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 38
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: Sweden

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518014404
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Oct. 7, 1952, *that I last saw the deceased alive on* Sept., 1952, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins 166
23b. ADDRESS: Orofino, Ida.
23c. DATE SIGNED: 10/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-8-52
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. [redacted]26
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, Inath

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Henry	Ayers	Oct	13	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Separated	Jan 21, 1872	79	~~10~~ 9	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Saw mill
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Downing, Mo
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm H. Ayers 04 — BIRTHPLACE: Mo
14. MOTHER'S MAIDEN NAME: Barbara Pruner — BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~no~~
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R. E. Gilbert — ADDRESS: Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

450.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 10-10-, 1952, *to* 10-13, 1952, *that I last saw the deceased alive on* 10-13, 1952, *and that death occurred at* 11:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. Gillespie MD	Orofino, Ida	10/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	10-16-52	Normal Hill	Lewiston	Idaho

DATE REC'D BY LOCAL REG. 10-16-52
REGISTRAR'S SIGNATURE: Verna E Dawley
25. FUNERAL DIRECTOR: R. E. Gilbert — ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 27
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S H N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston, Ida
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Frank	—	Phillips		10	16	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	single	1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Germany	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Phillips	Germany	—	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		—	G H Cooke	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-11-, 1952, *to* 10-15-, 1952, *that I last saw the deceased alive on* 10-15-, 1952, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G H Cooke	M D	Orofino	10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-17-52	Hillcrest Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-17-52	Verna E Dahle	P. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 36[illegible]
Local Reg. No. 32
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. OCT 31 1952

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 12 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtal
b. (Middle): B.
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): October 19 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: November 18, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): North Branch, Kansas
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jason Kellum — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Clara Limbocker — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wes L. George — ADDRESS: Missoula, Mont.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — 5+ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mell. 3+ yrs, Osteomyelitis left foot 2 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1951, *to* October, 1952, *that I last saw the deceased alive on* October 14 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: B R Stern 383 (Degree or title) M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 21, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Woodland Cem.
24d. LOCATION (City, town, or county): Woodland (State): Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Vernon E Farley
25. FUNERAL DIRECTOR: Claude Trivary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 29
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 6 yrs mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Carnes

4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 52

5. SEX M

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Oct 1899

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months / Days
IF UNDER 1 HR. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (State or foreign country) Cottonwood Ida

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Carnes BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME Mary Ellen McGinn BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S OWN SIGNATURE E. L. Barry ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 10X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insufficiency — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to cerebral arteriosclerosis 6 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 19 52, *to* 10-19, 19 52, *that I last saw the deceased alive on* 10-19, 19 52, *and that death occurred at* 9:38 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Barry M D (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3

24b. DATE 10-26-52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery

24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. 10-20-52

REGISTRAR'S SIGNATURE Vernon E Farley

25. FUNERAL DIRECTOR Andrew H. Vassar - Lewiston ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Albert	Goin	Oct	19	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	Wh	widower	Sept 21 1877	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	wood worker	Missouri	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Sylvester Goin	unk	? Stroud	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unk		unk.	E. L. Barry MD	Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 5 yrs?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had previous attacks of same

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-8, 19 52, *to* 10-19, 19 52, *that I last saw the deceased alive on* 10-18, 19 52, *and that death occurred at* 12 20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barry MD	Orofino Ida	10-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-20-52	Beatty Funeral Home	Emmett Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-20-52	Vernon E. Dooley	W. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8826
Local Reg. No. 31
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): White Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle) H.; c. (Last) Hill

4. DATE OF DEATH: (Month) (Day) (Year): 10-19-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 12-27-1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 8

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: Unknown-S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518014089

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* --------, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 9:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Vernon E Fawley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3597
Local Reg. No. 459
Reg. Dist. No. 680

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Karen
b. (Middle): (none)
c. (Last): Gini

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 12, 1941
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Challis, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Lawrence Gini — BIRTHPLACE: Clayton, Ida.
14. MOTHER'S MAIDEN NAME: Florence Burt — BIRTHPLACE: Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lawrence Gini — ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

916.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): FIRE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Challis, Custer, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 11 1952 0500 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: House burning

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 0500 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Baxter 036 MD
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-14-52
24c. NAME OF CEMETERY OR CREMATORY: Challis
24d. LOCATION (City, town, or county) (State): Challis, Ida.

DATE REC'D BY LOCAL REG.: Oct. 12 1952
REGISTRAR'S SIGNATURE: Edna McKenny
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3898
Local Reg. No. 460
Reg. Dist. No. 680

BIRTH NO. NOV 1 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanley
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): automobile accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reno
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Barbara b. (Middle) Mary c. (Last) Riha

4. DATE OF DEATH: (Month) Oct. (Day) 12, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 26, 1929

9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James C. Bruce — BIRTHPLACE: Aberdeen Scotland

14. MOTHER'S MAIDEN NAME: Sarah Wheeler — BIRTHPLACE: Clarkston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: Frank Riha — ADDRESS: Reno, Nevada

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe & Prolonged Compression

DUE TO (c) of the Trunk & [illegible]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Stanley Ida

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Stanley Custer Idaho

21d. TIME OF INJURY (Month) Oct (Day) 12 (Year) 52 (Hour) 3:30 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Car overturned & pinned Victim.

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L B Davidson Custer Co. Coroner

23b. ADDRESS: Challis, Idaho Box 12

23c. DATE SIGNED: 14 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-15-52

24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton

24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: Oct 14 1952

REGISTRAR'S SIGNATURE: Edna McKenney

25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 10 19[illegible]

BIRTH NO. NOV 10 1952

Certificate of Death

STATE OF IDAHO

State File No. 3699
Local Reg. No. 461
Reg. Dist. No. 685

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis - Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ellen c. (Last) Svie

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 15 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 8 Days 17
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Bennington Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ephriam Lindsay
BIRTHPLACE: Brigham City, Utah

14. MOTHER'S MAIDEN NAME: Mary Ellen Barton
BIRTHPLACE: Woodbury Co. Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dick Svie
ADDRESS: Mackay

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 5 yrs.
DUE TO (c): Hypertension — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral vascular accident — 10 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 22, 19 51, *to* Oct. 12, 19 52, *that I last saw the deceased alive on* Oct 12, 19 52, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert D. Banks M.D.
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 10-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 16-1952
24c. NAME OF CEMETERY OR CREMATORY: Mt McCaleb
24d. LOCATION (City, town, or county) (State): Mackay Idaho

DATE REC'D BY LOCAL REG.: Oct 17 52
REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco Ida
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 70[illegible]
Local Reg. No. 34
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Hammett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): 703 Fir Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIE
b. (Middle): BOB
c. (Last): ROWELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1931
9. AGE (In years last birthday): 21-3-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Drumright, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Rowell — BIRTHPLACE: Fort Smith, Ark.
14. MOTHER'S MAIDEN NAME: Alice Simpson — BIRTHPLACE: Honeygrove, Tex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 445-28-9090
17. INFORMANT'S OWN SIGNATURE: Blanche Acorn — ADDRESS: 1611 Perkins Richland Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

819.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Auto accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify): L
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hammett Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 21-52 5 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Ran into Bridge

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green Coroner
23b. ADDRESS: Mountain Home Ida
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/52
24c. NAME OF CEMETERY OR CREMATORY: Riverview Heights
24d. LOCATION (City, town, or county) (State): Kennewick, Benton, Wn.

DATE REC'D BY LOCAL REG.: Nov 15 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3701
Local Reg. No. 33
Reg. Dist. No. 380
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Hammett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): 721 Hartford Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): RUBY
b. (Middle): FAYE
c. (Last): ACORN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 12, 1928

9. AGE (In years last birthday): 24-2-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Drumright, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Rowell
BIRTHPLACE: Fort Smith, Ark.

14. MOTHER'S MAIDEN NAME: Alice Simpson
BIRTHPLACE: Honeygrove, Tex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 545-22-3298

17. INFORMANT'S OWN SIGNATURE: Blanche Acorn
ADDRESS: Richland Rt. 1 Box 1 Kennewick Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal injuries
INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hammett Elmore Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 21 52 5 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Ran into Bridge

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hale L. Green Coroner
23b. ADDRESS: Mountain Home Ida
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/52
24c. NAME OF CEMETERY OR CREMATORY: Riverview Heights
24d. LOCATION (City, town, or county) (State): Kennewick, Benton, Wn.

DATE REC'D BY LOCAL REG.: Nov 15, 1952
REGISTRAR'S SIGNATURE: A F Andrews

25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 52-02
Local Reg. No. 13
Reg. Dist. No. 240

111-52-11572
BIRTH NO.

OCT 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lance; b. (Middle); c. (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year): Oct 20 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby

8. DATE OF BIRTH: Sept. 7 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 13; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Fay Eugene Jones-Malad Idaho. BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ruth Burton- Downey Idaho. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Buck Jones ADDRESS: Malad Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural but undetermined — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Baby found dead in crib

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/7, 1952, *to* 10 20, 1952, *that I last saw the deceased alive on* 10/14, 1952, *and that death occurred at* 1-35 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D. **23b. ADDRESS**: Preston Idaho **23c. DATE SIGNED**: 10 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Oct 22, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Downey **24d. LOCATION** (City, town, or county) (State): Downey, Idaho.

DATE REC'D BY LOCAL REG.: 10-20-1952

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR ADDRESS: Herman J. Richards Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT
Certificate of Death

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 540

BIRTH NO. OCT 31 1952

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY: Navajo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hard Rock
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ross
b. (Middle):
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): 10 [illegible] 52

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 14, 1942
9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hard Rock, Arizona
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Juan Robinson
BIRTHPLACE: Hard Rock Ariz
14. MOTHER'S MAIDEN NAME: Alice Bakia
BIRTHPLACE: Hard Rock Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Juan Robinson
ADDRESS: Hard Rock Arizona

18. CAUSE OF DEATH 010X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tuberculous meningitis
INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-25, 1952, *to* 10-25, 1952, *that I last saw the deceased alive on* 10-25, 1952, *and that death occurred at* 7-A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Smith
23b. ADDRESS:
23c. DATE SIGNED: 10-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG: 10-25-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: O. Sherman Webb
ADDRESS: Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 14
Reg. Dist. No. 5-4-0

BIRTH NO.

OCT 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen. Mems. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY: Coconino
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kayenta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dolph
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 15 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kayenta Arizona

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wardling
BIRTHPLACE: Singer Kayenta

14. MOTHER'S MAIDEN NAME: Hattie Smith
BIRTHPLACE: Kayenta Ariz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 527-20-9407

17. INFORMANT'S OWN SIGNATURE: Roy Lee
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 26 *, 1952, to* Oct 27 *, 1952, that I last saw the deceased alive on* Oct 27 *, 1952, and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 10-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 28 1952

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho.

DATE REC'D BY LOCAL REG.: 10-28-1952

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Thomas Webb

ADDRESS: Preston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3705
Local Reg. No. 11
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Edwin
c. (Last): Shrives

4. DATE OF DEATH (Month) (Day) (Year): Oct 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 14, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): New Hamptonshire, England Stanwick
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edwin Shrives — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Houghton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A. J. Shrives — ADDRESS: Franklin Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 10 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952 *to* Aug, 1952, *that I last saw the deceased alive on* 10 Aug 1952 *and that death occurred at* 9:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. K. Hansen MD 503
23b. ADDRESS: Lewiston Utah
23c. DATE SIGNED: 9 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 10, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Franklin
24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 10-10-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3706
Local Reg. No. 56
Reg. Dist. No. 6-5-d

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 436 West 4th North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): YASUTARO
b. (Middle):
c. (Last): KAMACHI

4. DATE OF DEATH: (Month) Oct., (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September, 9, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fukuoka, Japan

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Yasut T. Kamachi
ADDRESS: 540 So 5th W Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* Oct 3, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 11AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Soule MD (Degree or title)
23b. ADDRESS: St. Anthony Ida
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 8 Oct 52
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Crematory
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 7 Oct 52
REGISTRAR'S SIGNATURE: M. J. Hansen
25. FUNERAL DIRECTOR ADDRESS: M. J. Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3707
Local Reg. No. 64
Reg. Dist. No. 650

111-52-19013
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHRIS b. (Middle) c. (Last) HIBBERT

4. DATE OF DEATH (Month) (Day) (Year): Oct., 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct., 21, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 0 — IF UNDER 24 HRS. Hours: Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 052

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Julian Hibbert — BIRTHPLACE: Burlington, Wyo.

14. MOTHER'S MAIDEN NAME: Alice Edna Brinton — BIRTHPLACE: Taylorsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Julian M. Hibbert — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart, congenital — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) absence of both hands, congenital
DUE TO (c) deformity of foot + genitalia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 21 Oct, 19 52, *to* 21 Oct, 19 52, *that I last saw the deceased alive on* 21 Oct, 19 52, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Brinton MD 052 (Degree or title)

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 28 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 22 Oct., 52

24c. NAME OF CEMETERY OR CREMATORY: Parker

24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 28 Oct 1952

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43001

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 0 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3708
Local Reg. No. 65
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) ELIZABETH c. (Last) HOBBS WOOD

4. DATE OF DEATH: (Month) Oct., (Day) 28, (Year) 1952

5. SEX: Feamle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22, 1915

9. AGE (In years last birthday): 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St. Anthony, RFD#1 (Wilford)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvin M. Hobbs BIRTHPLACE: St. Anthony RFD#1, Idaho

14. MOTHER'S MAIDEN NAME: Kirsel Nyborg BIRTHPLACE: Mt. Pleasant, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A M Hobbs ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

343X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Oct, 19 52, to 28 Oct, 19 52, *that I last saw the deceased alive on* 28 Oct, 19 52, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Brinton M D

23b. ADDRESS: St. Anthony Idaho

23c. DATE SIGNED: 1 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1 Nov 52

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 2 Nov 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 63
Local Reg. No. 651
Reg. Dist. No.

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Industrial Training School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) KARL c. (Last) FISCHER Jr.

4. DATE OF DEATH: (Month) Oct., (Day) 30, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 21, 1936
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: I. I. T. S.
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ernest Karl Fischer — BIRTHPLACE: Anaconda, Mont.
14. MOTHER'S MAIDEN NAME: Fern ---------- — BIRTHPLACE: Harding, S. D.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: M. F. Pratt — ADDRESS: St. Anthony, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Undetermined — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Status epilepticus — 15 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

353.3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1952 *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 3:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. F. Soule (378) (Degree or title): MD — 23b. ADDRESS: St. Anthony Idaho — 23c. DATE SIGNED: 11/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 31 Oct 52 — 24c. NAME OF CEMETERY OR CREMATORY: Wallace, Idaho. — 24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Nov 5, 1952 — REGISTRAR'S SIGNATURE: M. L. Hansen — 25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 61
Local Reg. No. 61
Reg. Dist. No. 650

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Irene
b. (Middle): Rohner
c. (Last): Pincock

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 25, 1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Harmony, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Rohner
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Icevinda Pace
BIRTHPLACE: New Harmony, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Verla P. Moss
ADDRESS: Sugar

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injs. Auto. Collision accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 1. Ruptured abdomal viscus 2. Multiple fracture, contusion right lower extremity.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: 3. Laceration chest face.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) Oct. (Day) 29 (Year) 1952 (Hour) 8:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Hwy. 191 Head on collision right turn + auto Ida. 4 St.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Oct. 31, 1952, *that I last saw the deceased alive on* Oct. 31, 1952, *and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Rigby (Degree or title) MD

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/2/52

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 4 Nov 52

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: Kenneth Hansen
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 57
Local Reg. No. 651
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony — Rural
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) Ricks c. (Last) Beech

4. DATE OF DEATH: (Month) October (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept., 11, 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months 1 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Sugar City, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ephraim Ricks
BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Amanda Pitkins
BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: T. L. Beech
ADDRESS: St. Anthony RFD#1, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 mos (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma rt. breast — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

170X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, *19*51, *to* Oct 26, *19*52, *that I last saw the deceased alive on* Oct 26, *19*52, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Rucks (212)
(Degree or title)

23b. ADDRESS: Ashton - Idaho

23c. DATE SIGNED: 29 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 30 Oct 52

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 30 Oct 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 63
Reg. Dist. No. 65

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 10 Minutes.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Car At Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamont.
d. STREET ADDRESS (If rural, give location): Rural 2¼ Miles East Of Lamont

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Seth.	Enoch.	Moody.	10/28th1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	July.17th1875.	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming.	Agency, City Iowa.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Levid Moody/	Vermont	Pemelia. Bowen.	Vermont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE: Una Ruth Moody ADDRESS: Lamont Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Congestive heart disease — Interval between onset and death: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left heart failure — Interval: 2
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Macrocytic Anemia — Interval: 2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 24 Oct 1952 *to* 28 Oct 1952, *that I last saw the deceased alive on* 24 Oct 1952 *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Ashton Idaho	10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal.	10/30/52		Agency City, Iowa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
6 Nov. 52	[signature]	[signature] Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 3 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible] 59
Local Reg. No. 651
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyway 191 South St Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Forence Emma Koller Roberts

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1896

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fond Du Lac, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Koller — BIRTHPLACE: Hartford, Wis.

14. MOTHER'S MAIDEN NAME: Hanna Soll — BIRTHPLACE: Fond Du Lac, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Leonard K. Roberts — ADDRESS: Sugar City, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Crushed Chest

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway 191

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural St. Anthony Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 29 Oct 52 8:10 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Car going North on Hyway 191 - Train & Car hitting at railroad Crossing

22. *I hereby certify that I attended the deceased from* Never 19 attended, 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* 8:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen — (Degree or title): Coroner

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 31 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 31 Oct 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Kenneth Hansen — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 3 1952 DIVISION OF VITAL

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 58
Reg. Dist. No. 651

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyway 191 South St Anthony
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William A**a**rron b. (Middle) c. (Last) Pincock

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 8, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilford, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John E. Pincock BIRTHPLACE: Ogden, Utah

14. MOTHER'S MAIDEN NAME: Alice Richards BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Kenton R Pincock ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

810X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed chest

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway 191

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony Rural Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 29, 1952 8:10 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Car going north on Hiway 191 - Train + Car hitting at Railroad Crossing

22. *I hereby certify that I attended the deceased from* Never, 19 attended, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Hansen (Degree or title): Coroner

23b. ADDRESS: St. Anthony Idaho

23c. DATE SIGNED: 31 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 1, 52

24c. NAME OF CEMETERY OR CREMATORY: Sugar City,

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 31 Oct 52

REGISTRAR'S SIGNATURE: M D Hansen

25. FUNERAL DIRECTOR: Bennett & Hansen ADDRESS: Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

- Rawlinson

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 715
Local Reg. No. 15
Reg. Dist. No. 340-341
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Graham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Penokee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Higer

4. DATE OF DEATH: (Month) (Day) (Year): October 11, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 31, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 6 Days: 10
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): La Harp, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacobe Higer
BIRTHPLACE: Newcommers Town, Ohio

14. MOTHER'S MAIDEN NAME: Barbara Benjamin
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x C. H. Higer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 4, 1952, *to* Oct 11, 1952, *that I last saw the deceased alive on* Oct 11, 1952, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: Oct 16 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: October 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hill City
24d. LOCATION (City, town, or county) (State): Hill City, Kansas

DATE REC'D BY LOCAL REG.: October 16, 1952
REGISTRAR'S SIGNATURE: Jun A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Beatty Chapel Emmett Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 716
Local Reg. No. 17
Reg. Dist. No. 340-341

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Robert c. (Last) Hughes

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 12, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 9 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abraham Franklin Hughes
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Flora Downing
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Melvin J. Hughes
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19___, *to* 16 Oct., 1952, *that I last saw the deceased alive on* 16 Oct., 1952, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 137 (Degree or title) M.D.

23b. ADDRESS: Emmett, Ida

23c. DATE SIGNED: 18 Oct 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: October 16 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel Emmett, Idaho
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-40021

Howard

RECEIVED NOV 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1171

Local Reg. No. 19

Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Gem

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

c. LENGTH OF STAY (in this place): 3days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Gem

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. STREET ADDRESS (If rural, give location): 510 No. Walnut

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Charles c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	May 17, 1863	89	5	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: sawmill

11. BIRTHPLACE (State or foreign country): Salem, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Hannah E Vest — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Homer R Evans — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Undetermined

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Oct 22, 1952, *that I last saw the deceased alive on* Oct 22, 1952, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard M D — (Degree or title)

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Oct 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct25,1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct 27 1952

REGISTRAR'S SIGNATURE: Jean C. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 340-341

BIRTH NO. NOV 14 1952

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) Iday
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 210 West 2nd St

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 337 W. Liberty

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Charles c. (Last) Irwin

4. DATE OF DEATH (Month) (Day) (Year) Oct 23, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 9, 1882
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 3 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) opperator
10b. KIND OF BUSINESS OR INDUSTRY garage
11. BIRTHPLACE (State or foreign country) Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles M. Irwin-- BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Harriett A. Savage BIRTHPLACE Grants Pass Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Everett L Irwin ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary disease - possible thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hist. of coronary disease 5-6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Died on Arrival, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ronald P. Rawlinson MD
23b. ADDRESS Emmett
23c. DATE SIGNED 10 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct 25 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. October 28 1952
REGISTRAR'S SIGNATURE Jean A. Beatty
25. FUNERAL DIRECTOR AND ADDRESS Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3719
Local Reg. No. 22
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIETT
b. (Middle): ADELINE
c. (Last): CARR

4. DATE OF DEATH (Month) (Day) (Year): OCT. 25 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): La Seur Co. Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S. ..
13. FATHER'S NAME: Johnston Piper — BIRTHPLACE: UNknown
14. MOTHER'S MAIDEN NAME: SAmantha Evans — BIRTHPLACE: Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. Jones — ADDRESS: Personal Record of Deceased

18. CAUSE OF DEATH 493X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Pnemonia — INTERVAL BETWEEN ONSET AND DEATH: two days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 25, 1952, *to* Oct. 24, 1952, *that I last saw the deceased alive on* Oct. 1, 1952, *and that death occurred at* 3:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard MD 58 (Degree or title)
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 10/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 01
24b. DATE: 10/27/52
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cametery
24d. LOCATION (City, town, or county) (State): Council Idaho

DATE REC'D BY LOCAL REG.: Oct. 27, 1952
REGISTRAR'S SIGNATURE: Jean A. Pratty
25. FUNERAL DIRECTOR: E. S. Jones — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 720
Local Reg. No. 16
Reg. Dist. No. 34-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Lacey c. (Last) Hezeltine

4. DATE OF DEATH: (Month) October (Day) 16, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 22, 1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR Months: 0 Days: 24 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler 75

10b. KIND OF BUSINESS OR INDUSTRY: store

11. BIRTHPLACE (State or foreign country): Blain, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles A. Hezeltine — BIRTHPLACE: Stockholm Sweden

14. MOTHER'S MAIDEN NAME: Louisa Edwards — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-36-1675

17. INFORMANT'S OWN SIGNATURE: Frank A. Sanderson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: four hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Patient dead on arrival
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1946 *to* Jan ____, 1952, *that I last saw the deceased alive on* 2 or 3 months previous, 19__, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson M.D.
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: October 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: October 16, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle): Anthony
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 4, 1949
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 10, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Cecil Jones — BIRTHPLACE: Farmington Mich.
14. MOTHER'S MAIDEN NAME: Delores Gifford — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William C. Jones — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) drowning - immediately
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: drainage ditch

22. *I hereby certify that I attended the deceased from* Head on arrival *19*__, *to* _____ *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Lawlenson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: October 28, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — **ADDRESS**: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 722
Local Reg. No. 1565
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle):
c. (Last): JENSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Feb. 12, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hans Jensen — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Lunett Thorpe — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carrie S. Reedy — ADDRESS: Fairfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Sept 14, 1952, *that I last saw the deceased alive on* 11 Sept, 1952, *and that death occurred at* 5:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J. Kerns M.D. 207
23b. ADDRESS: Fairfield, Idaho
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/52
24c. NAME OF CEMETERY OR CREMATORY: Fairfield Cemetery
24d. LOCATION (City, town, or county) (State): Fairfield, Idaho

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: J. A. Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 1566
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Leader Bldg. Apts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Leader Bldg. Apts.

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) MAE c. (Last) GILLESPIE

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 30, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: 4; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Vernon Gillespie — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Margaret Fudger — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vernon Gillespie — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coarctation of Aorta — 5 mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

754.5

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-4, 1952, *to* 10-4, 1952, *that I last saw the deceased alive on* 10-4, 1952, *and that death occurred at* 8:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm E. Anderson MD

23b. ADDRESS: Gooding, Ida

23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/7/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-6-52

REGISTRAR'S SIGNATURE: J. A. Cromwell

25. FUNERAL DIRECTOR — ADDRESS: Geo. Jewell Jr.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 1567
Reg. Dist. No. 42-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 137 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T.B. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 722 E Bannock

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) E. c. (Last) Caulk

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		Feb 29 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Jacob Harry Caulk — BIRTHPLACE: Ill. U. S.
14. MOTHER'S MAIDEN NAME: Mary Jane Magdon — BIRTHPLACE: Ill. U. S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E H Brady MD — ADDRESS: Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 137 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 19 48 *to* Oct 11, 19 52, *that I last saw the deceased alive on* Nov 29, 19 52 *and that death occurred at* 1 10 Δ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Oct 11, 1952 E H Brady MD	Gooding Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-14-52	Cloverdale Mem. Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-11-52	J A Cornwell	Earl Wagner	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 725
Local Reg. No. 1565
Reg. Dist. No. 420

BIRTH NO. NOV 12 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 233 10th East

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): EDNA
c. (Last): GEHRIG

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 14, 1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone operator 27
10b. KIND OF BUSINESS OR INDUSTRY: Mt. States Tel. Co.
11. BIRTHPLACE (State or foreign country): Edinburo, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles W. Flanner — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Maud Mary Jaynes — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-22-6073
17. INFORMANT'S OWN SIGNATURE: Fred L. Gehrig — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 15 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1952, *to* Oct 14, 1952 *that I last saw the deceased alive on* Oct 14, 1952, *and that death occurred at* 3:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Barrett M. D.
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/21/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread J. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 1570
Reg. Dist. No. 422

BIRTH NO.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Lenker Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): JAMES
c. (Last): BIGHEART

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 13, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 5 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Stanley Bigheart
BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Ruby Pappin
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Stanley Bigheart
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

769.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Toxemia of Pregnancy in Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 13, 1952, *to* Oct 18, 1952, *that I last saw the deceased alive on* Oct 18, 1952 *and that death occurred at* 5:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. E. Garrett M.D.
(Degree or title):
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 10-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-18-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Leo Jensen
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

State File No. .....
Local Reg. No. 1571
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Orley
b. (Middle): E.
c. (Last): WYNN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: 4/5/1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown .5
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Clarinda, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: T. J. Wynn — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508-14-7972
17. INFORMANT'S OWN SIGNATURE: Geo. Jerread Jr. — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1952, *to* Oct 21, 1952, *that I last saw the deceased alive on* Oct 21, 1952, *and that death occurred at* 11:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler MD 517
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: Oct 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/30/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1569
Reg. Dist. No. 420

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bliss Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss Rural
d. STREET ADDRESS (If rural, give location): Bliss Dam

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FREDERICK
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 18, 1939
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick Roberts — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Lorraine Lant — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Frederick F. Roberts — ADDRESS: Bliss Dam

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

919.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G.S. wound in head. Instant death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): G.S. Wound
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bliss Power Plant
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding Co. Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Accidental. Coroner F. Gooding Co. J.H. Cromwell

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J.H. Cromwell 063 MD (Degree or title)
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/52
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 10-18-52
REGISTRAR'S SIGNATURE: J.H. Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 723
Local Reg. No. 107
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-52-13079 OCT 31 1952

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) BOY c. (Last) REA

4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn
8. DATE OF BIRTH Oct. 9, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville, Ida.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Fred Robert Rea BIRTHPLACE
14. MOTHER'S MAIDEN NAME Marion Ruth Richardson BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Fred R Rea ADDRESS Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity (6 months) — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Oct, 1952, *to* 9 Oct, 1952, *that I last saw the deceased alive on* 9 Oct, 1952, *and that death occurred at* 4:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald J. Altman (Degree or title) M.D
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 10 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Oct. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY General Hospital
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Oct. 10, 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Ted Robertson
ADDRESS Grangeville,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2230
Local Reg. No. 128
Reg. Dist. No. 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Larry	Emmett	Flint	10 - 12 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	9 - 5 - 1936	16	1	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student ??		Grangeville Idaho	U.S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Flint	Grangeville	Sylvia Shinkle	Grangeville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Frank M. Flint	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Shock and Hemorrhage	20 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gun that Wound	20 min.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
10 12 52 7 P.M.		Accidental discharge of rifle

22. *I hereby certify that I attended the deceased from* 10-12, 1952 *to* 10-12, 1952, *that I last saw the deceased alive on* 10-12, 1952, *and that death occurred at* 7:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Butterworth	M.D.	Grangeville, Idaho	10.14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-15-52	Prairieview	Grangeville Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 14 1952	Emma Cone	Fenn Undertaking	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 240

BIRTH NO. OCT 31 1952

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Ida. o. me

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location): R.F.D.3,

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) O. c. (Last) ZUMWALT

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 22, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: rein

11. BIRTHPLACE (State or foreign country): Waitsburg, Wash.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Wm. Zumwalt, BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Cynthia Ann Rose, BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Jane Wall ADDRESS: Grangeville.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia, left — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* old empyema with loss of major portion rt lung — many years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 14 oct, 1952 *to* _____, 19____, *that I last saw the deceased alive on* 14 oct, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lena Kaltman (Degree or title): M.D. 360

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 15 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Oct 17, 1952

REGISTRAR'S SIGNATURE: Irma Coney

25. FUNERAL DIRECTOR ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3732
Local Reg. No. 3
Reg. Dist. No. 240

BIRTH NO. OCT 31 1952

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (In this place) 37 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE?
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CLARENCE
b. (Middle) O.
c. (Last) VINCENT

4. DATE OF DEATH (Month) Oct. (Day) 16, (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 5, 1876
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LETTS IOWA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. K. Vincent, BIRTHPLACE Oxford, Massachusets
14. MOTHER'S MAIDEN NAME Christine Jameson BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE H. R. Cone ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

542.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic penetrating peptic ulcer with large inflammatory mass — several years.
DUE TO (c) involving pancreas + stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Aug, 1951, *to* 16 Oct, 1952, *that I last saw the deceased alive on* 16 Oct, 1952, *and that death occurred at* 1 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald Hultman M.D (Degree or title) 360
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 20 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 20, 1952 03
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Oct. 20, 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jess Robertson ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 33
Local Reg. No. 2
Reg. Dist. No. 240

BIRTH NO. OCT 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) DENVER
b. (Middle) J.
c. (Last) TACKETT

4. DATE OF DEATH (Month) (Day) (Year) Oct.17,1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Mar.5,1930
9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Logging
11. BIRTHPLACE (State or foreign country) NORMAN, Ark.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joe Tackett — BIRTHPLACE Ark.
14. MOTHER'S MAIDEN NAME Effie Johnson, — BIRTHPLACE Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joe Tackett — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 910.8 Pulmonary Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing injury to the chest — 6 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Woods
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Headquarters Clearwater, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 17 1952 10 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? A log rolled over him

22. *I hereby certify that I attended the deceased from* Oct 17, 1952 *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 17, 1952, *and that death occurred at* 4:21 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. M. Dietterman M. D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED Oct 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct.21,1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Oct. 20, 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jos Robertson — ADDRESS Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 2734
Local Reg. No. 4
Reg. Dist. No. 240

BIRTH NO. OCT 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 64 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gra. GVILLE
d. STREET ADDRESS (If rural, give location): 510 South Mail St.,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVE	ILLY	PUGH	Oct. 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
[illegible]	[illegible]	[illegible]ied	Dec. 12, 1875	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]ired 04
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]ain
11. BIRTHPLACE (State or foreign country): [illegible]rica, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]rville Pugh — BIRTHPLACE: [illegible]rica, Ind.
14. MOTHER'S MAIDEN NAME: Mary E. May, — BIRTHPLACE: Brookston, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [illegible]0
17. INFORMANT'S OWN SIGNATURE: Robert G Pugh — ADDRESS: Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hardening of arteriosclerosis — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Jan, *1951, to* 21 Oct, *1952, that I last saw the deceased alive on* 21 Oct, *1952, and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lonal Waltman	M.D	Grangeville, Idaho	22 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Oct. 23, 1952	Prairieview	Grangeville, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 22 1952	Irma Cone	Joe Peterson	Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 21
Reg. Dist. No. 242

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Ida.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Vaine
b. (Middle):
c. (Last): Aslett

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov 15-1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shovel operator
10b. KIND OF BUSINESS OR INDUSTRY: Road Construction
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dave Aslett — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 519-30-0429
17. INFORMANT'S OWN SIGNATURE: Dale Aslett — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Comminuted Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Struck by Unlaced Drive belt - 12 in.
DUE TO (c) Forcing head against steel pulley.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Rock Crusher
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cottonwood (Rural) Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10- 1- 1952 1:30 P. m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Heavy belt on pulley broke, striking him on head.

22. *I hereby certify that I attended the deceased from* Not attended, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 2-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Twin Falls Ida

DATE REC'D BY LOCAL REG.: Oct. 2, 1952
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by T.B.
25. FUNERAL DIRECTOR: Cletus Uhlorn — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 17 1952
DIVISION OF VITAL STATISTICS

State File No. 336
Local Reg. No. 106
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferdinand
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alphonse		Walser	10	7	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	9/11/1902	50	6	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 09	Saw Mill	Rockwiley Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank J. Walser	Austria	S. Benks	Waterloo Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			F. J. Walser	Ferdinand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 911.3 Fractured Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Industrial Accident
DUE TO (c) Suffocation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Mill	Mt Idaho Idaho Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Oct	7	52	2 p.m.		Pinned by Bed of Truck

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rachel A. Engh Coroner	Grangeville Ida	Oct 10 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/10/52	Cottonwood	Cottonwood Ida Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 10 1952	Irma Cone	Glenn Miller	

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 242

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): R
c. (Last): Kaschmitter

4. DATE OF DEATH (Month) (Day) (Year): 10 - 13 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: 10-16-1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR Months: 11 Days: 27 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Quincy, Mass
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Mythias Kaschmitter. BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Caroline Zurine BIRTHPLACE: Ind.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leda L. Kaschmitter ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-13, 1954, *to* 10-13, 1954, *that I last saw the deceased alive on* 10-13, 1954, *and that death occurred at* about 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Collins (Degree or title): M.D.
23b. ADDRESS: Craigmont Ida.
23c. DATE SIGNED: 10-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-52
24c. NAME OF CEMETERY OR CREMATORY: Cottonwood
24d. LOCATION (City, town, or county) (State): Cottonwood Ida Ida

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by T.B.
25. FUNERAL DIRECTOR: Glenn Aelon ADDRESS: Grangeville, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 5
Reg. Dist. No. 240

BIRTH NO. OCT 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warren
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BRADFORD b. (Middle) JOHN c. (Last) CARREY

4. DATE OF DEATH (Month) (Day) (Year): October 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 18, 1894

9. AGE (In years last birthday): 58-6-0
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fox Valley, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Carrey
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Mary Blackwell
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary L. Wende
ADDRESS: McCall Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured skull. He was riding in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): half-track when it over-turned. He received a severe blow on head which

DUE TO (c): knocked him unconcious and he was pinned underneath half-track in about three feet of water.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE** **HOMICIDE** (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ½ mile So. of Warren, Idaho, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/18/52 7:30p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: half-track on which he was riding over-turned.

22. *I hereby certify that I attended the deceased from* ~~xxxxxxxxxx 19xx to xxxxxxxxxx 19xx that I last saw the deceased alive on xxxxxxxxxx 19xx and that death occurred at* 7:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Michael A. Cowell (Degree or title): Coroner
23b. ADDRESS: Ida. of Idaho County, Grangeville
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 93
Reg. Dist. No. 242

BIRTH NO. NOV 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) AMOS b. (Middle) EMIL c. (Last) FREDRICKSON

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 18 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Vastra, Skramphult, Algustboda, Sweden

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: ---------- BIRTHPLACE: Fredrickson, Sweden

14. MOTHER'S MAIDEN NAME: ------ BIRTHPLACE: Hawkinson, Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Laura Fredrickson ADDRESS: Craigmont Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 10 days
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-16, 1952, *to* 10-26, 1952, *that I last saw the deceased alive on* 10-26, 1952, *and that death occurred at* 6:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins (Degree or title): M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/26/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewistom, Idaho.

DATE REC'D BY LOCAL REG.: 10-28-1952
REGISTRAR'S SIGNATURE: W. J. Orr, M.D. by TB
25 FUNERAL DIRECTOR: C. E. Clovis ADDRESS: Craigmont, I

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3240
Local Reg. No. 622
Reg. Dist. No. 244

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater Nat'l Forest
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): Johnson Hill

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eddie	M.	Johnson	Oct. 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	3-22-1936	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	School	Orofino, Idaho	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hjalmar Johnson	Idaho	Myrtle Wilson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	National Forest	Clearwater Forest Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 29 1952 3:00 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Hunting

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Lowell	M.D. Coroner	Orofino	11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-30-52	Weippe, cemetery	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 4, 1952	Claude Twamley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. ...
Local Reg. No. 14
Reg. Dist. No. 640

RECEIVED OCT 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ Mi. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rigby
d. STREET ADDRESS (If rural, give location): 2½ Mi. South

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): JAMES BRUCE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 19, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): McKeesport, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Bruce. BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary Nickel Lillie. BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: Ella Billman ADDRESS: Rigby, Ida. Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Asthma, Cardiac — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 3, 1948 *to* Oct. 5, 1952, *that I last saw the deceased alive on* Oct. 5, 1952, *and that death occurred at* 11:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall, 422 M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/11/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 10/6/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3742
Local Reg. No. 15
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Lorenzo
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile So of Lorenzo

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St Anthony
d. STREET ADDRESS (If rural, give location): 3 Mi. No. East St Anthony

3. NAME OF DECEASED (Type or Print): a. (First) WILLIE b. (Middle) LEE c. (Last) EDISON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1925

9. AGE (In years last birthday): 27
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto repair

11. BIRTHPLACE (State or foreign country): Parma, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Richard Edison.
BIRTHPLACE: Climax Spgs Mo.

14. MOTHER'S MAIDEN NAME: Isabella Lake.
BIRTHPLACE: Oxford, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Bill Edison
ADDRESS: StAnthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lorenzo, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-27-52 about 4:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* [illegible] *and that death occurred at* 4:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 10/29/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10/29/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3743
Local Reg. No. 16
Reg. Dist. No. 640

RECEIVED NOV 7 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): Roberts

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle); c. (Last) MASSENGALE

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: F. L. Massengale
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): X
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: F. L. Massengale
ADDRESS: Lorenzo, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputation Rt. Leg 1948

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Gangrenous Foot due to Arteriosclerosis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1951, *to* Oct. 29, 1952, *that I last saw the deceased alive on* Oct. 29, 1952, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Israel Tall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 10/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 11/1/52

24c. NAME OF CEMETERY OR CREMATORY: Littlebutte

24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: Nov 5 1952

REGISTRAR'S SIGNATURE: M. A. B. Eckersall

25. FUNERAL DIRECTOR: C. E. Eckersall
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 34
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 301 E Ave A

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) Logan c. (Last) Thomas

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23. 1867

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months 9 Days 10 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Linnes Missouri

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: W R Thomas — BIRTHPLACE: Narvoo Ill

14. MOTHER'S MAIDEN NAME: Sarah Seaton — BIRTHPLACE: ot Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Viola Thomas — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) auricul Thrombosis Cardiac — 7-8 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. auricular fibrillation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 3, 1945, *to* Oct 3, 1952 *that I last saw the deceased alive on* Oct 3, 1952 *and that death occurred at* 8 50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Hart M.D. — **23b. ADDRESS**: Jerome, Idaho — **23c. DATE SIGNED**: 10/6 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct 5. 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Jerome — **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct 8, 1952 — REGISTRAR'S SIGNATURE: Sister M Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benidicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 216 E. Ave C.

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) E c. (Last) Olsen

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days 20 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mount Morris Ill.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm Cleveland — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Nettie Noel — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 504-01-5536-B
17. INFORMANT'S OWN SIGNATURE: Mrs J. H. Jepson — ADDRESS: Jerome Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 12 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Oct 3, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 5:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Hoar MD
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 6 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose OSB
25. FUNERAL DIRECTOR: L. Clay Buckley — ADDRESS: Jerome Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

REC'D OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2746
Local Reg. No. 35
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Jeanette
c. (Last): Hogue

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 6 1858
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Conant Illinois
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Maude Metcalf — ADDRESS: Eden Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 30 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma ovary Kruckenberg 2 yrs?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 29, 1952, *to* Oct 7, 1952, *that I last saw the deceased alive on* Oct 7, 1952 *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E Hoover M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 10.52 01
24c. NAME OF CEMETERY OR CREMATORY: Hazelton
24d. LOCATION (City, town, or county) (State): Hazelton Idaho

DATE REC'D BY LOCAL REG.: Oct 9, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 440

BIRTH NO.

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 16days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) D. c. (Last) FARRAN

4. DATE OF DEATH: (Month) (Day) (Year) OCT. 10, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 5, 1874

9. AGE (In years last birthday): 78
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Schelocta, Penn

12. CITIZEN OF WHAT COUNTRY?: Us

13. FATHER'S NAME: Rueben Farran — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Bleakney — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Alice Kearby — ADDRESS: Hazelton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* Oct 10, 1952, *that I last saw the deceased alive on* 10/10, 1952, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Hazelton, Idaho

23c. DATE SIGNED: 10/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/10/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 15, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.F.

25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3748
Local Reg. No. 38
Reg. Dist. No. 4-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 301 E 2nd Av

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lewis	Franklin	Smith	Oct 12 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 3. 1882	70	1	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Unknown, Ohio
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Lewis Smith — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Finkbone — BIRTHPLACE: Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Francis L. Smith — ADDRESS: Filly Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial asthma — INTERVAL BETWEEN ONSET AND DEATH: 10 years or more.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic myocarditis Mitral regurgitation — 6 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1941, *to* Oct 12, 1952, *that I last saw the deceased alive on* Oct 6, 1952, *and that death occurred at* 2 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Carlyle Smith, M.D. 373	Jerome Idaho	10/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 16.1952	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 16, 1952	Sister M. Rose, OSB	J. R. Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Note. RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 749
Local Reg. No. 39
Reg. Dist. No. 4-A

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 116 5th Ave E

3. NAME OF DECEASED (Type or Print): a. (First) Tryphens b. (Middle) Cox c. (Last) Sidwell

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 26. 1859

9. AGE (In years last birthday): 94 | IF UNDER 1 YEAR Months: 8 Days: 17 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manti Utah

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Orvill S Cox — BIRTHPLACE: Plymoth Co NY

14. MOTHER'S MAIDEN NAME: Elvira Mills — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie Smith — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4202 Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-18, 1951, *to* 10-13, 1952, *that I last saw the deceased alive on* 9-18, 1951, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.

23b. ADDRESS: Jerome Ida

23c. DATE SIGNED: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 15.52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct 16 1952

REGISTRAR'S SIGNATURE: Lista M Rose, Dep.

25. FUNERAL DIRECTOR: J R Wiley

ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3750
Local Reg. No. 42
Reg. Dist. No. 4-A

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 4 DYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHE RALD b. (Middle) LENORA c. (Last) DAVIS

4. DATE OF DEATH: (Month) (Day) (Year) OCT, 16, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC, 18, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEO. P. GREEN — BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: NORA ALLRED — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-22-6-199
17. INFORMANT'S OWN SIGNATURE: Lora Davis — ADDRESS: WENDELL IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1952 *to* 10-16, 1952 *that I last saw the deceased alive on* 10-15, 1952 *and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice C. Sebert M.D. — 23b. ADDRESS: Wendell Idaho — 23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — 24b. DATE: OCT. 20, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: NYSSA OREGON — 24d. LOCATION (City, town, or county) (State): CITY OREGON

DATE REC'D BY LOCAL REG.: Oct. 20, 1952 — REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B. — 25. FUNERAL DIRECTOR: J. Ernest Weaver — ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 751
Local Reg. No. 43
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): West 4th

3. NAME OF DECEASED (Type or Print): a. (First) Heber b. (Middle) c. (Last) Hogge

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept 24. 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months: 00 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer ob

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Weber Utah

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Hogge — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Annie Todd — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 529-18-1794

17. INFORMANT'S OWN SIGNATURE: X Mrs Maurin Aslett — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4.20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found dead in Home

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on Oct 24, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: J R Wiley 475 (Degree or title): (Coroner)

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 27. 52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct. 31, 1952

REGISTRAR'S SIGNATURE: Leo M. Rose, O.D.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 37
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hiway 2 mile E. of Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 2 mi E. Eden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Raul
b. (Middle): —
c. (Last): Castillon

4. DATE OF DEATH (Month) (Day) (Year): 10 – 13, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1934
9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Savnas Mex
12. CITIZEN OF WHAT COUNTRY?: Mex

13. FATHER'S NAME: Unkown – Costillon
BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Matilde Castillo
ADDRESS: Uvalde Tex.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Wreck
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 mi E of Eden
21c. (CITY, TOWN, OR TOWNSHIP): Highway 25
(COUNTY): Jerome
(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1952, *to* Oct 13, 1952, *that I last saw the deceased* Filed on Oct 13, 1952, *and that death occurred at* 9:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Wiley (Coroner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21 1952
24c. NAME OF CEMETERY OR CREMATORY: Uvalde texas
24d. LOCATION (City, town, or county) (State): Uvalde texas

DATE REC'D BY LOCAL REG.: Oct. 15, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler
ADDRESS: Jerome Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2753
Local Reg. No. 40
Reg. Dist. No. 4-40

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hazelton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Uvalde
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uvalde
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Juan; b. (Middle); c. (Last) Torres

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH

9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Not Known

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH 82514
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Wreck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 90

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Highway 90 Jerome Idaho

21d. TIME OF INJURY (Month) Oct (Day) 13 (Year) 1952 (Hour) 9 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Automobile Wreck

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Oct 13, 1952, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Wiley M.D. (Degree or title): Coroner

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct 16.52

24c. NAME OF CEMETERY OR CREMATORY: Uvalde

24d. LOCATION (City, town, or county) (State): Uvalde Texas

DATE REC'D BY LOCAL REG.: Oct. 16 1952

REGISTRAR'S SIGNATURE: Luster M. Ross, M.D.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 440

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Hanson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Country

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1990 No. McKinley Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DARLEEN	ALFREDA	HEGSTROM	October 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	May 3, 1925	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Central Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: August P. Hegstrom — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mary Anderson — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. L. Hegstrom — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Drowned — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Light Airplane Plunging into Snake River
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accidetn	Snake River	Near Hanson	Jerome	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct	26	52	noon		

22. *I hereby certify that I attended the deceased from* -- , 19___, *to* -- , 19___, *that I last saw the deceased alive on* -- , 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.R. Wiley County Coroner	Jerome, Idaho	Oct. 29, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 29, 1952	Central Cemetery	Central Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 3, 1952	Sister M. Rose, O.S.B.	J.R. Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3755
Local Reg. No. 43
Reg. Dist. No. 440

BIRTH NO. [illegible] DIVISION OF VITAL [illegible]

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Hanson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Country

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route One South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERYL	DEAN	YELTON	October 26 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 1, 1923	29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Retail- Automobiles	Glenns Ferry, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. L. Yelton	Greenville, Texas	Gladys Hart	Tuttle, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 2	558-26-5929	C. L. Yelton	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Drowned

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Light Air Plane - Plunging into Snake River
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Snake River	Near Hanson	Jerome	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct 26 '52 noon		Light Air Plane - Plunging into Snake River

22. *I hereby certify that I attended the deceased from* ---- *, 19___, to* ---- *, 19___, that I last saw the deceased alive on* Oct 26 *, 1952, and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J R Wiley	County Coroner	Jerome, Idaho	Oct. 29, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1952	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 3 1952	Lester M. Rice, D.C.	J R Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIV
NOV 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) Edward c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm -
11. BIRTHPLACE (State or foreign country): Huntington, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Hansen — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Harriet Nay — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Chester Edwin Hansen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 26, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Hopkins 165 (Degree or title) MD
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-31-52
24c. NAME OF CEMETERY OR CREMATORY: St. Anthony Idaho
24d. LOCATION (City, town, or county) (State): St. Anthony Idaho

DATE REC'D BY LOCAL REG.: Nov. 4, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 176
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Hawley Apt. c

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leida	E.	Steck	Oct. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	May 11, 1877	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: X Mrs D. J. Nietert Seattle, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260 X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic Cardio vasculardisease — 2 Years
DUE TO (c) Diabetes ? — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture R & hip — 1 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 10-4-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d' Alene Ida	10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1952	St. Thomas Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-52	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Barker

111-52-13189
BIRTH NO.

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 181
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Pend O'Reille
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Metaline Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Micheal	David	Storseth	Oct. 5 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never	Oct. 5, 1952				7	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Coeur d' Alene Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN SURNAME	BIRTHPLACE
Robert Storseth	Idaho	Informant Robert M. Storseth	Metaline Falls, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE Mother Name	ADDRESS
No	None	None	Betty Jean Amell	Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 5, 1952 *to* Oct 5, 1952 *that I last saw the deceased alive on* Oct 5, 1952 *and that death occurred at* 7:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Barker M.D.		10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-7-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-7-52	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hughes

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 177
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 304-W-Walnut

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 304-W-Walnut

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) E. c. (Last) Coulson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 1, 1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME E. B. Tripp
BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Julia Fewless
BIRTHPLACE Ohio

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X Alta C. Johnson
ADDRESS Rt 1 Box 21

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, gall bladder
INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2 surgery pt had large solitary
DUE TO (c) gallstone of long standing with primary site of carcinoma, adjacent thereto

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma fundus gall bladder - June 1952

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 10-6, 1952, *that I last saw the deceased alive on* 10-5, 1952, *and that death occurred at* 10 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard A Hughes

23b. ADDRESS 118 N 1st Coeur D'Alene

23c. DATE SIGNED 10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 8, 1952

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 10-8-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Husted

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 188
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 501-Indiana ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elizabeth	Jane	Perry	Oct. 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never	Oct. 1, 1874	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asst. Librarian	Public Library	Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Perry	Canada	Anne Deroche	Canada

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. A. H. Lawson	Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 10 or 12 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/22, 1950, *to* 10/7, 1952, *that I last saw the deceased alive on* 10/6, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. M. Husted M.D.	Coeur d' Alene Idaho	10/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-10-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-52	Lorraine K. Brush	English Funeral Chapel By: M. M. Pipinger	Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Novack

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 180
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 9-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rt# 1

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) O. c. (Last) Gill

4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never

8. DATE OF BIRTH 9-27-33

9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY N.I.J.C

11. BIRTHPLACE (State or foreign country) Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene Gill BIRTHPLACE Basin, Calif.

14. MOTHER'S MAIDEN NAME Beth McLean BIRTHPLACE Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Eugene K. Gill ADDRESS Hayden Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

82.14

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN CONCUSSION — INTERVAL BETWEEN ONSET AND DEATH: 11 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ROSS POINT KOOTENAI IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) SEPT. 28 1952 6:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? PATIENT WAS THROWN FROM HIS CAR WHEN IT ROLLED OVER ON HIGHWAY.

22. *I hereby certify that I attended the deceased from* Sept. 28, 1952, to Oct. 8, 1952, *that I last saw the deceased alive on* Oct. 8, 1952, *and that death occurred at* 12:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry A. Novak, M.D.

23b. ADDRESS 405 N. 2nd STREET Coeur d'Alene, IDAHO

23c. DATE SIGNED Oct. 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-11-52

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 10-10-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR ADDRESS English Funeral Chapel Coeur d' Alene Idaho

By: M. F. Riplinger Jr.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Gumprecht

RECEIVED OCT 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 178
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aristonic Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1612-Sherman ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle):
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 17, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker
10b. KIND OF BUSINESS OR INDUSTRY: P.F,I. Inc.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: Silvester L. Barnes
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Catharine Ferry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harold S. Barnes — ADDRESS: Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis and cerebral vascular accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Gumprecht Jr. M.D.
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-52
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: English Funeral Chapel
By: N. F. Riphinger Jr. Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3763
Local Reg. No. 187
Reg. Dist. No. 12a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gladys's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cindrella	Belle	Nelson	10	18	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	July 28, 1859	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Holston	Indiana	Sarah Ward	West Virginai

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Constance L. Nelson	Rathdrum Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: short

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) has had pris mino
DUE TO (c) cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1947, 19____, *to* 1952, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-17-52	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-17-52	Lorraine K. Brush	Gilbert Yates	C d'A, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 186
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eleanor	J.	Campbell		10	13	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 8, 1865	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Durham, England	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George A. Johnson	England	Catherine Tellford	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Edith Bussear	Post Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10 13 52 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-15-52	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-15-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Don Moseley

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 185
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 7-hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kootenai
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): W.
c. (Last): Hastings

4. DATE OF DEATH (Month) (Day) (Year): 10-14-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Goerge S. Hastings — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lavina Casswell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Jack Anderson — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Cardio vascular
~~DUE TO~~ (c) disease — approx 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 10-14, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Don Moseley, M.D.
23b. ADDRESS: Coeur d'alene, Ida
23c. DATE SIGNED: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 10-16-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: English Funeral Chapel — ADDRESS
By: N. F. Kiplinger Jr.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 192
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1009 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Lorene
c. (Last): Weller

4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Dudley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henery Huseby — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Theresia Wallin — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. L.M. Weller — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

623 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary Edema post op — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Restricted Pulmonary Reserve post thoracoplasty — 3 yrs
DUE TO (c) Healed Pulmonary Tbc — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/15/52
19b. MAJOR FINDINGS OF OPERATION: Pedicle - Chr Salpingitis -
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/14, 1952, *to* 10/22, 1952, *that I last saw the deceased alive on* 10/22, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Hawkins (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-31-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Ida.
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED OCT 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 189
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 72h-11th, st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myrtle	A.	Youlten	Oct. 22 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar. 31, 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housweife	Own Home	Wisoonsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ervin H. Ecker	New Yourk	Betsy Sortore	Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Charles R. [illegible]	Coeurd' Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) asteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 10-22-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Moseley M.D.	Cd'Alene, Idaho	10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-25-52	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-24-52	Lorraine K. Brush	English Funeral Chapel By: M. V. Applinger Jr.	Coeur d' Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. G. Barclay

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 198
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 824-Boyd ave.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) William; c. (Last) Clouse

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Buyer

10b. KIND OF BUSINESS OR INDUSTRY: Grain Elevator

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore Clouse
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Catherine Recy
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 472-03-0418

17. INFORMANT'S OWN SIGNATURE: Mrs. John Clouse
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 18hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion — 18hr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10·27, 1952, *to* 10·27, 1952 *that I last saw the deceased alive on* 10·27, 1952, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brenden Barclay M.D.
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-31-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-1-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Von English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Barker

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 193
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 103-Idaho ave.

3. NAME OF DECEASED (Type or Print): a. (First) Antonie; b. (Middle) E.; c. (Last) Schroeder

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1876

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herman Sander — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clara Schroeder — ADDRESS: 103-Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diabetes mellitis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 24, 1951, *to* Oct 27, 1952, *that I last saw the deceased alive on* Oct 27, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Barker M D — **23b. ADDRESS**: Coeur d' Alene Idaho — **23c. DATE SIGNED**: 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 30, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest Cemetery — **24d. LOCATION** (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 10-30-52 — **REGISTRAR'S SIGNATURE**: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — **ADDRESS**: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hawkins

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 196
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2123-Lakeside

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): P.
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29 1952

5. SEX: Male
6. COLOR OR RACE:
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 5, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johanna Hanson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mrs A J Martin — ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Recurrent of Cancer Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adena Ca Stomach — 3 Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949
19b. MAJOR FINDINGS OF OPERATION: Adena Ca - (same MD in Great Falls Mont) —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/5, 1951, *to* 10/29, 1952, *that I last saw the deceased alive on* 10/29, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Hawkins MD
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-1-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 11-1-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 197
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1517 N. 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry		Elmer	10	30	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
Male	White	Divorced	April 5, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER Farmer	Own Farm	Switzerland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	none	Mrs. Esther Tremblay	Coeur d'Alene, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhages	3-mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	10 yr. -
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* 10-27 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hamilton N. Greenwood	MD	Coeur d'Alene, Idaho	

24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-2-52	Palouse Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-1-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 203
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1225 Lincoln Way

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie		Sollie	10	30	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	Never Married	May 10, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper	Own Home	Norway	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Hans Lien	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) 3 days
(b) 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 30, 1950, *to* 10/30, 1952, *that I last saw the deceased alive on* 10/29, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-3-52	Big Bear Ridge Cemetery	Near Kendrick, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-3-52	Lorraine K. Brush	Gilbert Yates Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. A. Barclay RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 201
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Agnes c. (Last) Arens
4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never
8. DATE OF BIRTH Aug. 1, 1938
9. AGE (In years last birthday) 14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Arens BIRTHPLACE So. Dakota
14. MOTHER'S MAIDEN NAME Doris Wulf BIRTHPLACE So. Dakota
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE John Arens ADDRESS Hayden Lake, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myelog. leukemia — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-30, 1952, *to* 10-30, 1952, *that I last saw the deceased alive on* 10-29, 1952, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Brandon Barclay M.D.
23b. ADDRESS Coeur d'Alene, Ida.
23c. DATE SIGNED 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-31-52
24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery
24d. LOCATION (City, town, or county) (State) Miller, So. Dakota

DATE REC'D BY LOCAL REG. 11-1-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 183
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Cascade Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): R. R. #1

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) Eugene c. (Last) Ter rill Helton

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 4-1-52

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6 Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None or

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): San Diego, California

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Helton BIRTHPLACE: New Mexico

14. MOTHER'S MAIDEN NAME: Francis Paddock BIRTHPLACE: Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: no n e

17. INFORMANT'S OWN SIGNATURE: Mr. George Helton ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Jeep rolled over

22. *I hereby certify that I attended the deceased from* did not *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood (Degree or title): Coroner MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-6-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-15-52

REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Gilbert Yates ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 184
Reg. Dist. No. 120

BIRTH NO. 111-52-13222

OCT 23 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parents Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): Parents Home

3. NAME OF DECEASED (Type or Print): a. (First) [redacted] Curtis; b. (Middle) Charlie; c. (Last) Boyce

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 13, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: 4; IF UNDER 1 HR. Hours: ____ Min.: ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: ____

13. FATHER'S NAME: Charles E. Boyce — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Florence Spring — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mr. Charles E. Boyce, Spirit Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause of death, Unknown. — INTERVAL BETWEEN ONSET AND DEATH: unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Acute Capillary
DUE TO (c) Bronchitis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-91X

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* Did not ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood CORONER MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: ____

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-17-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — **ADDRESS**: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 190
Local Reg. No. 120
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kooteanai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene Rte. #2
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dalton Gardens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print): a. (First) Tina b. (Middle) Fredricka c. (Last) Carlson

4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 5, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Kristoffersen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Bergitte Martensen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mr. Adolph Carlson — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c) Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 52, *to* 10/17, 19 52, *that I last saw the deceased alive on* 10/17, 19 52, *and that death occurred at* 4:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-21-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 191
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview, Idaho
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	Robert	Whitknect	10	19	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	10-17-88	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Railroad	Wisconsin	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Whitknect	Unknown	Mary Lenore	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		Mrs. Helen Whitnect,	Bayview, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion, Probable — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Ward, Coroner MD	Coeur d'Alene, Idaho	10-20-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-22-52	Forest Cemetery	Coeur d Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-21-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Amended item 8, 05-17-02, RDF

Certificate of Death

STATE OF IDAHO

State File No. 3778
Local Reg. No. 197
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	A.	Revier	Oct	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	June 14, ~~1881~~ 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hassinger	Germany	Mary Hart	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. Wm M. Lockling	Spirit Lake, I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 14, 1949, *to* Oct. 23, 1952, *that I last saw the deceased alive on* Oct. 28, 1952, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Erickson MD.	Spirit Lake, Idaho	10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-25-52	Greenwood Cemetery	Spirit Lake, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-27-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

04/30/2002 sc

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 52-3778

Date Filed 11/05/52

The undersigned does solemnly swear that certain facts on the certificate of death
(Birth, Death, Marriage, etc.)

for Alice A. Revier (Name on Original Certificate) who died (Was Born, Died, etc.) on Oct. 23, 1952 (Date of Event)

in Spirit Lake, Kootenai Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#8-date of birth	1881	1871

Subscribed and sworn to before me this 14 day of May 2002.

Notary Public, Lee Anna Kolhoff

Residing at Spokane, Wash

My commission expires Aug 28, 2002
(Seal)

LEE ANNA KOLHOFF NOTARY PUBLIC STATE OF WASHINGTON My Commission Expires August 28, 2002

Barbara L Golden
Signature of Applicant

4412 E Olympia
Street Address, City, State

Spokane, WA 99216-1425

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED Certificate of Death

NOV 17 1952

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 83
Reg. Dist. No. 142

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 10 Kootenai County

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 10 Kootenai County

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst

d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print): a. (First) Melvin b. (Middle) Herbert c. (Last) Quimby

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16, 1905

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Wilson Creek Wash

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Quimby — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518-10-6895

17. INFORMANT'S OWN SIGNATURE: Melvin Quimby — ADDRESS: Pinehurst Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest, broken Neck

ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fractured Skull

DUE TO (c): Auto Head on wreck

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mission Station Kootenai Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/26 — 5276 — 7:30 a.m. p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Head on Auto-Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowry Coroner

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: 10/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/52

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11-3-52

REGISTRAR'S SIGNATURE: Joe Devine

25. FUNERAL DIRECTOR: Gunter Glass — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 97
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	S.	Ingle	Oct. 3, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 23, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agric.	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Ingle	Arkansas	Matilda Voden	Missouri

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs. Marie Vorba	Clarkston, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4167X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-14-, 1949, *to* 10-3-, 1952, *that I last saw the deceased alive on* 10-3-, 1952, *and that death occurred at* 6 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Jenstedt MD	Genesee, Idaho	10-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-1952	Genesee City Cemetery	Genesee Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/8/52	Lois E Angel	E E Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dunn

RECEIVED OCT 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3781
Local Reg. No. 98
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Eggan Apt. # 5

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle):
c. (Last): Irwin

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 2, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid 49
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mae McDonald — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1942, *to* 10-6, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1.30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N. Dunn MD 095
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/11/52 .5
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Latah Idaho

DATE REC'D BY LOCAL REG.: 10/11/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7782
Local Reg. No. 100
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 815 East 3rd. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle):
c. (Last): Cameron

4. DATE OF DEATH (Month) (Day) (Year): 10-8-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 4, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Smith — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Arthur Cameron — ADDRESS: Farmington Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 572.1 Acute Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis & Hypertrophy
DUE TO (c) Peritonitis, Ruptured diverticulum of Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple diverticulae of Colon & Sigmoid

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-3-, 1934, *to* 10-8-, 1952, *that I last saw the deceased alive on* 10-8-, 1952, *and that death occurred at* 11.10 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph G Wilson MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Latah Idaho

DATE REC'D BY LOCAL REG.: 10/11/52
REGISTRAR'S SIGNATURE: Lois E Angel
25. FUNERAL DIRECTOR: E R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2783
Local Reg. No. 99
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Margaret; b. (Middle); c. (Last) Lucken

4. DATE OF DEATH: (Month) (Day) (Year) October 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 22, 1897

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Opdeal, Norway

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hanns Gorset — BIRTHPLACE: Opdeal, Norway

14. MOTHER'S MAIDEN NAME: Marit Bjreake — BIRTHPLACE: Opdeal, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Ed Lalseth — ADDRESS: Kendrick, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Decompensated heart disease — 14 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4 20.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 1952, *to* Oct 7, 1952, *that I last saw the deceased alive on* Oct 7, 1952, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O A Christenson M.D. 057

23b. ADDRESS: Kendrick Idaho

23c. DATE SIGNED: Oct 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-11-52 01

24c. NAME OF CEMETERY OR CREMATORY: Bethany Lutheran

24d. LOCATION (City, town, or county) (State): Latah Idaho

DATE REC'D BY LOCAL REG.: 10/14/52

REGISTRAR'S SIGNATURE: Laird E. Angel

25. FUNERAL DIRECTOR: E P Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3784
Local Reg. No. 103
Reg. Dist. No. 200

BIRTH NO. Klaaren OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 904 East D St.

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): Jane
c. (Last): Frazier

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 27, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Friendship, No. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Frazier — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Sarah Scott — BIRTHPLACE: N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-5279
17. INFORMANT'S OWN SIGNATURE: X Mrs Wm O'Donnell — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage two years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. General arteriolosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 19 52 *to* Oct 11, 19 52, *that I last saw the deceased alive on* Oct 4, 1952, *and that death occurred at* 4:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. G. Klaaren 208 (Degree or title) MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 10/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Colfax Cemetery
24d. LOCATION (City, town, or county): Colfax (State): Wash.

DATE REC'D BY LOCAL REG.: 10/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: HR Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3765
Local Reg. No. 105
Reg. Dist. No. 200

BIRTH NO. OCT 27 1952

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 804 East "E" St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Matt	W.	Schumacher		Oct	12	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 8, 1863	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, retired 04	Dairy	Hancock, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Walter Schumacher	Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic gangrene Left 3rd & 4th toes

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 12 Oct, 1952, *that I last saw the deceased alive on* 12 Oct, 1952, *and that death occurred at* 11:37 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde Culp 670	M.D.	Moscow Idaho	10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/16/52 ob	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/23/52	Lois E. Angell	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 104
Reg. Dist. No. 200

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 5 Miles East of Palouse, Wn.

3. NAME OF DECEASED (Type or Print)
a. (First): Estella
b. (Middle):
c. (Last): Sawyer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Latah Co., Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Micheal C. Freeze — BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Martha J. Peterson — BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Homer A. Sawyer — ADDRESS: Palouse, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arthritis — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1944, *to* Oct 13, 1952, *that I last saw the deceased alive on* Oct 13, 1952, *and that death occurred at* 10:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. DePree 091 (Degree or title): M.D.
23b. ADDRESS: Palouse, Wash
23c. DATE SIGNED: 10/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10-15-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co., Idaho

DATE REC'D BY LOCAL REG.: 10/18/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3727
Local Reg. No. 107
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1148 East D St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Russell
c. (Last): Lowell

4. DATE OF DEATH (Month) Oct (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 3,1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry R. Lowell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Ruby H. Lowell — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mild cerebro-vascular accident — 10 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-7, 1952, *to* 10-17, 1952, *that I last saw the deceased alive on* 10-17, 1952 *and that death occurred at* 10:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 014 John M. Ayers (Degree or title) M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 10/21/52
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger
24d. LOCATION (City, town, or county): Spokane (State): Wash.

DATE REC'D BY LOCAL REG.: 10/28/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Smart — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 7728
Local Reg. No. 110
Reg. Dist. No. 200

BIRTH NO. Ayer

NOV 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 11 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 719 Kenneth

3. NAME OF DECEASED (Type or Print): a. (First) Delia; b. (Middle); c. (Last) Dixon

4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 20, 1878

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 51

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pioche, Nevada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Millard — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Gertrude Zahnen — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Owen B. Wells — ADDRESS: Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive-arteriosclerotic heart dis. — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Oct 29, 1952, *that I last saw the deceased alive on* October 29, 1952, *and that death occurred at* 7:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Ayer, M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: Nov. 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Nov 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 11/5/52

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H. R. Stout — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2[illegible]C
Local Reg. No. 101
Reg. Dist. No. 200

BIRTH NO. OCT 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): James Griffin home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle) Clinton; c. (Last) Scott

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec 20, 1880

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sonoma Co., California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David P.H. Scott — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Power — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: Clarence A. Scott — ADDRESS: Headquarters

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased ~~from~~ on* 9-29, 1952, *to* [illegible], 19[illegible], *that I last saw the deceased alive on* 9-29, 1952, *and that death occurred at* 5:00 ~~P~~ A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis H Hart — (Degree or title): M.D.

23b. ADDRESS: Troy, Idaho

23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-3-1952

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 10/11/52

REGISTRAR'S SIGNATURE: Lois E Angel

25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 102
Reg. Dist. No. 200

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
c. LENGTH OF STAY (in this place): 6 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Township +ON Blk 20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location): Township +ON Blk 20

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): Otto
c. (Last): Butt

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 2, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Mrs. Charley. Butt — ADDRESS: Deary, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199 H

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis, site of primary undetermined — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-29, 1952, *to* 10-6, 1952, *that I last saw the deceased alive on* 10-5, 1952, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Hart MD
23b. ADDRESS: Fray, Idaho
23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-1952
24c. NAME OF CEMETERY OR CREMATORY: Deary Pine Crest
24d. LOCATION (City, town, or county) (State): Latah Idaho

DATE REC'D BY LOCAL REG.: 10/11/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-8911

BIRTH NO.

RECEIVED NOV 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2791
Local Reg. No. 106
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lyle
b. (Middle):
c. (Last): Hodge

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 30, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyle Hodge — BIRTHPLACE: Palouse, Wn.

14. MOTHER'S MAIDEN NAME: Christene Knudsen — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Lyle a Hodge — ADDRESS: Troy

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Fracture 7 rt. femur on 8-29-52

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-11, 1952, *to* 10-12, 1952, *that I last saw the deceased alive on* 9-23, 1952, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Hart M.D.

23b. ADDRESS: Troy Idaho

23c. DATE SIGNED: 10-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Palouse Cemetery

24d. LOCATION (City, town, or county) (State): Palouse Wash.

DATE REC'D BY LOCAL REG.: 10/27/52

REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: J R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Gentsler RECEIVED NOV 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2792
Local Reg. No. 108
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee Rural T38N
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): farm home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee Rural T 38N
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): S.
c. (Last): Woodley

4. DATE OF DEATH (Month) Oct (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 30, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Genesee, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard S. Woodley — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Margaret Braddy — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald F Woodley — ADDRESS: Genesee, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2-, 1952 *to* 10-18-, 1952 *that I last saw the deceased alive on* 10-16-, 1952, *and that death occurred at* 11 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genstler MD 135
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-21-1952
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cem.
24d. LOCATION (City, town, or county): Genesee (State): Idaho

DATE REC'D BY LOCAL REG.: 10/28/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 2795
Local Reg. No. 109
Reg. Dist. No. 200

BIRTH NO. NOV 10 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harry Schooler's home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location): Harry Schooler's home

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle):
c. (Last): Nebelsieck

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 27, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sigurney, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cris Scharnhorse — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Marie C Martin — ADDRESS: Clarkston, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease - Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1951, *to* 10-21-, 1952 *that I last saw the deceased alive on* 10-21-, 1952 *and that death occurred at* 6 00/12 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Gensttermo 135
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 10-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 11/3/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3794
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Palmer
c. (Last): Stratton

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 15, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Litchfield, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: W. S. Palmer — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Burnet — BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Paul Stratton — ADDRESS: Wilmette, Illn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Hypoaditis — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* Oct, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Mulder M.D. (Degree or title) — 262
23b. ADDRESS: Salmon, Ida.
23c. DATE SIGNED: 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Gilbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Certificate of Death

STATE OF IDAHO

State File No. 3705
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. OCT 31 1952

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 78 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edgar b. (Middle) Samuel c. (Last) Edwards

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Leesburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edgar S. Edwards
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Susan Cox
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs E. S. Edwards
ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) (1) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (2) Biliary Obstruction & Jaundice

DUE TO (c) (3) Chr. Gl. Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 22, 19 52 to , 19 52, *that I last saw the deceased alive on* Oct 16, 19 52 *and that death occurred at* 2:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Goggin M.D. 474
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: Oct 24 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-18-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 10-28-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Sons
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. OCT 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Sandy Creek

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) Franklin c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1881

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: 84

11. BIRTHPLACE (State or foreign country): Jefferson, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME | BIRTHPLACE: Charles A. Smith | Missouri

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Angeline Karnes | England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Wayne L. Smith | Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Mulder M.D.

23b. ADDRESS: Salmon Ida

23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-23-52

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon Idaho

DATE REC'D BY LOCAL REG.: 10-28-52

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Sons

ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH 40021

Certificate of Death

STATE OF IDAHO

State File No. 2707
Local Reg. No. 690
Reg. Dist. No.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Ernest c. (Last) McCracken

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 11, 1881

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher & Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oskaloosa, Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frank P. McCracken, BIRTHPLACE: Platte City, Mo.

14. MOTHER'S MAIDEN NAME: Emma C. Long, BIRTHPLACE: Lisbon, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-20-1560

17. INFORMANT'S OWN SIGNATURE: Mrs Mae Cook ADDRESS: Shoup, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Goggins M.D.

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: Nov 5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-1-52

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Wilbur C. Jones ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3798
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoupe
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoupe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Corbridge
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 8, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George S. Davis, BIRTHPLACE: New Market, N.H.
14. MOTHER'S MAIDEN NAME: Mary E. Corbridge, BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-10-6196
17. INFORMANT'S OWN SIGNATURE: Walter C. Davis — ADDRESS: 546 W. Bannock Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound Rt temple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bullet did not exit.
DUE TO (c) Coroners inquest stated

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. self inflicted.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoupe Lemhi Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 30 52 7 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: suicide with 22. Cubaber hand gun

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 7 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Delbert C. Jones 472 Lemhi C. Coronet
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: Oct. 31, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-3-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3799
Local Reg. No.
Reg. Dist. No. 232

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) MAY c. (Last) PENTZER

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Medford, Oregon
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ARTHUR L. WOOLEY — BIRTHPLACE: OREGON
14. MOTHER'S MAIDEN NAME: EVA REYNOLDS — BIRTHPLACE: OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lorenzo F. Pentzer — ADDRESS: Winchester, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.A. *, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Pierce (Degree or title) M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-15-52
24c. NAME OF CEMETERY OR CREMATORY: Golden Ridge
24d. LOCATION (City, town, or county) (State): Winchester, Lewis Co., Ida

DATE REC'D BY LOCAL REG.: 10-15-52
REGISTRAR'S SIGNATURE: C. E. Clowers
25. FUNERAL DIRECTOR: C. E. Clowers — ADDRESS: Craigmont, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 13 1952
DIVISION OF VI

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): West 1st So.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) William; c. (Last) Cluff

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 12, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Provo, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Cluff
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Olive C. Hill
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-22-0857

17. INFORMANT'S OWN SIGNATURE: Mrs. E. P. Evans
ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Fractures
DUE TO (c): of Pelvis: Struck — 9/8/52
by Auto

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8,2,4

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg, Madison co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 8, 1952 - 8pm m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Was struck by car while crossing street

22. *I hereby certify that I attended the deceased from* June, 1947, *to* 9/7, 1952, *that I last saw the deceased alive on* Oct. 7, 1952, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Rigby MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 10 1952

24c. NAME OF CEMETERY OR CREMATORY: Sugar City, Idaho

24d. LOCATION (City, town, or county) (State): Sugar City, R.F.D#1 Idaho

DATE REC'D BY LOCAL REG.: 10-10-52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Rolland D. Reiser
ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 6 30

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): RFD 1

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Grant; c. (Last) Berry

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 12, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hibbard, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles C. Berry
BIRTHPLACE: Hibbard, Idaho

14. MOTHER'S MAIDEN NAME: Olive A. Smith
BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Grant Berry
ADDRESS: Rexburg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acites + edema

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 20, 1952, *to* Oct 9, 1952, *that I last saw the deceased alive on* 10-9-, 1952 *and that death occurred at* 10:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Bigley M.D.

23b. ADDRESS: Rexburg Ida.

23c. DATE SIGNED: 10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/13/52

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 10/11/52

REGISTRAR'S SIGNATURE: Leone Flamm

25. FUNERAL DIRECTOR: Kenneth Flamm
ADDRESS: Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. 3802
Local Reg. No. 46
Reg. Dist. No. 636

BIRTH NO. NOV 12 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Boxelder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Idanette
b. (Middle): G.
c. (Last): Squires

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 6, 1860
9. AGE (In years last birthday): 92 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Glenn — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Stewart — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter N Wood — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio vascular Collapse (Shock) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture - Left Femur upper third — 5 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: - Extreme Age.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Madison, Idaho
21d. TIME OF INJURY (Month) Oct (Day) 8 (Year) 1952 (Hour) 3 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: slipped on step.

22. *I hereby certify that I attended the deceased from* Oct 8, 1952, *to* Oct 13, 1952, *that I last saw the deceased alive on* Oct 13 1952, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Blaine Haney (Degree or title): M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 17 1952
24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery
24d. LOCATION (City, town, or county) (State): Wellsville, Utah

DATE REC'D BY LOCAL REG.: 10/16/52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3803
Local Reg. No. 47
Reg. Dist. No. 630

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edgar; b. (Middle) Peter; c. (Last) Holden

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 10, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward E. Holden
BIRTHPLACE: Provo, Utah

14. MOTHER'S MAIDEN NAME: Bena Petersen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edgar Mantell Holden
ADDRESS: Rexburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive C-V. Disease — 10 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible] *to* 10-29, 19 52 *that I last saw the deceased alive on* 10-29, 19 52 *and that death occurred at* 7: P m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/3/52

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county) (State): Teton City, Idaho

DATE REC'D BY LOCAL REG.: 11/3/52

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 49
Local Reg. No. 630
Reg. Dist. No.

BIRTH NO. NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ephraim; b. (Middle); c. (Last) Peterson

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Peter Peterson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Ann Marie Olson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: O F Peterson — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 903.0 Fractured Rt. hip, Schock — INTERVAL BETWEEN ONSET AND DEATH: week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg Ida. Madison
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 21 1952 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell while going to bathroom.

22. *I hereby certify that I attended the deceased from* Oct 5, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct. 30, 1952, *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Rigby (Degree or title) MD
23b. ADDRESS: Rexburg, Ida.
23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6 1952
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, IDA.

DATE REC'D BY LOCAL REG. 11/6/52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

CE

State File No.
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Transient. b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jack b. (Middle) Benally. c. (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown

8. DATE OF BIRTH: ?

9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah. Amis.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unk — BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Card in packet. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral concussion, multiple — INTERVAL BETWEEN ONSET AND DEATH: "
DUE TO (c): lacerations and contusions, 3 hours — INTERVAL BETWEEN ONSET AND DEATH: "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture, left wrist

8/6/4

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. 30, about 20 miles east of Rupert, Idaho

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 – 5 – 52 9 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile collision

22. *I hereby certify that I attended the deceased from* 10/5, 1952, to _____, 19___, *that I last saw the deceased alive on* 10/5, 1952, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-15-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-27-52

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Rodney K. Goodman — ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 20 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3806
Local Reg. No. 58
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Valentin b. (Middle) Orozco c. (Last)

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Mexican	unknown	unknown	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY? Mexico

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rodney Goodman, taken from card in pocket — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) alcoholism — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 19 52, *to* Oct 8, 19 52, *that I last saw the deceased alive on* Oct 8, 19 52, *and that death occurred at* 8:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A E Dallen M D	Rupert, Idaho	Nov 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-16-52	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Ed F Elmore
25. FUNERAL DIRECTOR: Rodney B Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
OCT 29 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 15 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY: Apache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chinle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Slim
b. (Middle): Lewis.
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17 1952

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chinle Arizona
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hosteen Neg Lewis. BIRTHPLACE: Chinle Ariz.
14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: Chinle Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Melvin Binally ADDRESS: Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 002X Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary hemorrhage — 10 minutes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History of Tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-18-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-27-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney E. Goodman ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3808
Local Reg. No. 56
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 32
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 914 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): B.
c. (Last): Roemer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: John Roemer — ADDRESS: Twin Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Cerebral hemorrhage.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: June 3 to Oct 17. 5 months. 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5, 1945, *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 16, 1952 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Rupert, Idaho.
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert. Idaho

DATE REC'D BY LOCAL REG.: 10-27-1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney S. Goodman — ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route I

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Dean c. (Last) Lawson

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1952

5. SEX: Male.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 4. 1943.
9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A Lawson. BIRTHPLACE: Hancock Co. Tenn.
14. MOTHER'S MAIDEN NAME: Retha Short. BIRTHPLACE: Ava. Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James A. Lawson ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

919.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street (back of truck)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 25 1952 4:00 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gun accidentally discharged while victim was riding in back of truck

22. *I hereby certify that I attended the deceased from* Oct 25, 1952, *to* Oct 25, 1952, *that I last saw the deceased alive on* Oct 25, 1952, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Walley (Degree or title) MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 11/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Ed Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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OCT 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minidoka
c. LENGTH OF STAY (in this place) 4 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Silas
b. (Middle)
c. (Last) Washington

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1952

5. SEX male

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH July 9 1919

9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months 3 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Bryant Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jessie Washington BIRTHPLACE Texas

14. MOTHER'S MAIDEN NAME Susie Martin BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 465-14-5664

17. INFORMANT'S OWN SIGNATURE Lonnie Valmore ADDRESS Burley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8761

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Minidoka Minidoka Ida

21d. TIME OF INJURY (Month) Oct (Day) 13 (Year) 1952 (Hour) 7 P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto & Truck Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alvin Goodman Coroner

23b. ADDRESS Rupert Ida

23c. DATE SIGNED 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-16-52

24c. NAME OF CEMETERY OR CREMATORY Stockton Cemetery

24d. LOCATION (City, town, or county) (State) Stockton Calif

DATE REC'D BY LOCAL REG. 10-16-52

REGISTRAR'S SIGNATURE A Robinson

25. FUNERAL DIRECTOR Rodney B Goodman

ADDRESS Rupert 2 Lds

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3811
Local Reg. No. 180
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1003 - 9th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Charlott
b. (Middle): Jennie
c. (Last): Marquette

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House - wife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Robert Meggitt — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: ? ? ? Fisher — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. G. E. McGuire — ADDRESS: Long Beach, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 293X acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Normacytic Marked Anemia — 5 years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1950, *to* Oct -3, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 7 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 251 McMichael Guise
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Mann Co. by R. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. McRae

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 179
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Schmaus

4. DATE OF DEATH (Month) (Day) (Year): 10 - 4 - 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 10-4-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months — Days —; IF UNDER 24 HRS. Hours 1 Min. 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. Schmaus BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: M. Johnson BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE: Robert E. Schmaus ADDRESS: Lisseton, So. Pak.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 5 1/2 mos — INTERVAL BETWEEN ONSET AND DEATH: 45"

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/4, 1952, *to* 10/4, 1952, *that I last saw the deceased alive on* 10/4/52, 19__, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Pierce MD (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-6-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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OCT 20 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3513
Local Reg. No. 18
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Walla Walla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ayer
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle):
c. (Last): HORSLEY

4. DATE OF DEATH (Month) (Day) (Year): Oct 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3, 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph P Garrett — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Harriet Calkins — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: J. H. Horsley — ADDRESS: Ayer, Washington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arterial occlusion. both legs. — INTERVAL BETWEEN ONSET AND DEATH: 4-5 d.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): diffuse arteriosclerosis. — 3-4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Recent (6 mo). left hemiplegia. — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1951, *to* October 6, 1952, *that I last saw the deceased alive on* October 6, 1952, *and that death occurred at* 3 00/p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein M D
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: October 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/8/52
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: Oct 7, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: M. C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3814
Local Reg. No. 182
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 336 N. Prospect Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Alfred
b. (Middle) Ludvig
c. (Last) Petersen

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 4-18-1892
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) meat packer
10b. KIND OF BUSINESS OR INDUSTRY Meat
11. BIRTHPLACE (State or foreign country) Odense, Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hans. C. Petersen — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Trine Marie Jorgensen — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 578-36-4867
17. INFORMANT'S OWN SIGNATURE Edna A. Petersen — ADDRESS Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid — INTERVAL BETWEEN ONSET AND DEATH April '51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June '51
19b. MAJOR FINDINGS OF OPERATION Ca Sigmoid - with Large Metastasis to Ca of liver & lymph
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Oct 10, 1952, *that I last saw the deceased alive on* Oct 10, 1952 *and that death occurred at* 11 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Paul G Hanny M D
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 13 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 10-13-1952
24c. NAME OF CEMETERY OR CREMATORY Hazen- Jaeger
24d. LOCATION (City, town, or county) (State) Spokane, Wash.

DATE REC'D BY LOCAL REG. Oct. 13, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR E. S. Rawls — ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 192
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 139 N. Garden Court, Lewiston, Orchards

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JOSEPH c. (Last) OSBURN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 25 1885
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Winterset, Iowa.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME OLIVER OSBURN, BIRTHPLACE INDIANA.
14. MOTHER'S MAIDEN NAME MAHALA ALICE SIMMONS, BIRTHPLACE INDIANOLA, IA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 519-05-2487
17. INFORMANT'S OWN SIGNATURE Kent Crane ADDRESS Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Lewiston (COUNTY) Nez Perce (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Oct 11, 1952, *to* Oct 11, 1952, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE M. McRae (Degree or title) 251
23b. ADDRESS Lewiston, Idaho.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-12-52
24c. NAME OF CEMETERY OR CREMATORY Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho.

DATE REC'D BY LOCAL REG. Oct. 31, 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR C. E. Clover ADDRESS Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Newton

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3516
Local Reg. No. 184
Reg. Dist. No. 220

BIRTH NO. 111-52-13401

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1027 8th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GUY	GERALD	BABINO	Oct 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct 9, 1952	--	-	2	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor Babino	Bear Creek, Wisc	Eria Gates	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	None	Victor Babino	Clarkston, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	~~ab~~ Cerebral hemorrhage	50 hrs
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
DUE TO (b)	asphyxia	50 hrs
DUE TO (c)	Birth injury	

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

760.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-9 *19*52 *to* 10-11, *19*52, *that I last saw the deceased alive on* 10-11, *19*52 *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Lewiston, Ida	10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/13/52	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 15, 1952	[signature]	W. S. Merchant	Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED OCT 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2917
Local Reg. No. 189
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Myrtle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) W. c. (Last) Fowler

4. DATE OF DEATH (Month) (Day) (Year): October 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 7, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clay Co., Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fowler
BIRTHPLACE: unk.

14. MOTHER'S MAIDEN NAME: Sarah unk.
BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT'S OWN SIGNATURE: X Harley L. Grant
ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myelogenous Leukemia 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19 49, *to* Oct 12, 19 52 *that I last saw the deceased alive on* Oct 12, 19 52, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein M.D.
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 10-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Gifford
24d. LOCATION (City, town, or county) (State): Gifford, Idaho

DATE REC'D BY LOCAL REG.: Oct 14 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by- K K Wilson
ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3818
Local Reg. No. 185
Reg. Dist. No. 220

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANE
c. (Last): McMILLIAN

4. DATE OF DEATH (Month) (Day) (Year): 10-18-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-12-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Swedenborg, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: N. O. McMillian — ADDRESS: 921 Bryden

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable cerebral metastasis — 3+ weeks.
DUE TO (c): Carcinoma of the breast — 4+ years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1949, *to* October 18 1952, *that I last saw the deceased alive on* October 18 1952, *and that death occurred at* 11 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein MD
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 10-20-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wang K. H. Walton — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3819
Local Reg. No. 186
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Ida.
d. STREET ADDRESS (If rural, give location): 2702---7th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): ALEX
c. (Last): HATHAWAY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 10, 1942
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarkston, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: J. L. Hathaway — BIRTHPLACE: Tetonia, Idaho
14. MOTHER'S MAIDEN NAME: Emelie Scott — BIRTHPLACE: Douglas, Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. L. Hathaway — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental. Self inflicted. Gun shot wound of chest and shoulder. Right. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Shock; — 1 hr.
DUE TO (c) Exsanguination; — 1 hr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial failure. — 1 hr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Nez Perce, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10. 18 52 18 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted, gun shot wound.

22. *I hereby certify that I attended the deceased from* Oct 18, 1952, *to* Oct 18, 1952, *that I last saw the deceased alive on* Oct 18, 1952, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 005
23b. ADDRESS: 707 11th St.
23c. DATE SIGNED: 10/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann K. H. Malcom — K. H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3820
Local Reg. No. 188
Reg. Dist. No. 23

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1234 Sycamore Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) TROY c. (Last) DELP

4. DATE OF DEATH: (Month) (Day) (Year) Oct 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10/27/96

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours 23, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Mouth of Wilson, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert W Delp — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Callie Halsey — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1918-1919

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Frances Howe — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1 yr.
DUE TO (c) Arteriosclerotic Heart Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1948, *to* Oct., 1952, *that I last saw the deceased alive on* Oct. 19, 1952, *and that death occurred at* 2:04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. M. Mosby, M.D. — **23b. ADDRESS**: Lewiston Idaho — **23c. DATE SIGNED**: Oct. 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 10/22/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Vineland — **24d. LOCATION** (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Oct. 23 1952 — REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: T. C. Merchant — ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3921
Local Reg. No. 189
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 Moths
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) T c. (Last) SCHAFFER

4. DATE OF DEATH (Month) (Day) (Year): Oct 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan 28, 1872	80	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Green Bay, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harry Turner — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1. Hemorrhage 2 months before Death 2nd 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 20, 1952, *to* Oct. 22, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover, M.D.	527 Burrell Ave LEWISTON, IDAHO	10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/25/52	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 27 1952	Jean Wegelius	W. C. Merchant	Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3827
Local Reg. No. 190
Reg. Dist. No. 220

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St 1324-6St

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1324-6 St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward		Compo	10-25-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married		65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsman	Lumber	New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-03-8163	Fred R Kartt	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Nasal Hemorrhage - Possibly Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bright's Disease — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 15, 1952 *to* 10-25, 1952, *that I last saw the deceased alive on* 10-25, 1952, *and that death occurred at* 430P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E.L. White M.D.	Lewiston Ida	10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-27-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 27 1952	Jean Wegelius	Vincent V. Varner	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3823
Local Reg. No. 191
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lookout
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lookout
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ELIZABETH c. (Last) LOCKWOOD

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 12 1860
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Howard Lake, Minn.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME BIRTHPLACE EDWIN BREWSTER, New Hampshire
14. MOTHER'S MAIDEN NAME BIRTHPLACE SARAH E. FREEMAN, Ogden, N. Y.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Mary Grace Brackett ADDRESS R. Gifford Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 23 *, 1952, to* Oct 23 *, 1952, that I last saw the deceased alive on* Oct 23 *, 1952, and that death occurred at* 1:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. Christensen M.D.
23b. ADDRESS Kendrick Idaho
23c. DATE SIGNED Oct 25, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-24-52
24c. NAME OF CEMETERY OR CREMATORY Lookout Cemetery
24d. LOCATION (City, town, or county) (State) Lookout, Idaho.

DATE REC'D BY LOCAL REG. Oct. 27 1952
REGISTRAR'S SIGNATURE Jean Wegelius
25 FUNERAL DIRECTOR E. Lowry ADDRESS Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3824
Local Reg. No. 30
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Box 201 Rt 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Hodge
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): October 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 29 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Samaria Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeremiah H.Williams--- BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Ruth Williams BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James B. Williams ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1952, *to* Oct 2, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 9:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Mabey 238
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 10-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.6 52
24c. NAME OF CEMETERY OR CREMATORY: Samaria
24d. LOCATION (City, town, or county) (State): Samaria, Oneida. Idaho

DATE REC'D BY LOCAL REG.: Oct. 6. 1952
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: J. Guy Benson ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-11978 RECEIVED OCT 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 32
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samaria
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dee	Marvin	Atkinson	Oct. 6 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Sept. 29 1952			7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE: William S. Atkinson — Samaria Idaho.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Pearl Jones Atkinson — Malad Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William Atkinson — ADDRESS: Samaria Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.14

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Blue Baby

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-29, 1952, *to* 10-6, 1952, *that I last saw the deceased alive on* 10-6, 1952, *and that death occurred at* 6:47 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. A. Naylor	234	Malad Idaho	10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 8 1952	Samaria	Samaria, Oneida, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 7. 1952	J. Guy Benson	J. Guy Benson	Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
NOV 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 33
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Holbrook Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) John c. (Last) Davis

4. DATE OF DEATH: (Month) (Day) (Year): October 14 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 12 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel J. Davis-
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Mary Jones--
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Henry J. Davis
ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5 yrs. Ago

19b. MAJOR FINDINGS OF OPERATION: Gastrectomy for Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to 14 Oct., 1952, that I last saw the deceased alive on 14 Oct., 1952, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE: Joseph F. Maley 621
(Degree or title): M.D.
23b. ADDRESS: 4 So. Main Malad City, Idaho
23c. DATE SIGNED: 15 Oct. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 17 1952
24c. NAME OF CEMETERY OR CREMATORY: St Johns
24d. LOCATION (City, town, or county) (State): Malad (Rural) Oneida, Idaho

DATE REC'D BY LOCAL REG.: Oct. 15. 1952
REGISTRAR'S SIGNATURE: J. Leroy Keenan
25. FUNERAL DIRECTOR: J. Leroy Keenan
ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 530

RECEIVED
NOV 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 288 West Bannock

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Parry
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Oct 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 31 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Morgan T. Jones — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Parry — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joseph D. Jones — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X General Debility — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Fractured hip — 2 yrs
also
~~DUE TO~~ (c) apoplexy long standing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* Oct 16, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Maber 238
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 10-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 19 52
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Oct. 18-1952
REGISTRAR'S SIGNATURE: J. Guy Henson
25. FUNERAL DIRECTOR: J. Guy Henson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35
Reg. Dist. No. 530

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 89 South 140 East

3. NAME OF DECEASED (Type or Print): a. (First) Theodore b. (Middle) c. (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 29 1919

9. AGE (In years last birthday): 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance Advisor

10b. KIND OF BUSINESS OR INDUSTRY: Malad Schools

11. BIRTHPLACE (State or foreign country): Downey Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Barnes---

BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Nettie Jensen-------

BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.2 W.W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Theodore Barnes ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Angina Pectoris - partial Cardiac Conduction Block — 12 to 16 Hours.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 23, 1949, *to* Oct. 19, 1952, *that I last saw the deceased alive on* Oct 19 1952, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Cowlishaw (Degree or title) M.D. — 23b. ADDRESS: Malad City, Idaho — 23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Oct 22 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Malad City — 24d. LOCATION (City, town, or county) (State): Malad. Oneida, Idaho

DATE REC'D BY LOCAL REG.: Oct-21-1952 — REGISTRAR'S SIGNATURE: J. Guy Benson

25. FUNERAL DIRECTOR — ADDRESS: J. Guy Benson Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 96
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ONEIDA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 270 W 500 N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MALAD
d. STREET ADDRESS (If rural, give location): RT #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVAN	WILLIAM	JONES	OCTOBER 30 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	WHT	WIDOWED	JUNE 7, 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMING	OWN FARM	RURAL MALAD	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DAVID C. JONES	WALES	MARY STEPHENS	WALES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Edward Jones	Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

600.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection in Kidneys & Bladder. (Urinary) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Malad Oneida Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct. 30, 1952, *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V. C. Hurst, M. D.	Malad, Ida	Nov. 1 '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 3, 1952	St. John Cemetery	ONEIDA COUNTY-IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 1-1952	J. Guy Benson	J. Guy Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

RECEIVED
OCT 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 57
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Home for Aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 409 North 14th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ROBERT c. (Last) FEIZETTE

4. DATE OF DEATH: (Month) (Day) (Year): October 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 10, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 11 Days: 24
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Feizette
BIRTHPLACE: Portland, Oregon

14. MOTHER'S MAIDEN NAME: Fannie Hasty
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 543-12-0639

17. INFORMANT'S OWN SIGNATURE: Emma Feizette
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis ; generalized arteriosclerosis with severe secondary hypertension , chronic — 4 years
DUE TO (c) myocarditis and nephrosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) JANICE b. (Middle) FAYE c. (Last) HICKERSON

4. DATE OF DEATH: (Month) (Day) (Year) October 13, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 30, 1950

9. AGE (In years last birthday): 2
IF UNDER 1 YEAR: Months 2 Days 13
IF UNDER 24 HRS.: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 52

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Ontario, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hickerson BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Lois Adele Josephson BIRTHPLACE: Pingree, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James F. Hickerson ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 888X Anti-histamic poisoning
With Thenyl pyramine

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with convulsions, cerebral edema and coma.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) Payette, (COUNTY) Payette, (STATE) Idaho

21d. TIME OF INJURY: (Month) Oct. (Day) 13 (Year) 52 (Hour) 11am

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Accidentally took Tabsin tablets

22. *I hereby certify that I attended the deceased from* July 30, 1950 *to* Oct. 13, 1952, *that I last saw the deceased alive on* Oct. 13, 1952, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 10/13/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Oct. 17, 1952
REGISTRAR'S SIGNATURE: Roberts E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3832
Local Reg. No. 59
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 56 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadows
d. STREET ADDRESS (If rural, give location): Meadows

3. NAME OF DECEASED (Type or Print): a. (First) IDA; b. (Middle) MINERVA; c. (Last) HILLMON

4. DATE OF DEATH: (Month) (Day) (Year) October 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 9, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months: 1; Days: 5
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Westfall
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Amy Manwaring
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Pauline Miller
ADDRESS: Meadows, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio-Vascular-renal disease — 8 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* Oct. 14, 19 52, *that I last saw the deceased alive on* October 14 1952, *and that death occurred at* 12:05 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: Oct. 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: LaGrande Cemetery
24d. LOCATION (City, town, or county) (State): LaGrande, Oregon

DATE REC'D BY LOCAL REG.: Oct. 14, 1952
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 33V

BIRTH NO.

NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. LENGTH OF STAY (in this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.V.M. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): 1020 — 1st Avenue South

3. NAME OF DECEASED (Type or Print)

a. (First): EVA

b. (Middle): (none)

c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 22, 1872

9. AGE (In years last birthday): 80-3-5

IF UNDER 1 YEAR — Months: — Days: —

IF UNDER 24 HRS. — Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home keeper

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Wright

BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Rachael Ellis

BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lucella Graham

ADDRESS: Huntington, Ore.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis — Many years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1920, 19—, *to* Oct. 27, 1952, *that I last saw the deceased alive on* Oct. 27, 1952, *and that death occurred at* 7:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. D.R. Woodward

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 10-29-52

REGISTRAR'S SIGNATURE: Robert E. Schaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 330

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural New Plymouth
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 52, Rural New Plymouth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) THOMAS c. (Last) TURNBOW

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26, 1897

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Fort Worth, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jim Turnbow
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Mallissia Crowel
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 525-12-3985

17. INFORMANT'S OWN SIGNATURE: Mrs Tom Turnbow
ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic coronary artery disease — no known at least 4 to 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 24, 1952, *to* Oct. 24, 1952, *that I last saw the deceased alive on* Oct 24 1952, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Les E. Davis (Degree or title) M.D.

23b. ADDRESS: New Plymouth Idaho

23c. DATE SIGNED: Oct. 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 10-27-52

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 500

BIRTH NO. OCT 22 1952

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jackson
b. (Middle): Andrew
c. (Last): Evans

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 30, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months 5 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Memphis, Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Evans
BIRTHPLACE: Winchester, Illinois

14. MOTHER'S MAIDEN NAME: Margaret Smith
BIRTHPLACE: Memphis, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5788

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic malnutrition — 10 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): American Falls Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* death - 1st attendance 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: George H. Bjorkman (Degree or title) M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 10/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-18-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Mountain Grove Mo.

DATE REC'D BY LOCAL REG.: 10-18-52
REGISTRAR'S SIGNATURE: Irene Galing Dep. Regis.
25. FUNERAL DIRECTOR: L. L. Dennis
ADDRESS: Am. Falls Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 22
Reg. Dist. No. 500

BIRTH NO. OCT 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Fork - Rockland
c. LENGTH OF STAY (in this place): 18yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Rockland, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland - Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): -
c. (Last): MacNeil

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.

8. DATE OF BIRTH: Aug. 9-1886

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: 2 Days: 7 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Bountiful, Utah.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John MacNeil
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Annie Cooper
BIRTHPLACE: Not Known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Norman S. MacNeil
ADDRESS: Rockland Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Condition.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Was hunting deer up
DUE TO (c): East Fork Canyon had heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: attack - died instantly.

INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-16-, 1952, *to* 10-16-, 1952, *that I last saw the deceased alive on* 10-16-, 1952, *and that death occurred at* 8:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Dowis (Degree or title): Coroner

23b. ADDRESS: Am. Falls, Idaho

23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: 10-21-52

24c. NAME OF CEMETERY OR CREMATORY: Valley View

24d. LOCATION (City, town, or county) (State): Rockland Idaho.

DATE REC'D BY LOCAL REG.: 10-18-52

REGISTRAR'S SIGNATURE: Irene Laling By Rm.

25. FUNERAL DIRECTOR: W. L. Dowis
ADDRESS: Am. Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Snake River
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S. W of Am. Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Le Roy c. (Last) Payne

4. DATE OF DEATH (Month) (Day) (Year) 10 - 19 - 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 18, 1935

9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school student

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Am. Falls, Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James O. Payne Jr. BIRTHPLACE Ordenville Utah

14. MOTHER'S MAIDEN NAME Katherine E. Kreiter BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-34-0962

17. INFORMANT'S OWN SIGNATURE Oscar Payne ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Swimming horse across river

DUE TO (c) got in pot hole: Horse & rider died.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Snake River

21c. (CITY, TOWN, OR TOWNSHIP) American Falls (COUNTY) Power (STATE) Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 19 (Year) 52 (Hour) 5:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Was Swimming horse across River

22. I hereby certify that I attended the deceased from 10-23-, 1952, to 10-23-, 1952, that I last saw the deceased alive on 10-23-, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above (Oct. 19-52)

23a. SIGNATURE W. L. Dowis (Degree or title) Coroner

23b. ADDRESS American Falls, Ida.

23c. DATE SIGNED 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-25-52

24c. NAME OF CEMETERY OR CREMATORY Neeley -

24d. LOCATION (City, town, or county) (State) Neeley, Idaho.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Irene Saling

25. FUNERAL DIRECTOR W. L. Dowis ADDRESS Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

P Byrne

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-13477 RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 20 Kellogg ave.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edgar c. (Last) Horne

4. DATE OF DEATH (Month) (Day) (Year) September 30 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH September 30 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Horne BIRTHPLACE N. Dakota
14. MOTHER'S MAIDEN NAME Mavis L. Pettit BIRTHPLACE N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE George Horne ADDRESS Kellogg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

759.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maldevelopment of respiratory center

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Sept. 1952, *to* 30 Sept, 1952, *that I last saw the deceased alive on* 30 Sept, 1952, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Cordwell, MD 071 (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 4 Oct 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/5/52
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 10/20/52
REGISTRAR'S SIGNATURE Jol Irvine
25. FUNERAL DIRECTOR Jim M. Glady ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bunker Hill Smelter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Ross Gulch

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd b. (Middle) Patrick c. (Last) Casey

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Rosevelt Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Casey — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Mabel Butterfield — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-2424
17. INFORMANT'S OWN SIGNATURE: Ethel Casey — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed to death — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Caught by truck when slipped back & caught between wall
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Bunker Hill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-6-52 m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Dumped truck slipped & caught in stomach

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 10-6, 1952 *and that death occurred at* 3:25 *m. from the causes and on the date stated above.*

23a. SIGNATURE: N. Howary (Degree or title): Coroner Wallace Ida
23b. ADDRESS
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 10/13/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED OCT 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 78
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 612 W Cameron

3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) D c. (Last) Ravenhorst

4. DATE OF DEATH (Month) October (Day) 6 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 9, 1920
9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Engineer
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Minor South Dakota
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Henry Ravenhorst BIRTHPLACE S. Dakota
14. MOTHER'S MAIDEN NAME Mary Rygg BIRTHPLACE S. Dakota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO. 711-09-8200
17. INFORMANT'S OWN SIGNATURE Frances Ravenhorst ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uraemia.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1946.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 10-6, 1952, *that I last saw the deceased alive on* 10-6, 1952, *and that death occurred at* 0 *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Staley (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/9/52
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 10/17/52
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant McGlade ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 77
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place) 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kingston
d. STREET ADDRESS (If rural, give location) Hunts Gulch

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) S. c. (Last) LUOMA

4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 9, 1875
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Jarvinen BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Katherin Kantala BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Harold Luoma ADDRESS Smelterville Ida.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — several years
DUE TO (c) Low Intestinal obstruction — 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952 *to* Oct, 1952, *that I last saw the deceased alive on* 6 Oct, 1952, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitesel (Degree or title) M.D.
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 13 Oct 52

24a. BURIAL, CREMATION, REMOVAL* (Specify) Burial
24b. DATE 10/10/52
24c. NAME OF CEMETERY OR CREMATORY Hunts
24d. LOCATION (City, town, or county) Kingston (State) Idaho

DATE REC'D BY LOCAL REG. 10/17/52
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant McGlady ADDRESS Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OCT 27 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 1-12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 9- 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Delany c. (Last) McDonald

4. DATE OF DEATH (Month) October (Day) 10, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 31, 1871
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 6 Days 9 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Tennessee Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Delany BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Jane Espy BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs A. G. Farrell ADDRESS Kellogg Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4210

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Macrocytic anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic anemia

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1952, *to* Oct 10, 1952, *that I last saw the deceased alive on* Oct 10, 1952, *and that death occurred at* 4:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O B Scott MD 405
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED Oct. 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/13/52
24c. NAME OF CEMETERY OR CREMATORY Hayden Lake
24d. LOCATION (City, town, or county) (State) Spokane Wash.

DATE REC'D BY LOCAL REG. 10/13/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Grant & Clark ADDRESS Kellogg Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 80
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Nielsen

4. DATE OF DEATH (Month) (Day) (Year): October 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 13, 1952
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 0 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Richard Nielsen
ADDRESS: Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) previous attack
1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Sept 1952 *to* 13 Oct, 1952 *that I last saw the deceased alive on* 13 Oct, 1952, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel (Degree or title) MD.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 21 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/17/52
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 11-3-52
REGISTRAR'S SIGNATURE: Joel Irvine
25. FUNERAL DIRECTOR: Grant M. Clark
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3844
Local Reg. No. 92
Reg. Dist. No. 172

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location) Pinehurst

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Kathleen c. (Last) Akers

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH July 18 1938

9. AGE (In years last birthday) 14
IF UNDER 1 YEAR Months 3 Days 8
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Kellogg Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hugh Akers
BIRTHPLACE Virginia

14. MOTHER'S MAIDEN NAME Violet Hoffman
BIRTHPLACE Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Violet Akers
ADDRESS Pinehurst Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) 1) Severe Concussion & Contusion of brain 4 hours.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2) Multiple Sarabue burns of entire body 4 hours.
DUE TO (c) 3) ALMOST Complete amputation left leg below knee. 4 hours.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mission - Highway 10

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) 10 (Day) 26 (Year) 52 (Hour) 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 26 Oct, 1952 to 26 Oct, 1952 that I last saw the deceased alive on 26 Oct, 1952 and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE Glen M. Whitesel (Degree or title) M.D.

23b. ADDRESS Kellogg, Idaho

23c. DATE SIGNED 28 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/29/1952

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 11-3-52

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Gordon Glade

ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ?
Local Reg. No. 70
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MIKE c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 1889
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ?
BIRTHPLACE
14. MOTHER'S MAIDEN NAME ?
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 9198
17. INFORMANT'S OWN SIGNATURE Irene Nyppen
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE. (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 2-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. Oct 30-1952
REGISTRAR'S SIGNATURE Hale E Cornell
25. FUNERAL DIRECTOR Hale E Cornell
ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 23 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 1-4-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) JOSEPH c. (Last) BIXEL

4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 9 1897

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY Service Station

11. BIRTHPLACE (State or foreign country) Clarks Fork Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Bixel

14. MOTHER'S MAIDEN NAME

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No 518-05-3430

17. INFORMANT'S OWN SIGNATURE Maxine L. Bixel ADDRESS Osburn, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - General — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, 1952, *to* Oct 3, 1952 *that I last saw the deceased alive on* 10-2, 1952, *and that death occurred at* 12:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Peterson (Degree or title) M.D.

23b. ADDRESS Wallace Idaho

23c. DATE SIGNED 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 7 1952

24c. NAME OF CEMETERY OR CREMATORY Pinecrest

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. 10-13-52

REGISTRAR'S SIGNATURE Dale L Cornell

25. FUNERAL DIRECTOR Dale L Cornell

ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3847
Local Reg. No. 22
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 609 Earle St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 609 Earle St

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) GARITANO c. (Last)

4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar 19 1876
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ful Business
10b. KIND OF BUSINESS OR INDUSTRY Ful. Retired
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE x Gus Garitone ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute coronary Occlusion
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sclerosis of left leg superficial ulcer
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Masked general arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH Few Seconds

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on 10/14, 1952 and that death occurred at 7:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 18-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. 10-16-52
REGISTRAR'S SIGNATURE Dale & Cornell
25. FUNERAL DIRECTOR Dale & Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1 Certificate

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 1-42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Pine Creek
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Pine Creek Highway 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Dana Kellogg Rooms

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W. c. (Last) Stark

4. DATE OF DEATH: (Month) October (Day) 22, (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 13 1898	54	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Diamond Drill Miner	Mining	Rossdale Louisiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	Rossdale Louisiana	Mc Record	Rossdale Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	War I 976X	520-20-8010	Maggie Stark	Spokane Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA Hemorrhage Left Hemiplegia — Interval between onset and death: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Kellogg	Pinehurst Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-22-52 7 PM		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 10-22, 1952, *and that death occurred at* 7 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. D. Mitchell M.D.	Wallace Ida	10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/24/52	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-3-52	[illegible]	Gustin Clark	Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3849 3[illegible]
Local Reg. No. 233
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 156 Polk St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 156 Polk St.

3. NAME OF DECEASED (Type or Print)
a. (First): ASA
b. (Middle): MORGAN
c. (Last): BOLTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operative Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Heavy Equipment
11. BIRTHPLACE (State or foreign country): Pulaski, Tennessee
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John E. Bolton — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Susan Hayes — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bertha Bolton — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 42[illegible]2 Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) " Chronic Myocarditis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1942 *to* 10-1, 1952 *that I last saw the deceased alive on* 10-1, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/4/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-8-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3950
Local Reg. No. 230
Reg. Dist. No. 460

111-52-13542
BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): West Main

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Ross
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: October 2, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 1 HR. Hours | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ray Bell
BIRTHPLACE: Clifty, Tennessee

14. MOTHER'S MAIDEN NAME: Carma Wilson
BIRTHPLACE: Buhl, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Ray Bell
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth before Viability
Born at 27 weeks gestation
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Placenta Previa with hemorrhage.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 2, 1952, *to* Oct 2, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E H McBratney (Degree or title): MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10-8-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3851
Local Reg. No. 231
Reg. Dist. No. 460

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 615 12th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Evalyn
b. (Middle):
c. (Last): Leveke

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 9, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Mystic, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Studebaker — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Emma Brown, — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X H. W. Leveke — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple 2nd + 3rd degree burns — 1 week
DUE TO (c) (50% Body Surface)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Canning Fruit — Paraffin ignited & set Clothing on fire

22. *I hereby certify that I attended the deceased from* 9/25, 1952, *to* Oct 3, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 5:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E W McBratney MW
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 10/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10-8-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 426
Reg. Dist. No. 4-6-3

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
d. STREET ADDRESS (If rural, give location): Buffalo

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	W.	HOOVER	OCT. 3rd 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Mar. 6, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buffalo, Mo.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nancy Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Leona Gage By Jean Williams — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Sept, 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 0
DUE TO (c): 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Sept, 1952, *to* 30 Oct., 1952, *that I last saw the deceased alive on* 30 Oct., 1952, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles B. Baymer M.D.	Twin Falls., Idaho	10/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/4/52		Springfield, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-7-52	Thomas Lane	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2253
Local Reg. No. 235
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 222 6th Ave East

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) D. c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 24, 1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) GlenAlice, Tenn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Hinds
BIRTHPLACE Tenn

14. MOTHER'S MAIDEN NAME Susan Horner
BIRTHPLACE TENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. Chris Bender
ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 4 days

DUE TO (c) Arteriosclerosis generalized — yrs.

Senility (marked early in life) — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Malnutrition - severe — yrs

Depression Psychosis — yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 2, 19 52, *to* Oct 4, 19 52, *that I last saw the deceased alive on* Oct 4, 19 52, *and that death occurred at* 4:38 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS Twin Falls, Ida

23c. DATE SIGNED 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/7/52

24c. NAME OF CEMETERY OR CREMATORY Buhl Cem.

24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 10-9-52

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3854
Local Reg. No. 228
Reg. Dist. No. 460

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 347 No. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 347 No. Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AGNES	ELIZABETH	JOHNSON	OCT. 5, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 8, 1904	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shell Lake, Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel K. Johnson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Karen Knudson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Arnold F. Johnson — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperparathyroid Crenis — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Pyelonephritis and nephrolithiasis — 13 yrs.

DUE TO (c) Hyperparathyroidism — 13+ yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 12, 1951, *to* Oct 4, 1952, *that I last saw the deceased alive on* Oct 4, 1952, *and that death occurred at* 6:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernard C. Kreilkamp M.D.	Twin Falls, Idaho	10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/7/52		Kenmare, No. Dakota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-7-52	Donna Tisch	White Mortuary Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No. 229
Reg. Dist. No. 46

BIRTH NO. OCT 11 1952

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place): 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): 2444 QUINCY STREET

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): LEAZER

4. DATE OF DEATH (Month) (Day) (Year): 10/ 5/ 52

5. SEX: F.M.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 22, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Benjaman Rue — BIRTHPLACE: TEXAS
14. MOTHER'S MAIDEN NAME: Nancy A. HOOD — BIRTHPLACE: No Infor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-6637
17. INFORMANT'S OWN SIGNATURE: Sarah A. Heninger — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 543.1 Perforated Gastric Ulcer c̄ Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
① Pericarditis chro. — unknown
② Polycythemia Vera — 6 mo.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1948, *to* 5 Oct, 1952, *that I last saw the deceased alive on* 5 Oct, 1952, *and that death occurred at* 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 6 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/8/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Donna Rach
25 FUNERAL DIRECTOR: S C Phillips — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3256
Local Reg. No. 346
Reg. Dist. No. 400

BIRTH NO. 111-52-13558

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): Keith
b. (Middle): Daniel
c. (Last): Hart

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 9, 1952

9. AGE (In years last birthday): ***** | IF UNDER 1 YEAR: Months ** Days 1 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ralph D. Hart
BIRTHPLACE: Buhl, Idaho

14. MOTHER'S MAIDEN NAME: Phyllis Mumau
BIRTHPLACE: Tensed, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: A Ralph D. Hart
ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital Heart Disease.
INTERVAL BETWEEN ONSET AND DEATH: 23 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Interventricular Septal Defect (Superior Sulcus)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT-SUICIDE-HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 9, 1952, *to* Oct 10, 1952, *that I last saw the deceased alive on* Oct 10, 1952, *and that death occurred at* 2 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Elwood T Rees MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: D. T. Thurston
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3857
Local Reg. No. 237
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Third Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Emma
c. (Last): Biddle

4. DATE OF DEATH (Month) (Day) (Year): October 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 23, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wabash, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: J. M. Biddle — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Malinda Griffith — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: J. J. Winterholer — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): R lung
DUE TO (c): Femoral neck fracture

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
R — 2 mons

19a. DATE OF OPERATION: Aug 22
19b. MAJOR FINDINGS OF OPERATION: Femoral neck fracture - R
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 18, 1952 ? m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall

22. *I hereby certify that I attended the deceased from* Aug, 1952 *to* Oct 12, 1952 *that I last saw the deceased alive on* Oct 12, 1952 *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. Anderson M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Oct 13

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10- 15-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memo. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-13-52
REGISTRAR'S SIGNATURE: Donna Lind
25. FUNERAL DIRECTOR: [signature] Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 58
Local Reg. No. 239
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1943 11th Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Norris
b. (Middle): B.
c. (Last): Layne

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 52

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-10-20
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Amalgamated Sugar Co.
11. BIRTHPLACE (State or foreign country): Lewiston, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wilbur E. Layne — BIRTHPLACE: Lewiston, Utah
14. MOTHER'S MAIDEN NAME: Jennie Blair — BIRTHPLACE: Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1942-1945
16. SOCIAL SECURITY NO.: 528-12-1109
17. INFORMANT'S OWN SIGNATURE: Gwen Layne — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH 816.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia Rt. — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Traumatic Paralysis Larynx; Fracture Ribs - Bilateral; Hematomyelia — 4 days
DUE TO (c): Automobile accident — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12 Oct. 52
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy - Traumatic Paralysis Larynx
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Automobile Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): Twin Falls — (COUNTY): Twin Falls — (STATE): Ida

21d. TIME OF INJURY (Month) 10 (Day) 10 (Year) 52 (Hour) 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 2 Car Collision

22. *I hereby certify that I attended the deceased from* 10 Oct., 19__, *to* 10/14, 19 52, *that I last saw the deceased alive on* 10/14, 19 52, *and that death occurred at* 2:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. B. Beymer M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10.18.52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Donna Kraid
25. FUNERAL DIRECTOR — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2459
Local Reg. No. 238
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 125 Tyler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 125 Tyler

3. NAME OF DECEASED (Type or Print)
a. (First) J.
b. (Middle) Amos
c. (Last) Howard

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 11, 1883
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Howard — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Dian Shewmake — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Easter Barron — ADDRESS Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Ceberal Hemmorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/16, 1952 *to* 10/16, 1952, *that I last saw the deceased* dead *on* 10/16/52, *and that death occurred at* about 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Acting Coroner Twin Falls, Ida
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 10/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/20/52
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 10-20-52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 242
Reg. Dist. No. 460

111-52-13592
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Magic Valley Memorial Hosp.

3. NAME OF DECEASED (Type or Print): a. (First) Jeffery b. (Middle) Lee c. (Last) Staley

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 18, 1952

9. AGE (In years last birthday): 1 day
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gail J. Staley
BIRTHPLACE: Kimberly, Ida

14. MOTHER'S MAIDEN NAME: Jean Carlsen
BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (twin birth - 7 mos) — INTERVAL BETWEEN ONSET AND DEATH: 48

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable spontaneous cerebral birth injury — 48

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Autopsy refused.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952 *, to* Oct. 19, 1952 *, that I last saw the deceased alive on* Oct. 19, *, 1952, and that death occurred at* 8.47 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall. M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/22/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: Donna Rich

25. FUNERAL DIRECTOR: White Mortuary
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 243
Reg. Dist. No. 4[illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): E.
c. (Last): PETERSEN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5th, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flower Mill
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis Petersen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Carrie Petersen — ADDRESS: Rt. 2 Twin Fal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lobar pneumonia
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: about 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1952, *to* 10-20, 1952, *that I last saw the deceased alive on* 10-20, 1952, *and that death occurred at* 4 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: N J [illegible] (Degree or title): MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-23-52
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OCT 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 241
Reg. Dist. No. 4 6 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Magic Valley Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) LUELL b. (Middle) c. (Last) PHINNEY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard Co. Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unk.
BIRTHPLACE

MOTHER'S MAIDEN NAME
W H Phinney
BIRTHPLACE Filer, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. MOTHER'S MAIDEN NAME: Unk.
ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Hypertrophic Arthritis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Chronic Atrophic Rheumatoid Arthritis of Spine & Hands of 5 years duration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peripheral Vascular Disease of 5 years duration - Hypertension

INTERVAL BETWEEN ONSET AND DEATH
(a) Yrs
(b) 5 Yrs
(c)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
19c. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19 19__, to Oct 24, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Louis Anderson M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10/23/52
24c. NAME OF CEMETERY OR CREMATORY: Appleton City, Mo.
24d. LOCATION (City, town, or county) (State): Appleton City, Missouri

DATE REC'D BY LOCAL REG.: 10-23-52
REGISTRAR'S SIGNATURE: Norma Rich
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 247
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 403 2nd Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle):
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Bowman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John McFarland — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

442X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Heart Failure — 2 weeks
DUE TO (c): Senile Arteriosclerotic - Cardio Renal - Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, 1952, *to* 10/23/, 1952, *that I last saw the deceased alive on* 10-23, 1952, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCreshy MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memo Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds — ADDRESS: Twin Falls,

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3864
Local Reg. No. 259
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route I

3. NAME OF DECEASED (Type or Print)
a. (First): Kay
b. (Middle): Margaret
c. (Last): Kissinger

4. DATE OF DEATH (Month) (Day) (Year): Oct 25 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Student
8. DATE OF BIRTH: July 3 1938
9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months 3 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lee O. Kissinger
BIRTHPLACE: Buchanan Ridge Mo.
14. MOTHER'S MAIDEN NAME: Erma Shien
BIRTHPLACE: Salem, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lee O. Kissinger
ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

080.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocarditis
INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute poliomyelitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 20, 1952, *to* Oct. 24, 1952, *that I last saw the deceased alive on* Oct. 24, 1952, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Goodson, Mtn
23b. ADDRESS: Medical Arts Building Twin Falls, Idaho
23c. DATE SIGNED: Nov. 7, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho.

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: Rodney G. Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 3865
Local Reg. No. 263
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — 31
d. STREET ADDRESS (If rural, give location): 3 South — 3/4 East

3. NAME OF DECEASED (Type or Print)
a. (First): Reese
b. (Middle): —
c. (Last): Sensabaugh

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 6 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Rogersville Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Sensabaugh — BIRTHPLACE: Tenn
14. MOTHER'S MAIDEN NAME: Kitty Gladson — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Chas. M. Sensabaugh — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Less than 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Lobar Pneumonia — 5 days
DUE TO (c) Hypertensive Cardio Vascular Heart Disease Enlargement — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1946, *to* Oct, 1952, *that I last saw the deceased alive on* 10-25, 1952, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. A. McCarthy MD (Degree or title)
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 10/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 28 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Alonna [illegible]
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1

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BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 66
Local Reg. No. 249
Reg. Dist. No. 460

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place): 2 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): 222 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) Patrick; b. (Middle); c. (Last) Harp

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 27, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Gene Harp — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Twyla Reed — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gene Harp — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Congenital Anomalies — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 27, 1952 *to* Oct. 27, 1952 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Neaman M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-30-1952

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-30-52

REGISTRAR'S SIGNATURE: Donna Finch

25. FUNERAL DIRECTOR: L. C. Phillips — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3867
Local Reg. No. 554
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): General Delivery so. of city

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leona	Eleanor	McMillen	Oct. 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 4, 1920	32				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belvidere, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Soule — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Mary Agnes Penman- — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 506-14-2425
17. INFORMANT'S OWN SIGNATURE: X Junior McMillen — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 200.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Reticulum Cell Sarcoma
DUE TO (c) Multiple Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/12, 1952, *to* 10/28/, 1952, *that I last saw the deceased alive on* 10/27/52, 19__, *and that death occurred at* 5:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Kimberly, Ida.	10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/30/52	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: [signature]
FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Ida.
James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 253
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) a. (First) JIMMIE b. (Middle) LEE c. (Last) COATES

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 12, 1948
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Levi Coates — BIRTHPLACE Carey, Idaho
14. MOTHER'S MAIDEN NAME Wanda Coebeago Coates — BIRTHPLACE Shoshone, Ida

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE William Coates — ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

601X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Rickets
DUE TO (c) Hydronephrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Oct. 29, 1952, *that I last saw the deceased alive on* Oct. 29, 1952, *and that death occurred at* 7:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Howard C. Luke (Degree or title) M.D.
23b. ADDRESS Twin Falls., Idaho
23c. DATE SIGNED 10/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/1/52
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 10-31-52
REGISTRAR'S SIGNATURE Leonna [illegible]
25. FUNERAL DIRECTOR Duryea W. Phillips — ADDRESS WHITE MORTUARY Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1959
Local Reg. No. 951
Reg. Dist. No. 461

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home residence McCullom Add.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): McCullom Addition, Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Harriet b. (Middle) Gaunt c. (Last) Peterson

4. DATE OF DEATH: (Month) (Day) (Year): October 31, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 5, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Wilmslow, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wilkinson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Broadhurst — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): XXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Emma Peterson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary sclerosis & angina pectoris — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* irregularly, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M.A. Drake M.D. (Degree or title) — 23b. ADDRESS: Buhl, Ida. — 23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Nov. 3, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery — 24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 11-3-52 — REGISTRAR'S SIGNATURE: Donna Finch — 25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 226
Reg. Dist. No. 7-4-C

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: TWIN FALLS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER

c. LENGTH OF STAY (in this place): 38 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: TWIN FALLS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER

d. STREET ADDRESS (If rural, give location): 5TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) ELMER c. (Last) ALBIN

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 52

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1887

9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lotus, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Albin BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-22-2096

17. INFORMANT'S OWN SIGNATURE: Don Albin ADDRESS: Filer Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial arteriosclerosis — 5 yrs

DUE TO (c) Generalized Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Filer Idaho

23c. DATE SIGNED: 10/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/8/52

24c. NAME OF CEMETERY OR CREMATORY: Filer, Cemetery

24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 10-11-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 460

BIRTH NO. OCT 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
d. STREET ADDRESS (If rural, give location): Hollister

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): Jane
c. (Last): Farrar

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 9, 1945

9. AGE (In years last birthday): 7
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elmo J. Farrar
BIRTHPLACE: Merrimec, Okla

14. MOTHER'S MAIDEN NAME: Ruth Hadley
BIRTHPLACE: Trumbul, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elmo J. Farrar
By [signature]
ADDRESS: Hollister, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

202.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphoma, - spine and right chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-21, 19 50 *to* 10-3, 19 52, *that I last saw the deceased alive on* 10-3, 19 52 *and that death occurred at* 2:45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Abbleet
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-9-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED OCT 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3872
Local Reg. No. 240
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls-- Rural
c. LENGTH OF STAY (in this place): 1 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer---Rural
d. STREET ADDRESS (If rural, give location): Clover Dist.

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Lierman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 22, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Unknown, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Werner — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Albert Lierman — ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH 490X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, bilateral, Lobar — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Heart Disease - Cardiac Decompensation

19a. DATE OF OPERATION:
19b. ~~MAJOR FINDINGS OF OPERATION~~ (Cardiac Failure) Stage 3
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1952, *to* Oct 7, 1952, *that I last saw the deceased alive on* Oct 7, 1952, *and that death occurred at* 8:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert Anderson MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: Oct 10

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Orange
24d. LOCATION (City, town, or county) (State): Orange, California

DATE REC'D BY LOCAL REG.: 10-20-52
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 73
Local Reg. No. 248
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Route # 3 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 3 Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Ellen
c. (Last): Baughman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 18, 1880
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Chanute, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William J. Brown
BIRTHPLACE: Deleware
14. MOTHER'S MAIDEN NAME: Sarrah Sheldon
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x B. C. Baughman
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Breast — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Oct 16, 1952, *that I last saw the deceased alive on* Oct 14, 1952, *and that death occurred at* 10:40P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. McBratney (Degree or title): M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 20, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl (State): Idaho

DATE REC'D BY LOCAL REG.: 10-29-52
REGISTRAR'S SIGNATURE: Donna Rack
25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 24 4
Reg. Dist. No. 4 60

BIRTH NO.

RECEIVED
OCT 27 1952
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ~~Twin Falls~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lyman	Herbert	Johnson	October 17, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 4, 1859	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Ipava, Illinois	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elias B. Johnson	New York	Phebe Lacey	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Earl V. Johnson	Filer, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral thrombosis	2hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senile arteriosclerosis	5yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Blindness due to bilateral Cataracts	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1934, *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 16, 1952, *and that death occurred at* 10:15A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George C. Halley M.D.	Twin Falls, Idaho	Oct 20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-20-1952	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-23-52	Donna Risch	S. C. Phillips	Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9675
Local Reg. No. 745
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): T. F. County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print): a. (First) AARON b. (Middle) c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): 10/21/52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unk.

8. DATE OF BIRTH: August 10, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 93

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SWEDEN

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unk. BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk. BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R L Cadenhead ADDRESS: Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro Vascular accident — months

DUE TO (c) Arterio-sclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 5/, *to* 10-21, 19 52, *that I last saw the deceased alive on* did not, 19____, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 10/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/25/52
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Norma Tuck
25. FUNERAL DIRECTOR: Arthur Smith ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 76
Local Reg. No. 752
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Mrs. Dell Hudson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Castleford, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Miracle

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 12, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Barbourville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Bennett
BIRTHPLACE: Whittle Co. Ky.

14. MOTHER'S MAIDEN NAME: Nancy Jane ?
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxx

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Mrs Dell Hudson
ADDRESS: Castleford, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 162 Carcinoma rt. lung
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Metastases
3 mos

19a. DATE OF OPERATION: Nov 5 1951

19b. MAJOR FINDINGS OF OPERATION: Primary bronchogenic carcinoma arising in medial segmental bronchus of rt middle lobe

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1951, *to* Oct 27, 1952, *that I last saw the deceased alive on* Oct 19, 1952, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: George C. Hailey (Degree or title): MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: Oct 30 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 11-3-52
REGISTRAR'S SIGNATURE: Donna Lair
25. FUNERAL DIRECTOR: D. T. Gilbertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2277
Local Reg. No. 23-2
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 7 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place): 25 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joseph		Humphrey	October 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept. 25, 1875	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Redmond, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Humphrey	Alabama	Sena Johnson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs Chester Thompson	Portland, Oregon

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease	yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Artery Sclerosis	yrs.
DUE TO (c)	Rheumatoid Arthritis, poly-arthritis, chronic	yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral arteriosclerosis - hemiplegia old, recurred.	yrs.

4 2 0 1 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 19 50, *to* Oct 31, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Twin Falls, Idaho	Nov. 4

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-3-1952	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-5-52	[signature]	[signature]	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 578
Local Reg. No. 20
Reg. Dist. No. 310

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) William c. (Last) Newman

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 21, 1880

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 3 Days: 9 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant

10b. KIND OF BUSINESS OR INDUSTRY: bookkeeping

11. BIRTHPLACE (State or foreign country): Polk Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Newman — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ellen Porter — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: 519 01 4484

17. INFORMANT'S OWN SIGNATURE: Grace Newman — ADDRESS: McCall, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4.50.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebrovascular generalized — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: uremia — 1wk

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade, Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Sept 17, 1952, *to* Sept. 30, 1952, *that I last saw the deceased alive on* Sept. 30, 1952, *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley H. Parker MD.

23b. ADDRESS: CASCADE, Idaho

23c. DATE SIGNED: 10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: McCall

24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: Oct. 7-1952

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 79
Local Reg. No. 23
Reg. Dist. No. 3rd

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 2months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at home of sister

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 116-14th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): HAZEL
b. (Middle):
c. (Last): UGARRIZA

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1898

9. AGE (In years last birthday): 54-0-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Samuel Longstreat-Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Rose Probst
ADDRESS: Box 633 Cascade Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

356.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Amyotrophic lat. sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Seen at death only, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Patterson MD 313

23b. ADDRESS: Cascade

23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Margarets Cemetery

24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: Nov 15 1952

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2530
Local Reg. No. 21
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: VALLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MC CALL
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at the home of a son

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 829 Wade Circle Drive

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ROSS
c. (Last): AVERY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 13, 1871
9. AGE (In years last birthday): 81-7-23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Geo. R. Avery — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 828 Wade Circle Drive

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probably Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): McCall Valley Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never before, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. J. Wenette MD
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 10/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct 18-1952
REGISTRAR'S SIGNATURE: Maybelle M. Gardner
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 22
Reg. Dist. No. 310

BIRTH NO. 111-52-13628

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 4½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sanna b. (Middle) Ruth c. (Last) Jarvis

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 22, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Oct.22,1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 4 | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: Enfant

11. BIRTHPLACE (State or foreign country): Cascade, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Sanfred Jarvis
BIRTHPLACE: Kemmerer Wyo.

14. MOTHER'S MAIDEN NAME: Elvina Ludke
BIRTHPLACE: Detroit, Mish.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Elvina Jarvis By Marlene Little
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct.22, 19 52, *to* Oct.22, 1952, *that I last saw the deceased alive on* Oct.22, 1952, *and that death occurred at* 9:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.B. Patterson MD
23b. ADDRESS: Cascade, Idaho
23c. DATE SIGNED: Oct.23,195

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.23,1952
24c. NAME OF CEMETERY OR CREMATORY: Finish Cem.
24d. LOCATION (City, town, or county) (State): Lakefork, Idaho

DATE REC'D BY LOCAL REG.: Oct 23-1952
REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1 [illegible] 82
Local Reg. No. 22
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
NOV 1 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) West Commercial St.

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) c. (Last) PEPPAS

4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) don't know

8. DATE OF BIRTH 4-23-1[illegible]1 ??

9. AGE (In years last birthday) 61 ? IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender 48

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Don't Know BIRTHPLACE

14. MOTHER'S MAIDEN NAME Don't Know BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) #422,2

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Steve Cooper ADDRESS Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 days
(b) Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 5 Oct, 1952, *to* 6 Oct, 1952, *that I last saw the deceased alive on* 6 Oct, 1952, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ryder Hawley (Degree or title) M.D.

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 10/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 10-10-52

24c. NAME OF CEMETERY OR CREMATORY Hillcrest

24d. LOCATION (City, town, or county) (State) Weiser, Ida ho

DATE REC'D BY LOCAL REG. 10-10-52

REGISTRAR'S SIGNATURE Marie Hawthorne

25. FUNERAL DIRECTOR R. Lew Thomason

ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

NOV 1 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1663

Local Reg. No. 24

Reg. Dist. No. 22

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Washington

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

d. STREET ADDRESS (If rural, give location): Rt. # 2 (rural)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EDGAR	WELCOME	LINE		Oct.	16,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	June 26, 1904	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Dayton, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Dallas Line	Mo.	Etter Grim	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. #2		[signature]	Weiser, I

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 4-5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crushing Injury of Chest with 7 fractures Right Scapula and 7 fractures Right 10 ea Rib. — 44 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Farm	RFD Weiser Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 14 '52 9:15 A m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	"Cave-in" of deep ditch

22. *I hereby certify that I attended the deceased from* 14 Oct, 1952, *to* 16 Oct, 1952, *that I last saw the deceased alive on* 16 Oct, 1952, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Weiser, Idaho	10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/18/52	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-16-52	Marie Hawthorne	[signature]	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1994
Local Reg. No. 25
Reg. Dist. No. 380

BIRTH NO.

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nortons Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) BEN b. (Middle) c. (Last) DEITZ

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 19 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Albany Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gottleb Deitz — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Mebert — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Non — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Information Via Telephone Brother Herman Deitz — ADDRESS: Van Nuys Calf.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sen. Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 17th, 1952, *to* Oct 17th, 1952, *that I last saw the deceased alive on* Oct 17th, 1952, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. McGrath MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/21/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/21/52

REGISTRAR'S SIGNATURE: Maree Hawthorn

25. FUNERAL DIRECTOR: R. Dan Thomason

ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 3885
Local Reg. No. 26
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 830 East Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): Pete
b. (Middle): Wilson
c. (Last): Grace

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 17, 1883
9. AGE (In years last birthday): 69-7-7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Neosha Falls, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Grace — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Campbell — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Rose B. Grace — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - -
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - -

22. *I hereby certify that I attended the deceased from* Oct 17th, 1952, *to* Oct. 24, 1952, *that I last saw the deceased alive on* Oct 24, 1952, *and that death occurred at* 6:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M S McGrath MD (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 10-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial
24b. DATE: Oct. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1986
Local Reg. No. 22
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place): 53 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) PRESTON c. (Last) LAVENDER

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 31 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret'd)

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Craig County Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jim Lavender
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Nina Campbell
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter F. Lavender
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Change — INTERVAL BETWEEN ONSET AND DEATH: ~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exhaustion — 12 hrs
DUE TO (c) Cancer of Throat — 3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pro-State Hypertrophy-Nephritis -

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0 0 0

21d. TIME OF INJURY (Month) 0 (Day) 0 (Year) 0 (Hour) 0 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* 1-1-52, 19___, *to* 10-2-, 1952, *that I last saw the deceased alive on* 10-2-1952 *and that death occurred at* 9:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. T. Mc Crea M.D.

23b. ADDRESS: Cambridge Idaho

23c. DATE SIGNED: 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/7/52

24c. NAME OF CEMETERY OR CREMATORY: Salubria Cemetery

24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 10/6/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. S. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No.
Reg. Dist. No.

BIRTH NO. OCT 31 1952

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) B. c. (Last) SHIRTS

4. DATE OF DEATH: (Month) (Day) (Year) 10-7-52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Des Moines, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XXXXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Frank E Shirts
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (Death was probably instantaneous(Rheumatism -articular — 3 years
DUE TO (c) (Death occured before aid arrived) Premature sehile change — 5 yrs+ -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis-cardiac asthma. ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21c. (CITY, TOWN, OR TOWNSHIP) 0 (COUNTY) 0 (STATE) 0

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) 0 0 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* 9/1, 19 52 *to* 10/7/52, 19___, *that I last saw the deceased alive on* 10/7/52, 19___, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
DR. E. T. WHITEMAN CAMBRIDGE IDAHO

23b. ADDRESS: Cambridge, Idaho

23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-11-52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/11/52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DR. E. T. WHITEMAN CAMBRIDGE IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2888
Local Reg. No.
Reg. Dist. No. 322

BIRTH NO. OCT 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): SETH
b. (Middle): THOMAS
c. (Last): PARKE

4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (State or foreign country): Peoria illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Curtis Parke — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Margaret Doddworth — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mrs. Mae Mo[illegible] — ADDRESS:

18. CAUSE OF DEATH 434.3
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable heart block (dead before arrived) aid

ANTECEDENT CAUSES (Death occured in sleep)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile change-arteriosclerosis ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS 0
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0 0 0 0 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 0 0 0 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* 10/17/52, *19*___, *to* 10/17/52, *19*___, *that I last saw the deceased alive on* 0, *19*___, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 448 [signature] 3
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/19/52 01
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cem.
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 10/18/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: R. Dee Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DR. E. T. WHITEMAN
CAMBRIDGE

NOV 20 1952

Certificate of Death

STATE OF IDAHO

State File No. 3889
Local Reg. No. 432
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): *

3. NAME OF DECEASED (Type or Print): a. (First) STEVEN b. (Middle) J. c. (Last) GREEN

4. DATE OF DEATH: (Month) (Day) (Year) 11-2-52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5-22-77

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MONTPELIER, IDAHO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEVEN GREEN
BIRTHPLACE: IOWA

14. MOTHER'S MAIDEN NAME: SARAH E. CAMPBELL
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-2553A

17. INFORMANT'S OWN SIGNATURE: George R Hall
ADDRESS: Mtn. Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT - Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Skull — 9 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fr. Rt Shoulder Fr. Ribs — 9 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elmore, Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): 10-25-52 6 00 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* 10-25, 1952, *to* 11-2, 1952, *that I last saw the deceased alive on* 11-2, 1952, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jerome Burton M.D. (Degree or title)

23b. ADDRESS: 209 Main, Boise

23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3890
Local Reg. No. 432
Reg. Dist. No. 370

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) VERA b. (Middle) CAKEY c. (Last) GOBLE

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 3, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 17, 1877

9. AGE (In years last birthday): 75 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: [illegible] Gakey — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Martha M. [illegible] — BIRTHPLACE: Roseburg, Or

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elizabeth Goodson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 172X Adeno-carcinoma of fundus uteri — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS: Intestinal obstruction — about 3 mo.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-27-51, 8-6-52

19b. MAJOR FINDINGS OF OPERATION: adeno-carcinoma of fundus uteri Pelvic carcinomatosis & pelvic adhesions, with obstruction of ileum

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-9, 1951, *to* 11-3, 1952, *that I last saw the deceased alive on* 11-2, 1952, *and that death occurred at* 11:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey L. Smith M.D.

23b. ADDRESS: Meridian, Idaho

23c. DATE SIGNED: 11-5-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Alsip Funeral Chapel, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3891
Local Reg. No. 412
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 21 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 17 Rogers St.

3. NAME OF DECEASED (Type or Print): a. (First) Mildred; b. (Middle) Isabel; c. (Last) Green

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4th 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 19. 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Malta Bend Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James H. Stuart
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Florence Kelso
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 535-16-0849

17. INFORMANT'S OWN SIGNATURE: Harry Green
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1952, *to* Nov. 4, 1952 *that I last saw the deceased alive on* 11-4, 1952 *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred M. Popma (Degree or title): MD.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8. 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 11-7-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3892
Local Reg. No. 197
Reg. Dist. No. 371

BIRTH NO. NOV 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 53 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 507 No. 5th St

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Keogh

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 25. 1859
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress, Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ottawa Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Timothy Keogh — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Jane Skeffington — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mary Flynn — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation
ANTECEDENT CAUSES — Myocardial Damage Extensive
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio vascular Renal Disease
DUE TO (c) Cardiac Decompensation

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senility

442X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1952 *to* November 5, 1952 *that I last saw the deceased alive on* November 4, 1952 *and that death occurred at* 1:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G H Wahlcmd
23b. ADDRESS: 515 Eastman Bldg Boise, Idaho
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3 93
Local Reg. No. 423
Reg. Dist. No. 370

BIRTH NO.

NOV 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert Evan		Coatney	11	5	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	March 10, 1922	30	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Aberdeen, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grover Coatney — BIRTHPLACE: Lynn County, Kansas
14. MOTHER'S MAIDEN NAME: Enan Cloud — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): U.S. Navy
16. SOCIAL SECURITY NO.: 519-10-1088
17. INFORMANT'S OWN SIGNATURE: Mrs. Albert Kosanke — ADDRESS: Aberdeen Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured dislocated neck — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 31 52 10pm.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck steering gear broke

22. *I hereby certify that I attended the deceased from* 10-31, 1952, *to* 11-5, 1952, *that I last saw the deceased alive on* 11-5, 1952, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W A Koelsch (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-8-52
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3894
Local Reg. No. 187
Reg. Dist. No. 371

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1405 N. Orchard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #6

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) EDWARD c. (Last) BAILEY

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1952

5. SEX: Male

6. COLOR OR RACE: Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1904

9. AGE (In years last birthday): 47-11-24 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Bailey BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Daisy Foarns BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: June Rachl Bailey Rt. 6 Boise, Idaho

18. CAUSE OF DEATH 9768

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Gunshot wound in head.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Shot himself in right temple

DUE TO (c) with calibre No. 765 automatic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. revolver.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/5/52 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: shot himself

22. *I hereby certify that I attended the deceased from* ~~xxxx

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 2295
Local Reg. No. 428
Reg. Dist. No. 370

BIRTH NO. 111-52-13615

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 24 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 904 Fort Street

3. NAME OF DECEASED (Type or Print): a. (First) BABY BOY b. (Middle) c. (Last) BENTON

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Nov. 3, 1952

9. AGE (In years last birthday): XXday; IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): New Born Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Millard Cecil Benton BIRTHPLACE: Pine Glen, Pa.

14. MOTHER'S MAIDEN NAME: Clara Caldwell BIRTHPLACE: Colville, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clara J. Benton ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - approx. 28 wks. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 7:10 PM-11/3, 1952, *to* 11/5, 1952, *that I last saw the deceased alive on* 11/5, 1952, *and that death occurred at* 5:04 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mat S. Bell, MD. **23b. ADDRESS**: Boise, Idaho **23c. DATE SIGNED**: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation **24b. DATE**: 11/15/52 **24c. NAME OF CEMETERY OR CREMATORY**: St. Luke's Hospital **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-17-52 **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: John C. McCarter, M.D. Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

State File No. 3196
Local Reg. No. 417
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp;

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 O'Farrell

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) J c. (Last) Byrne

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 19. 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant. Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Meat & Grocery

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Byrne
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Catherine Dolan
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-28-8681

17. INFORMANT'S OWN SIGNATURE: X Thomas J. Byrne ADDRESS: Burley Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 2 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis. — Indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31, 1952 *to* 11-6, 1952, *that I last saw the deceased alive on* 11-5, 1952 *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11.12.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 8.1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J. L. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 3897
Local Reg. No. 424
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died Suddenly. On Street. 6&Fort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 415 1/2 Thatcher St.

3. NAME OF DECEASED (Type or Print): a. (First) Patrick b. (Middle) William c. (Last) Kelly

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-20-1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Patrick P. Kelly — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Sarah Feeny — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 517-03-0411

17. INFORMANT'S OWN SIGNATURE: Eileen Westby — ADDRESS: 308 Thatcher

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 795.4 Natural causes. Was walking

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) through park and dropped dead.
DUE TO (c) Nothing of a criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from [illegible] to [illegible], that I last saw the deceased alive on [illegible] and that death occurred at 2: p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers M.D.
(Degree or title): Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Idaho
23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10. 1952
24c. NAME OF CEMETERY OR CREMATORY: Wilson Cemetery
24d. LOCATION (City, town, or county) (State): Owyhee Co. Idaho

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

Federal Security Agency
United States Public Health Service
Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 2108
Local Reg. No. 195
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2303. Hartman Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2303. Hartman Street.

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) MAE c. (Last) MILLS.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7. 1952.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June. 28. 1882.

9. AGE (In years last birthday): 70-4-9. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brownsville, Oregon.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franklin. P. Davidson. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown Holman. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Harold Paul Mills ADDRESS: 2135 State St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c): Reduction Nephritis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Nov 7, 1952, *that I last saw the deceased alive on* Nov 5, 1952 *and that death occurred at* 10. 9. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Thurson M.D. 117

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 11. 10. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: November. 10. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 11-18-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2299
Local Reg. No. 418
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bois e
d. STREET ADDRESS (If rural, give location): 2007 No. 9th St

3. NAME OF DECEASED (Type or Print): a. (First) Electa b. (Middle) Thomas c. (Last) Clithero

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 8th 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: April 4. 1857

9. AGE (In years last birthday): 95 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ormo Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Evan S. Thomas — BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Phoebe Showeather. — BIRTHPLACE: Mass:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Eva C. Beardsley — ADDRESS: Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16, 1952, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 12 Noon, *from the causes and on the date stated above.*

23a. SIGNATURE: James J. Floyd m.d. (Degree or title)

23b. ADDRESS: Eastman Bldg Boise Ida

23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 13. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise

F W McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3900
Local Reg. No. 426
Reg. Dist. No. 370

BIRTH NO.

NOV 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1910 North 23rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): ASA
b. (Middle): ERWIN
c. (Last): TILLOTSON

4. DATE OF DEATH (Month) (Day) (Year): Nove. 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1878
9. AGE (In years last birthday): 74-9-26 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired business man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manhattan, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Silas Tillotson — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Mary Ornston — BIRTHPLACE: Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Della D Tillotson — ADDRESS: 1910-N-23 - Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Apoplexy + arteriosclerosis
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? no

22. *I hereby certify that I attended the deceased from* Oct 22, 1952 *to* Nov 9, 1952, *that I last saw the deceased alive on* Nov 8, 1952 *and that death occurred at* 1040 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A Clarke M.D.
23b. ADDRESS: 315 Eastman Bldg Boise Idaho
23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3901
Local Reg. No. 425
Reg. Dist. No. 370

BIRTH NO. [illegible] 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1718 N. 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1718 N. 9th Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) FORDICE

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 18, 1870

9. AGE (In years last birthday): 82-7-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Daytonville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Stanton Fordice — BIRTHPLACE: Bloomington, Ill.

14. MOTHER'S MAIDEN NAME: Julia A. Stover — BIRTHPLACE: Dayton, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edwin Fordice — ADDRESS: Oakland [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 30, 1952, *to* Nov 9, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A Mather (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/14/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 3902
Local Reg. No. 429
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 814 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) HOMER b. (Middle) W. c. (Last) HAMBLIN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28, 1904

9. AGE (In years last birthday): 48-5-11 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer 24

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John D. Hamblin — BIRTHPLACE: South Indiana

14. MOTHER'S MAIDEN NAME: Lizzie M. Tanner — BIRTHPLACE: Orland, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-01-1026

17. INFORMANT'S OWN SIGNATURE: Mildred G. Hamblin — ADDRESS: 814 N 7th - Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 9, 1952, *to* Nov 9, 1952, *that I last saw the deceased alive on* Nov 9, 1952, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L Smith M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: Nov. 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/12/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mines

RECEIVED
NOV 19 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3903
Local Reg. No. 419
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at 265 Warm Springs Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Aldewin b. (Middle) E. c. (Last) Lasalle

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Sept. 24. 1929	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marysville Mont.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ovid LaSalle — BIRTHPLACE: St. Michaels Canada
14. MOTHER'S MAIDEN NAME: Victoria M. Hebert. St. Michaels — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records - [illegible] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 7 3yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not to see alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 11/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 13. 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise.
F N McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 3904
Local Reg. No. 196
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Eagelson Road, R. D. #7

3. NAME OF DECEASED (Type or Print): a. (First) ADDISON b. (Middle) ARCHABALD c. (Last) STEVENS

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 8, 1865

9. AGE (In years last birthday): 87-2-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Stevens
BIRTHPLACE: Nova Scotia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wayne L Stevens ADDRESS: Rt #9 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Was found dead — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) on the floor. Nothing of a
DUE TO (c) criminal nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from [illegible], to [illegible], that I last saw the deceased alive on [illegible], and that death occurred at* 8:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers
(Degree or title): Coroner of Ada County,
23b. ADDRESS: 1205 Bannock St. Boise, Idaho
23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/15/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2345
Local Reg. No. 420
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2007 No 9th St

3. NAME OF DECEASED (Type or Print)
a. (First): Inez
b. (Middle): Chase
c. (Last): Clithero

4. DATE OF DEATH: (Month) (Day) (Year): 11/12/1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Apr. 28th 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: State Tax Division

11. BIRTHPLACE (State or foreign country): Antigo Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Clithero
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Electa Thomas
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Inez C. Beardsley
ADDRESS: Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bleeding hiatal hernia ulcer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Diatus hernia — unknown

DUE TO (c): Renal failure — 24 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-9-52

19b. MAJOR FINDINGS OF OPERATION: Bleeding ulcer lesser Curvature of Stomach

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10-7, 1952, *to* 10-12, 1952, *that I last saw the deceased alive on* 11-12, 1952, *and that death occurred at* 2:37 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L. Floyd (Degree or title): M.D.

23b. ADDRESS: Eastman Bldg. Boise, Idaho

23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 13. 52.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS: J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3026
Local Reg. No. 427
Reg. Dist. No. 370

NOV 22 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp;

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 4:

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): John
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12th. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6. 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor. 75
10b. KIND OF BUSINESS OR INDUSTRY: Triangle Const: Co
11. BIRTHPLACE (State or foreign country): Manitowoc Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Smith — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ann Brown — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Marie Smith — ADDRESS: Rt 4 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic hypertrophy — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* 11-12, 1952, *that I last saw the deceased alive on* 11-12, 1952, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Quemach MD (Degree or title) 239
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18. 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-19-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3907
Local Reg. No. 200
Reg. Dist. No. 371

BIRTH NO. NOV 22 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JESSIE	V.	HOWARD	Nov. 12, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 27, 1875	77-3-15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home 01		Kinderhook, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Homer E Howard	Idaho City Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — (?) 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 24, 1950, *to* Nov. 12, 1952, *that I last saw the deceased alive on* Nov. 11, 1952, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 371	MD.	105 N. 8th St. Boise, Idaho	11/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/14/52	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-18-52	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40001

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3908
Local Reg. No. 434
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 2118. Ellis Avenue.

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS. b. (Middle) E. c. (Last) ASHLEY.

4. DATE OF DEATH (Month) (Day) (Year): November. 12. 52.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: March. 23. 1903.

9. AGE (In years last birthday): 49-7-19. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of Finance

10b. KIND OF BUSINESS OR INDUSTRY: Company.

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Ashley. 74
BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Caladonia Macom.
BIRTHPLACE: Little Rock. Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-1733

17. INFORMANT'S OWN SIGNATURE: Mrs Bernice J. Ashley
ADDRESS: Boise Idaho 211 E Ellis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Foelsch MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: November. 15. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Elgie E. Summers
ADDRESS: Summers Funeral Home. Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2003
Local Reg. No. 433
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARIAN	ARTHER	MOUSER		11	12	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JAN. 10, 1909	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Mt. Home
11. BIRTHPLACE (State or foreign country): Hill City-Elmore County, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie L. Mouser — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Bell Peterson — BIRTHPLACE: So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lady M. Mouser — ADDRESS: Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9, 1952, *to* 11-12, 1952, *that I last saw the deceased alive on* 11-11, 1952, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond L. Miller M. D.	Boise Idaho.	11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/13/52	Mountain View	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

State File No. 210
Local Reg. No. 202
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) ALBERT; c. (Last) BREEZE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 24, 1882

9. AGE (In years last birthday): 70-9-20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Walnut Hill, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Breeze
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Mildred Sanford ADDRESS: Boise, Idaho 210 Easton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 2 years +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ did not attend the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* July *19* 52, *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. C. Newcombe M. D.
23b. ADDRESS: 572 N. 16 St. Boise, Idaho
23c. DATE SIGNED: 11.18.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 111
Local Reg. No. 444
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1021 North 21st Street

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) BURWELL c. (Last) STAUBER

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 7, 1861

9. AGE (In years last birthday): 91-6-10 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Troy, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thadeus J. Stauber-Lewiston, Pa. BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Margaret A. Burwell-Martinsburg, Va. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs A. B. Reese ADDRESS: PO Box 1424

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to Nov, 1952, that I last saw the deceased alive on 16 Nov, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Stewart S Merrill
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/52
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3912
Local Reg. No. 435
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1512 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) WALTER; b. (Middle) JAMES; c. (Last) WALLACE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1877

9. AGE (In years last birthday): 75-4-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho City, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Newton Wallace-Missouri
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Jennie Van Atta
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-8046

17. INFORMANT'S OWN SIGNATURE: W. S. Wallace
ADDRESS: 812 Harrison Ave Salt Lake City Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I didn't attended the deceased from _____, 19__, to _____, 19__, that I never ~~last~~ saw the deceased alive on _____, 19__, and that death occurred at 3:00 a m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Stevenson (Degree or title): M.D.
23b. ADDRESS: 512 N 16 St. Boise Idaho
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 436
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 812 North 25th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): GARFIELD
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 27, 1879
9. AGE (In years last birthday): 72-11-21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Creamery
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morrowville, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Quincy Adams — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Elizabeth Holland-Philadelphia, Pa. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 442-10-2082A
17. INFORMANT'S OWN SIGNATURE: Ralph C. Adams — ADDRESS: 1003 C. State Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 17, 1952, *to* Nov 18, 1952 *that I last saw the deceased alive on* Nov. 18, 1952, *and that death occurred at* 10 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Munson M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/22/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 445
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRAND VIEW
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PHILLIP
b. (Middle): TERRY
c. (Last): URQUIDI

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 19, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: FEBRUARY 22nd 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOISE, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANTONIO J. URQUIDI — BIRTHPLACE: MT. HOME, IDAHO
14. MOTHER'S MAIDEN NAME: ADALINE HOPKINS — BIRTHPLACE: GRAND VIEW, IDAHO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Antonio J. Urquidi — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

571.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute gastro enteritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/19, 1952, *to* 11/19/52, *that I last saw the deceased alive on* 11/19/52, *and that death occurred at* 9:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Ellich M.D.
23b. ADDRESS: 218 N 1st Boise Ida
23c. DATE SIGNED: 11/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 11-22-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mt Home Ida

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mt Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 437
Reg. Dist. No. 370

BIRTH NO. 111-52-13747

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 612 Hillview Drive

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) JOSEPH c. (Last) HON

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 16, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4 ; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William A. Hon
BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Edith Romaine Galey
BIRTHPLACE: Orlando, Florida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: William A. Hon
ADDRESS: 612 Hillview Dr. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 776X Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 16, 1952, *to* Nov 20, 1952, *that I last saw the deceased alive on* Nov 20, 1952, *and that death occurred at* 11:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. McKeen M.D
23b. ADDRESS: 201 E Bannock
23c. DATE SIGNED: 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Anderson
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3916
Local Reg. No. 204
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1101 North 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIETT
b. (Middle): D.
c. (Last): CHASE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1877
9. AGE (In years last birthday): 75-5-4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shakopee, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mathew N. Dean — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary Tuckey — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harry A. Chase — ADDRESS: 1101 No 18 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis	4 weeks.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary heart disease	6 weeks.
DUE TO (c)	Hypertension	3 years.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fractured right hip.	6 weeks

4 20 1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1949, *to* 11-21, 1952, *that I last saw the deceased alive on* 11-20, 1952, *and that death occurred at* 1:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C. Ward M.D.
23b. ADDRESS: Boise. Idaho
23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/24/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 446
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 Main Street

3 NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) ADDISON c. (Last) HOLLADAY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 11, 1872
9. AGE (In years last birthday): 80-8-11 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stage Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Columbia, Kentucky
12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Rowan Holladay-Columbia, Ky. BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Frances Ellen Mialer-Columbia, Ky. BIRTHPLACE

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bobby Georgia Sitz ADDRESS: Drewsey Ore.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 21, 1952 *to* Nov 22 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Bradford (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Nov 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/23/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 3918
Local Reg. No. 207
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1717. Story Street.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID.
b. (Middle): C.
c. (Last): NEIFERT.

4. DATE OF DEATH (Month) (Day) (Year): November. 24.1952.

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sept. 15. 1870.
9. AGE (In years last birthday): 82-2-9. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Principal.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel. B. Neifert. BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. Spanish American.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H. J. Neifert. ADDRESS: Rt #2 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1951, *to* Nov. 24, 1952, *that I last saw the deceased alive on* Nov 24, 1952, *and that death occurred at* 1:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson M.D.
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 11-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Nov. 26. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3919
Local Reg. No. 447
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 2 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2113. Leadville Street.

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): DELORAS
c. (Last): COBBLEY.

4. DATE OF DEATH (Month) (Day) (Year): November. 24.52.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: April. 21.1919.
9. AGE (In years last birthday): 33-7-3. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver. 15
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Granger, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Ire Cobbley, Pleasant Grobe Utah.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Rhoada Tolley, Nephi, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War # 2.
16. SOCIAL SECURITY NO.: 528-12-5359.
17. INFORMANT'S OWN SIGNATURE: Mrs Ira Cobbley. ADDRESS: Salt Lake C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head injury
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Concussion & Hemorrhage.
DUE TO (c): None.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Numerous petichea. Small cerebral hemorrhages.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-Way 20-Near
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho Ada.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 22 52 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car overturned in a ditch.

22. *I hereby certify that I attended the deceased from* 11-22, 1952 *to* 11-24, 1952, *that I last saw the deceased alive on* 11-24, 1952, *and that death occurred at* 8.45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson, M.D. 398
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 130
24b. DATE: November. 27. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove, Utah.
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E. Summers
Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 439
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1404 N. 24th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1404 N. 24th.

3. NAME OF DECEASED (Type or Print): a. (First) EDGAR; b. (Middle) FRANK; c. (Last) GREEN

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 26, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Mechanical Tools

11. BIRTHPLACE (State or foreign country): Industry, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jabez Lambert Green
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Rosa Green
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. E. F. Green
ADDRESS: 1404 N. 24th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 3 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953, *to* Nov 24 1952, *that I last saw the deceased alive on* Nov 25, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. N. Braxton MD

23b. ADDRESS: Eastman Building Boise, Ida

23c. DATE SIGNED: 11/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

3.42 C1

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 438
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2330 State St.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Gaylord

4. DATE OF DEATH (Month) (Day) (Year) November 26, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 20, 1862
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Sandoval, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Allen Junkins BIRTHPLACE Sandoval, Ill.
14. MOTHER'S MAIDEN NAME Isabelle Jane Douglas BIRTHPLACE South Salem, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Theodore T. Hardy ADDRESS 2005 Grace St Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4501C

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 21 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bulbar Paralysis — 6 wk
DUE TO (c) Arterio-sclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Sigmoid Colon — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 11-26, 1952, *that I last saw the deceased alive on* 11-26, 1952, *and that death occurred at* 1P *m., from the causes and on the date stated above.*

23a. SIGNATURE O. F. Swindell M. D. (Degree or title)
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY Portland, Oregon
24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. 12-2-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3922
Local Reg. No. 437
Reg. Dist. No. 270

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 55 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 Pueblo St.

3. NAME OF DECEASED (Type or Print): a. (First) Jerry; b. (Middle); c. (Last) Hannifin

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 26th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 26th 1858

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman of Boise Water Co. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boston Mass.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hannifin 27
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: John D Hannifin
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General Weakness

DUE TO (c) Senility & Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-6-, 1951, *to* 11-26, 1952, *that I last saw the deceased alive on* 11-26, 1952, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Erickson M.D. 398

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 29th 52

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-2-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise
S S McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3923
Local Reg. No. 441
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At 2008. No. 17th. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): William
c. (Last): McMurren

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29th 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 1st. 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier 3
10b. KIND OF BUSINESS OR INDUSTRY: Air Mail
11. BIRTHPLACE (State or foreign country): Van Wyck. Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John W. McMurren. BIRTHPLACE: Hillsboro Oregon
14. MOTHER'S MAIDEN NAME: Minnie Landruth. BIRTHPLACE: U.SA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543-10-0154
17. INFORMANT'S OWN SIGNATURE: Margaret McMurren — ADDRESS: Idaho City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary sclerosis — 9 mos. known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Duodenal ulcer c̄ obstruction — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8, 1951, *to* 11-29, 1952, *that I last saw the deceased alive on* 11-25, 1952, *and that death occurred at* about 5-2 m. 11-29-52, *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title) M.D.
23b. ADDRESS: 1320 Vista, Boise, Idaho
23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2nd 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-2-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J. J. McCause

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Brayton

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 440
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 708 Beacon Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 710 Beacon Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Cora
b. (Middle) Baldridge
c. (Last) McCormack

4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 25, 1866
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Abstractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Wilson Baldridge — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Martha Johnston — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bethia M. Baldridge — ADDRESS Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardatis — 2 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertention

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Nov 29, 1952, *that I last saw the deceased alive on* Jan, 1953, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE T. N. Brayton (Degree or title)
23b. ADDRESS Boise Idaho
23c. DATE SIGNED Dec. 1, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 12-2-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden — ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden Chapel

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 208
Reg. Dist. No. 371

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 703. North Orchard Avenue.

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) ELI c. (Last) MARSH.

4. DATE OF DEATH: (Month) November. (Day) 29. (Year) 52.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: September. 27. 1877.

9. AGE (In years last birthday): 75-2-7. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Building Contractor.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albion, Michigan.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Marsh. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Mary Dickey. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Maude Marsh. ADDRESS: Boise Idaho 703 N. Orchard ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute general Arthritis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 11/29, 1952, that I last saw the deceased alive on 11/29, 1952, and that death occurred at 3.35 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): S W Torney M D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: December. 1. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-4-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 442
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2510 N. 24th St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2510 N. 24th St.

3 NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) Mae c. (Last) Overlie

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 1, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Blooming Prairie, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joshua Eugene Ingalls
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Georgia Florence Sanderson
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Ole Eugene Overlie
ADDRESS: Box 385 Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — few years.
DUE TO (c) Generalized Arteriosclerosis — few years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart Block - Congestive Heart failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-2, 1949, *to* 11-30, 1952, *that I last saw the deceased alive on* 11-25, 1952, *and that death occurred at* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Crosby M.D.

23b. ADDRESS: 1320 Vista Ave. Boise

23c. DATE SIGNED: 12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-3-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Aeder
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2007
Local Reg. No. 181
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 210 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Box 202

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) H.; c. (Last) Ashbaugh

4. DATE OF DEATH (Month) (Day) (Year): November 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-3-92
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alliance, Nebr.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Ashbaugh — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Christina Gruber — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 519103987
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Constrictive Pericarditis
DUE TO (c) Bronchogenic Carcinoma with left Pneumonectomy — approx. 6 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1952, *to* Nov. 1, 1952, *that I last saw the deceased alive on* Nov. 1, 1952, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): R moval
24b. DATE: 11/4/1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REG'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 189
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 75 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1028 Royal Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Lucy; b. (Middle) Alice; c. (Last) Hill

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 12/16/1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Alameda, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leslie Folman
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Cuilla Brassfield
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ray G Hill
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocardial failure — unk
DUE TO (c) Cardio Vascular nephritis hypertensive syndrome — Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 12, 1952 *to* Nov 1, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD — **23b. ADDRESS**: Meridian — **23c. DATE SIGNED**: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11/8/52 — **24c. NAME OF CEMETERY OR CREMATORY**: Meridian — **24d. LOCATION** (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 11-12-51
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A Relyea — **ADDRESS**: RELYEA MORTUARY-Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3929
Local Reg. No. 182
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2, ½ Mile N. Cloverdale School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ALBERT c. (Last) BURCH

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 6, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Woodson, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Burch
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Elizabeth
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Susan A Burch
ADDRESS: Rt. 2 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1946 to Oct 26 1952 that I last saw the deceased alive on 5-27, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J. Wallingsworth MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-4-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 185
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Box 832

3. NAME OF DECEASED (Type or Print)
a. (First) Petrus
b. (Middle) H.
c. (Last) Seagren

4. DATE OF DEATH (Month) (Day) (Year) November 3, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 1-30-87
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 9 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill wright
10b. KIND OF BUSINESS OR INDUSTRY Sawmill
11. BIRTHPLACE (State or foreign country) Ullanger, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eric Sjogren — BIRTHPLACE Ullanger, Sweden
14. MOTHER'S MAIDEN NAME Margaret Sumbomb — BIRTHPLACE Ullanger, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWW I
16. SOCIAL SECURITY NO. 518093621
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Heart with Hemopericardium — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary Thrombosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 7, 1952, *to* Nov. 3, 1952, *that I last saw the deceased alive on* Nov. 3, 1952, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-6-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Emmett (State) Idaho

DATE REC'D BY LOCAL REG. 11-6-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber - McCann - Gibson — ADDRESS Boise, Ida.
R. A. Ryman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 193
Reg. Dist. No. 271

BIRTH NO. NOV 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 401 Broad Street

3. NAME OF DECEASED (Type or Print): a. (First) Hjalmar b. (Middle) J. c. (Last) MOILANEN

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: November 23, 1888

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR — Months: 11 Days: 15
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Calumet, Michigan

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jacob Moilanen
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Kate Koski
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 515-15-545

17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Edema**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Uremia**

DUE TO (c) **Chronic glomerulonephritis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: **Terminal**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 3, 1952, *to* Nov. 8, 1952, *that I last saw the deceased alive on* Nov. 8, 1952, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] JOSEPH BEEMAN, M. D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-14-52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson [signature]
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6032
Local Reg. No. 191
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Chester; b. (Middle) A.; c. (Last) GRAVATT

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 25, 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months: 0; Days: 14
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Berry Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Creston, Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Gravatt
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah Spice
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wm. A. Peters
ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

321X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH: 6 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 12, 1952, *to* Nov. 9, 1952, *that I last saw the deceased alive on* Nov. 9, 1952, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman
JOSEPH BEEMAN, M. D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
S S McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

NOV 22 1952

State File No. ....
Local Reg. No. 198
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Rudolph; b. (Middle); c. (Last) LUXA

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: January 10, 1900

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months: 9 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Howells, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Louie Luxa — BIRTHPLACE: Chicago, Ill.

14. MOTHER'S MAIDEN NAME: Barbara DeVota — BIRTHPLACE: Cleveland, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16 SOCIAL SECURITY NO.: 506-10-9095

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute peritonitis with intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: Approx. 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subdiaphragmatic abscess, left
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 2, 1952, *to* Nov. 9, 1952, *that I last saw the deceased alive on* Nov. 9, 1952, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] JOSEPH BEEMAN, M. D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/11/1952
24c. NAME OF CEMETERY OR CREMATORY: Schuyler
24d. LOCATION (City, town, or county) (State): Schuyler Neb.

DATE REC'D BY LOCAL REG.: 11-21-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

[signature]

Federal Security Agency
United States Public Health Service
Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 4934
Local Reg. No. 199
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada County Hospital

3. NAME OF DECEASED (Type or Print): a. (First) DELLA b. (Middle) c. (Last) PRINGLE

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug. 20, 1870

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 82-2-19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Trenton, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Van Winkle — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Nancy Ellis — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Clyde E Dunmire Boise Idaho 1205 Bannock St

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardio vascular renal hypertensive Disease — unk

491X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-12, 1951, *to* 11-9, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Crusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/13/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

FUNERAL DIRECTOR: Clyde E Dunmire — SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2225
Local Reg. No. 192
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Howard; b. (Middle); c. (Last) Manser

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-23-1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months: 9; Days: 18
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Appleton, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Manser
BIRTHPLACE: German

14. MOTHER'S MAIDEN NAME: Emma Johnson
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518248576

17. INFORMANT'S OWN SIGNATURE: Wm. L. Lewis
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Massive left cerebral infarction~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mural Thrombosis, left ventricle

DUE TO (c) Coronary Occlusion with myocardial infarction.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 8, *19*52, *to* Nov. 11, *19*52, *that I last saw the deceased alive on* Nov. 11, *19*52, *and that death occurred at* 11:45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman
JOSEPH BEEMAN, M. D. PATHOLOGIST

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-14-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3936
Local Reg. No. 201
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1706½ N. 11th Street

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) PEARL c. (Last) STAPLES

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 31, 1878

9. AGE (In years last birthday) 74-3-12 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Richland County, Wisconsin USA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown Jackson BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Harold L. White ADDRESS 940 VINE ST. RENO NEV.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Renal Disease — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1952 *to* NOV 13, 1952, *that I last saw the deceased alive on* 11-13, 1952, *and that death occurred at* 2:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carl D Lusty MD

23b. ADDRESS Meridian Ida

23c. DATE SIGNED 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/17/52

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 11-26-52

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Clyde E Summers ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 194
Reg. Dist. No. 371

BIRTH NO. NOV 22 [illegible]

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt.# 2
c. LENGTH OF STAY (in this place): 10yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian,
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Ella
c. (Last): Balding

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 27, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perry, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. D. Peddicord — BIRTHPLACE: Marseilles, Ill.
14. MOTHER'S MAIDEN NAME: Agnes L. Coffey — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm Balding — ADDRESS: Meridian, Rt.# 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage or coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked hypertension — years
DUE TO (c) Renal Calculus - nephritis — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* Nov 14, 1952, *that I last saw the deceased alive on* Oct, 1952, *and that death occurred at* 11:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: Nov 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 203
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 420 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) D. c. (Last) Pacha

4. DATE OF DEATH (Month) (Day) (Year): November 18, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 22, 1895

9. AGE (In years last birthday): 57 years | IF UNDER 1 YEAR Months/Days: 26 days | IF UNDER 24 HRS. Hours/Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): book-keeper

10b. KIND OF BUSINESS OR INDUSTRY: County Auditor

11. BIRTHPLACE (State or foreign country): Brainerd, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Pacha — BIRTHPLACE: Michigan unknown

14. MOTHER'S MAIDEN NAME: Annie J. Caron — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. E. D. Pacha — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs. plus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-17, 1952, *to* 11-18, 1952, *that I last saw the deceased alive on* 11-18, 1952, *and that death occurred at* 9:10 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester J. Stevenson M.D. Chief Medical Service

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 11-18-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-26-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 205
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rt. # 1
c. LENGTH OF STAY (in this place): 11yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian,
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Ellis b. (Middle) Daniel c. (Last) Groff
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1881
9. AGE (In years last birthday): 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Of
11. BIRTHPLACE (State or foreign country): Unknown Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Howard Groff BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A Ray Groff ADDRESS: Meridian Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 2 0 . 0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Artery Disease. — 3-4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1952, *to* Nov. 21, 1952, *that I last saw the deceased alive on* 11/11, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/23/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho.

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.W. Robison ADDRESS: Meridian Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 206
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Georgia
b. (Middle): California
c. (Last): Seitz

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.6th.1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocahontas, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo.Seagraves — BIRTHPLACE: ----Arkansas
14. MOTHER'S MAIDEN NAME: Callie Worthon — BIRTHPLACE: ------ Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ben Seitz — ADDRESS: Eagle, Ida. Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6-7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Nov 24, 1952, *that I last saw the deceased alive on* 11/24, 1952, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max L. Bell, MD.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robison — ADDRESS: Meridian, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2241
Local Reg. No. 13
Reg. Dist. No. 302

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mesa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamesa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LISBE b. (Middle) c. (Last) MOLINA

4. DATE OF DEATH (Month) (Day) (Year): 10/20/52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Nov. 18 1911	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Fruit Picker	Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Juan F. Molina	Mexico	?? Sedio	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		José Molina (brother)	Via Telephone

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4204 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19____, *to* ____, 19____, *that I last saw the deceased alive on* Oct 20, 1952, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Council, Idaho	10/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/24/52		Lemesa Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/23/52		A. L. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]12
Local Reg. No. 14
Reg. Dist. No. 202

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location): Rural Near New Meadows

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) c. (Last) JOHNSON

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 20 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Norfolk England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dont Know
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Do n't Know
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Non e

17. INFORMANT'S OWN SIGNATURE: Wm H. Johnson C
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Prescott M.D.

23b. ADDRESS: Council Idaho

23c. DATE SIGNED: 11/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/2/52

24c. NAME OF CEMETERY OR CREMATORY: New Meadows Cemetery

24d. LOCATION (City, town, or county) (State): New Meadows Idaho

DATE REC'D BY LOCAL REG.: 11/1/52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 3943
Local Reg. No. 15
Reg. Dist. No. 300

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 74 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) LEWIS; b. (Middle) E.; c. (Last) WINKLER

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 10 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Blacksmith

11. BIRTHPLACE (State or foreign country): Sandyville W. Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George A. Winkler
BIRTHPLACE: W. Virginia

14. MOTHER'S MAIDEN NAME: Letaecia Summerville
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George Winkler
ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - generalized
INTERVAL BETWEEN ONSET AND DEATH: years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 9, *19* 52, *to* Nov. 15, *1952, that I last saw the deceased alive on* Nov. 15, *19* 52, *and that death occurred at* 6:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Drauch M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Council, Idaho.

DATE REC'D BY LOCAL REG.: 11/17/52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 8 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) OTILIA b. (Middle) CECELIA c. (Last) PEARSON

4. DATE OF DEATH: November 24 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Flen Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: G. Geschwind
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Midvale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Virus Pneumonia
1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 2, 1952, *to* Nov 24, 1952, *that I last saw the deceased alive on* Nov 24, 1952, *and that death occurred at* 12:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal
24b. DATE: 11/24/52
24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 11/24/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3945
Local Reg. No. 17
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural near Meadhaven
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1020 Everet ST.

3. NAME OF DECEASED (Type or Print) a. (First) Jens b. (Middle) Christian c. (Last) Jensen

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 52

5. SEX M/e
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 11, 1883
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 9-2
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orum, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nels Peter Jensen, BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Inga Marie Not Known BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 530-32-5353
17. INFORMANT'S OWN SIGNATURE Emma Long ADDRESS Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably a Coronary — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Over exertion While Hunting
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Forest Trail
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE A. J. Fit (Degree or title) Coroner
23b. ADDRESS New Meadows Idaho
23c. DATE SIGNED 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 3-1952
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Dec 4, 1952
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Peckham-Dakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 236
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Stratford Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGIA
b. (Middle): HELENA
c. (Last): ALTHOF

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: August 28, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Oakland California
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Carpenter — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Fannie Langdon — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Wm Aldolph — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inoperable carcinoma of stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/17, 1952, *to* Nov. 3, 1952, *that I last saw the deceased alive on* Nov. 3, 1952, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 5, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 10 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Crandall

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 237
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY RESIDENCE 161 TAFT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 161 TAFT

3. NAME OF DECEASED (Type or Print): a. (First) DORUS b. (Middle) HARVEY c. (Last) TYLER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 6, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 2, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER & Farmer 57

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD & Self

11. BIRTHPLACE (State or foreign country): ROCKLAND, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH ANSON TYLER — BIRTHPLACE: FARMINGTON, UTAH

14. MOTHER'S MAIDEN NAME: DELIAH SOPHRONE WARNER — BIRTHPLACE: FILMORE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 712-09-5680

17. INFORMANT'S OWN SIGNATURE: Mrs Lenora Tyler — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 4 Nov, 1952, *that I last saw the deceased alive on* 4 Nov, 1952, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R Crandall (Degree or title): MD

23b. ADDRESS: 804 E Center Pocatello Ida

23c. DATE SIGNED: 8 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOVEMBER

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW

24d. LOCATION (City, town, or county) (State): POCATELLO BANNOCK IDAHO

DATE REC'D BY LOCAL REG.: NOV 14 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: HALL-GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 238
Reg. Dist. No. 510

RECEIVED Certificate of Death

NOV 19 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 730 N. Garfield

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): ELKIN CHANDLER

4. DATE OF DEATH (Month) (Day) (Year): Nov., 10, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 25, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of Peace
10b. KIND OF BUSINESS OR INDUSTRY: Bannock Co.
11. BIRTHPLACE (State or foreign country): Tuscola Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Chandler — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Jane Elkin — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: W. W. Brothers — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cirrhosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Nov., 1952, *that I last saw the deceased alive on* Nov. 10, 1952, *and that death occurred at* 1:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Coll 554 MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11/12/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-52
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: November 16, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 367
Reg. Dist. No. 511

BIRTH NO. DEC 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom

d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) EMIL; b. (Middle) CLEOPHAS; c. (Last) DUBACH

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28, 1879

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): St. Joseph Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Samuel Alcide Dubach — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Rosalee Swartz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Josephine Dubach — ADDRESS: Inkom, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Calcific aortic Stenosis — 8 months

DUE TO (c) Rheumatic Valvulitis — ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic nephritis — 6 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 52, *to* Nov. 14, 19 52, *that I last saw the deceased alive on* Nov. 14, 19 52, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: Nov. 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Nov. 17, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin

25. FUNERAL DIRECTOR: [illegible] — **ADDRESS**: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 350
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
c. LENGTH OF STAY (in this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARION HOTEL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): MARION HOTEL

3. NAME OF DECEASED (Type or Print): a. (First) LULA JANE b. (Middle) TERRY c. (Last) JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 24, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 26, 1879
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months: 5 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOTEL OWNER 74
10b. KIND OF BUSINESS OR INDUSTRY: HOTEL
11. BIRTHPLACE (State or foreign country): LEWISTON, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM A. TERRY BIRTHPLACE: NAUVOO, ILLINOIS
14. MOTHER'S MAIDEN NAME: SUZAN ZIMMERMAN BIRTHPLACE: PENNSYLVANIA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ** (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: **
17. INFORMANT'S OWN SIGNATURE: Leo A Terry ADDRESS: POCATELLO,

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416X Chronic Rheumatic Heart disease & Valvular

INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hyp Tension

yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10, 1951, *to* 2-28, 1952, *that I last saw the deceased alive on* 2-28, 1952, *and that death occurred at* 1 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Daniel C. Miller (Degree or title): MD.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: November 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: LOGAN CEMETERY
24d. LOCATION (City, town, or county) (State): LOGAN, CACHE CO. UTAH

DATE REC'D BY LOCAL REG.: DEC 8 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: HALL GRANT MORTUARY
ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 340
Reg. Dist. No. 510

111-52-13853
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 257 S. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) CALVIN b. (Middle) WAYNE c. (Last) ROBINSON

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 10, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert L. Robinson — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Doris F. Turner — BIRTHPLACE: Arbon Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Robert L. Robinson — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

768.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized peritonitis. — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture, transverse colon — 48 hrs
DUE TO (c): meconium ileus. — 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 14 Nov '52

19b. MAJOR FINDINGS OF OPERATION: Rupture, transverse colon & peritonitis.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 13 Nov, 1952, *to* 15 Nov, 1952, *that I last saw the deceased alive on* 15 Nov, 1952, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M.R. Keating — (Degree or title): MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 17 Nov '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-18-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. NOV 24 1952

REGISTRAR'S SIGNATURE: Eva M. Wallen

25. FUNERAL DIRECTOR: Byron B. Daward — ADDRESS: Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 344
Reg Dist. No. 5-11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): ONE hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DR. E.V. SIMISON OFFICE

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DOWNEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) L. c. (Last) BYINGTON

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 15, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 28, 1891

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE HELPER

10b. KIND OF BUSINESS OR INDUSTRY: U.P. R.R.

11. BIRTHPLACE (State or foreign country): DOWNEY, IDAHO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEPHEN E. BYINGTON — BIRTHPLACE: NORWAY

14. MOTHER'S MAIDEN NAME: JANE LARSEN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR ONE

16. SOCIAL SECURITY NO.: 712-07-4739

17. INFORMANT'S OWN SIGNATURE: X Mrs. Edith Byington — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage (stroke)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 11/15, 1952, *and that death occurred at* 11:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David J. Nelson (Degree or title): M.D.

23b. ADDRESS: 341 W. Clark Pocatello Idaho

23c. DATE SIGNED: 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: DOWNEY

24d. LOCATION (City, town, or county) (State): DOWNEY IDAHO

DATE REC'D BY LOCAL REG.: NOV 29 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: CHAS. GRANT

ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 345
Reg. Dist. No. 511

BIRTH NO. .....

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 16 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INKOM
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) VIOLET b. (Middle) BELLE c. (Last) MCDONALD MERRELL

4. DATE OF DEATH (Month) (Day) (Year): 11-16-52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 5, 1881

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WEST UNION, MINNESOTA

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: THOMAS SCHOFIELD MC DONALD
BIRTHPLACE: ZANESVILLE, OHIO

14. MOTHER'S MAIDEN NAME: SUSAN GOOD , DOVERTON, OHIO
BIRTHPLACE

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: X Elva Hinote
ADDRESS: Inkom

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal uremia — 10 days.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1952, to 11-16, 1952, that I last saw the deceased alive on 11-16, 1952, and that death occurred at 10 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): David C. Mills, M.D.
23b. ADDRESS: Pocatello, Ida.
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Nov. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: INKOM
24d. LOCATION (City, town, or county) (State): INKOM IDAHO

DATE REC'D BY LOCAL REG.: NOV 29 1952
REGISTRAR'S SIGNATURE: Eva M. Wallen
25. FUNERAL DIRECTOR: Conway & Grant
ADDRESS: HALL GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 239
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 221 Howard Ave.,

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) EUGENE c. (Last) HAMMOND

4. DATE OF DEATH: (Month) (Day) (Year): NOV., 16, 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 11, 1925

9. AGE (In years last birthday): 27
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 70

10b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

11. BIRTHPLACE (State or foreign country): Cadiz Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eugene Hammond — BIRTHPLACE: Cadiz Ky.

14. MOTHER'S MAIDEN NAME: Amarette Cash — BIRTHPLACE: Princeton Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II + Korean

16. SOCIAL SECURITY NO:

17. INFORMANT'S OWN SIGNATURE: Bernetta M. Hammond — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

080.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10 Nov, 19 52, *to* 16 Nov, 19 52, *that I last saw the deceased alive on* 16 Nov, 19 52, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Marshall — (Degree or title): M.D. — **23b. ADDRESS**: 804 E. Center — **23c. DATE SIGNED**: 17 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-20-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 21 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Byron B. Dawnard Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 341
Reg. Dist. No. 510

RECEIVED
111-52-13867 NOV 25 1952
BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 729 West Center Street

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): DON
c. (Last): LARSON

4. DATE OF DEATH: November 16 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: November 12, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months: 0 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Coey Laver Larson
BIRTHPLACE: Downey, Idaho

14. MOTHER'S MAIDEN NAME: Ushino Hatori
BIRTHPLACE: Tokyo, Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: C. L. Larson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis and Apnea — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 12, *19* 52, *to* Nov. 16, *19* 52, *that I last saw the deceased alive on* Nov. 16 *19* 52, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Geary (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey Idaho

DATE REC'D BY LOCAL REG.: NOV 24 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1958
Local Reg. No. 342
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 90 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 331 S. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) PETER CLEMENT O'MALLEY

4. DATE OF DEATH (Month) (Day) (Year) Nov., 18, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb., 12, 1871
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attorney 22
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Allmakee Co. Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John O'Malley — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Bridget — BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 518-20-4914
17. INFORMANT'S OWN SIGNATURE Blanche H. Lloyd — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 1 yr.
Auricular Fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1951, *to* 11-18, 1952, *that I last saw the deceased alive on* 11-17, 1952, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE David C. Malley M.D. 276 (Degree or title)
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED 11-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-20-52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. NOV 24 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello Id.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 351
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 640 West Maple Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE MARY
b. (Middle): KELLY
c. (Last): KINNERSLEY

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 3, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ogden Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John A. Kelly — BIRTHPLACE: Dublin, Ireland
14. MOTHER'S MAIDEN NAME: Sarah Severn — BIRTHPLACE: Nottinghamshire England
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Glay E. Kinnersley — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — 331X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): arterio-sclerosis, generalized,

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1952, *to* Nov. 20, 1952, *that I last saw the deceased alive on* Nov. 20, 1952, *and that death occurred at* 11:48 p. *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McMahon (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 22, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 346
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1500 BLK ON GRANT AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INKOM
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) LEONARD c. (Last) CURZON

4. DATE OF DEATH (Month) (Day) (Year): NOV. 20, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 10, 1921

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DEISEL CAT OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): TYHEE, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT HENRY CURZON
BIRTHPLACE: LIVERPOOL, ENGLAND

14. MOTHER'S MAIDEN NAME: RUTH JOSEPHINE MARTIN
BIRTHPLACE: AMERICAN FORK, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): NAVY

16. SOCIAL SECURITY NO.: 519-10-9605

17. INFORMANT'S OWN SIGNATURE: x Mrs Ruth Curzon
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) internal hemorrhage

DUE TO (c) Crushed between Cement Wall and tractor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CONSTRUCTION PROJECT

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idah

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 19 1952 3:00PM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 3:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W Hall. (Degree or title): Coroner

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Nov 22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 25, 1952

24c. NAME OF CEMETERY OR CREMATORY: INKOM CEMETERY

24d. LOCATION (City, town, or county) (State): INKOM IDAHO

DATE REC'D BY LOCAL REG.: NOV 29 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant HALL GRANT MORTUARY

ADDRESS: POCATELLO, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 5 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 352
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 655 N. Garfield

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDWIN c. (Last) CHAFFEE

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1952

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 18, 1875

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY Chaffee Bottling Co.

11. BIRTHPLACE (State or foreign country) Fontanelle Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Lewis Alonzo Chaffee
BIRTHPLACE N. Y.

14. MOTHER'S MAIDEN NAME Angelia Bates
BIRTHPLACE N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Mrs. George E. Chaffee
ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 539.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) stricture of esophagus — 2½ years
DUE TO (c) Benign peptic ulcer. — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of Kidney (small incidental at post) — ?

19a. DATE OF OPERATION 8-28-50

19b. MAJOR FINDINGS OF OPERATION stricture of esophagus,

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4-52 *to* 11-21-52, *that I last saw the deceased alive on* 11-21-52, *and that death occurred at* 11 00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Melvin M. Graves, M.D.

23b. ADDRESS 111 N. Main Pocatello, Idaho

23c. DATE SIGNED 11-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-25-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. DEC 3 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Dunnard
ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3960
Local Reg. No. 359
Reg. Dist. No. 510

RECEIVED
DEC 15 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 334 Randolph Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 334 Randolph Street

3. NAME OF DECEASED (Type or Print): a. (First) CHAUNCEY b. (Middle) c. (Last) CHRISTIANSEN

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Georgetown, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hans Peter Christiansen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Rosetta Black
BIRTHPLACE: Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-07-4540

17. INFORMANT'S OWN SIGNATURE: Ida Christiansen
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 22 1952, *to* November 22 1952, *that I last saw the deceased alive on* Nov. 22, 1952, *and that death occurred at* 12:00 Midnight, *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Merrell, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 25, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Idaho

DATE REC'D BY LOCAL REG.: Dec. 12, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 348
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1613 N. Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1613 N. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) E. c. (Last) PERCIVAL

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1952

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 10, 1888
9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Horton England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Murray BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Jane Ward BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Charles Percival ADDRESS Pocatello Id.

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephral. nephrosclerosis — 6 year
DUE TO (c) Hyper tension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19__, to 11/23, 1952, that I last saw the deceased alive on 11/23, 1952, and that death occurred at 1:23 P m., from the causes and on the date stated above.

23a. SIGNATURE A. Call 496 (Degree or title) M.D.
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-26-'52
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. NOV 29 1952
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Dawsard ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 353
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO, BY STARLIGHT THEATER
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELUTERIO
b. (Middle): DEHERERA
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): NOV. 23, 1952

5. SEX: MALE
6. COLOR OR RACE: MEXICAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER of
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): COLORADO
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Nicky Manzanares — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured skull

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto Accident

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91 - No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1 mile north of Chubbick Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 23, 1952 11:30 p m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 11:30 p m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur M. Hall (Degree or title): Coroner
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: DEC 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant HALL GRANT MORTURRY — ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3963
Local Reg. No. 357
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 24yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 165 Roosevelt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 165 Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Milo c. (Last) Hunt

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 3 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Des Moines Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: D.F. HUNT
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Emily Nosler
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE: Lamed E. Hunt
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Disease — Interval between onset and death: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Large Right Inguinal Hernia — Interval between onset and death: 3 years

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* several months, 19__, *to* Nov 27, 1952, *that I last saw the deceased alive on* Nov 27, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: 327 F.M. Kay (Degree or title) M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 1-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. DEC 5 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Idaho
By John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 354
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 309 Stanbury

3. NAME OF DECEASED (Type or Print) a. (First) TAMMI b. (Middle) LYNNE c. (Last) STAUFFER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1952

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Aug. 4, 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Royce J. Stauffer BIRTHPLACE Providence Utah

14. MOTHER'S MAIDEN NAME Wilma Jean Brauer BIRTHPLACE Pocatello Id.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Royce J. Stauffer ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertrophic pyloric Stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Malnutrition, Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26, 1952, *to* 11-29, 1952, *that I last saw the deceased alive on* 11-29, 1952, *and that death occurred at* 2:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Hotteler (Degree or title) M.D.

23b. ADDRESS 109 Kasiska Bldg.

23c. DATE SIGNED 11-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-2-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. DEC 3 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Dowdell ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 635
Reg. Dist. No. 511

BIRTH NO.

NOV 13 1952

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route One North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): Route One North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KRISTIAN		KNUDSEN	November 2 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 1, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self	Fyn, Denmark	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No data		No data	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	none	Peter Knudsen	Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	coronary thrombosis 420.1	18 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	chronic myocarditis	8 yrs.
DUE TO (c)	Senility	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No	none	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January, *19* 45 *to* Nov. 2, *19* 52, *that I last saw the deceased alive on* Aug, *19* 52, *and that death occurred at* 2:15AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D C Ray MD	Pocatello, Idaho	Nov. 5, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 5, 1952	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 10 1952	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 349
Local Reg. No. 510
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MINK CREEK RD. So. OF POCATELLO,
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION: --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): 269 RIVERSIDE DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) TWAYNE b. (Middle) AUSTIN c. (Last)

4. DATE OF DEATH: (Month) November (Day) 13, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 7, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months 7, Days 06
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISTRIBUTOR

10b. KIND OF BUSINESS OR INDUSTRY: CONTINENTAL OIL Co.

11. BIRTHPLACE (State or foreign country): SHARON, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARTA CHASE AUSTIN
BIRTHPLACE: LIBERTY, IDAHO

14. MOTHER'S MAIDEN NAME: SARAH JANE MORGAN
BIRTHPLACE: LIBERTY, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 518-12-6699

17. INFORMANT'S OWN SIGNATURE: Dean Austin
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 13, 1952 2:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 9-6, 1952 to 11-13, 1952 that I last saw the deceased alive on 11-12, 1952 and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 156 S. 6th
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-15-52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: DEC 3 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway-Grant HALL GRANT MORTUARY
ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

STATE OF IDAHO

Lava Hot Springs

1. PLACE OF DEATH
a. COUNTY Bannock.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey, Ida.
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Anderson c. (Last) Jenkins.

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Sept. 28, 1867

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman

10b. KIND OF BUSINESS OR INDUSTRY Cattle

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abraham Jenkins BIRTHPLACE Virginia

14. MOTHER'S MAIDEN NAME Mary Francher Carrothers BIRTHPLACE Arkansas.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO

17. INFORMANT'S OWN SIGNATURE Clara A. Jenkins ADDRESS Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary fibrillation + Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Old Age

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition + Coronary Retardation

3 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/12, 1952, *to* 11/19, 1952, *that I last saw the deceased alive on* 11/19, 1952, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE J. P. Cowlishaw (Degree or title) M.D.

23b. ADDRESS Malad City, Idaho

23c. DATE SIGNED 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 24

24c. NAME OF CEMETERY OR CREMATORY Rupert

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. Dec 4 1952

REGISTRAR'S SIGNATURE Orissa Sabersen

25. FUNERAL DIRECTOR Alan Goodman ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 347
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 50 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laurence	Curtis	Evans	Nov.	20	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	Feb. 11, 1894	58	9	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Springville Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Evans	Iowa	Harriet L Curtis	Springville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Camilla Evans	Arimo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchitis
DUE TO (c) old Pneumonia + Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

526X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 19__ *to* Nov 20, 19 52 *that I last saw the deceased alive on* Nov 20, 1952 *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. C. Burbidge M.D.	Downey Idaho	11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 1952	Arimo	Arimo Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 29 1952	Eva M. Wallin	Conway Hall Grant Mortuary	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 355
Reg Dist. No. 511

BIRTH NO. .....

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
c. LENGTH OF STAY (in this place): .....
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): .....

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON
d. STREET ADDRESS (If rural, give location): .....

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROYAL	ALVOID	HALL	NOVEMBER 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	MARCH 4, 1898	54	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIREMAN	NAVAL ORDNANCE PLANT	McCAMMON IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEROY HALL	COUNCIL BLUFFS, IOWA	JULIA HARRIS	KAYSVILLE, UTAH

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Lucile C Hall	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-10

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arterio sclerotic heart desease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio vascular accident probably ruptured heart.

DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: .....
19b. MAJOR FINDINGS OF OPERATION: .....
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): .....
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): .....
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): .....
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: .....
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: .....

22. *I hereby certify that I attended the deceased from* ..... 19 51, *to* 21 nov., 19 52, *that I last saw the deceased alive on* 15 nov, 19 52, *and that death occurred at* 2:A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Downey, Idaho	12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 24, 1952	McCAMMON	McCAMMON IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
DEC 5 1952	Eva M. Wallin	HALL GRANT MORTUARY	POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Ida
c. LENGTH OF STAY (in this place): 1 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville Wyoming
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) L. c. (Last) Burns

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1905

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Driller 32

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): We Are Not Sure

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Nile Matthews — ADDRESS: Montpelier Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 4th, 19 52 *to* Nov 7, 19 52, *that I last saw the deceased alive on* Nov 7, 19 52 *and that death occurred at* 15:0 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): N A Young MD 225

23b. ADDRESS: Montpelier Ida

23c. DATE SIGNED: Nov 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cokeville Cemetery

24d. LOCATION (City, town, or county) (State): Cokeville Wyoming

DATE REC'D BY LOCAL REG.: 11/24/52

REGISTRAR'S SIGNATURE: N A Young.

25. FUNERAL DIRECTOR — ADDRESS: Nile Matthews Montpelier Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
DEC 2 1952
DIVISION OF VITAL

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 4
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH ~~STATION~~
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (In this place) 8 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Utsona Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baker Oregon
d. STREET ADDRESS (If rural, give location) 417 - 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Mae c. (Last) Hennigar
4. DATE OF DEATH (Month) (Day) (Year) Nov 27 1952.
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Feb 25 1878
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Trenton Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard M Scott BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Mary Howard BIRTHPLACE unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Edward J Hennigar ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis — INTERVAL BETWEEN ONSET AND DEATH 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Extensive Decubitus

720.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1952, to Nov 26, 1952, *that I last saw the deceased alive on* Nov 26 1952 *and that death occurred at* 7:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE L P Gathercoal M.D. (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov 29 1952
24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery
24d. LOCATION (City, town, or county) (State) Baker Oregon

DATE REC'D BY LOCAL REG. 12/5/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 130

BIRTH NO. 52-12346 NOV 12 1952

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emida
d. STREET ADDRESS (If rural, give location): Route 4, St. Maries

3. NAME OF DECEASED (Type or Print)
a. (First): Ricky
b. (Middle): Lee
c. (Last): Michael

4. DATE OF DEATH: November 2 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 10-30-1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Johnny Keith Michael
BIRTHPLACE: Davenport, Wash.

14. MOTHER'S MAIDEN NAME: Cathern Martha Day
BIRTHPLACE: Corning, California.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [illegible] Michael
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Congenital

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aneurysm circle of Willis 2 days

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

754.16

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 31 Oct *1952, to* 2 Nov *1952, that I last saw the deceased alive on* 2 Nov *1952, and that death occurred at* 6:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Sullivan MD

23b. ADDRESS: St Maries Idaho

23c. DATE SIGNED: 3 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-3-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 11-6-52

REGISTRAR'S SIGNATURE: Esper G. Brebner

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St Maries Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 23 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 55
Local Reg. No.
Reg. Dist. No. 190

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Peterson Addition

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Peterson Addition

3. NAME OF DECEASED (Type or Print): a. (First) Alfred; b. (Middle) none; c. (Last) Lydig

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-24-1873

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No data — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Evelyn Barden — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4432

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Nov 3, 1952, *that I last saw the deceased alive on* Nov 3, 1952, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp — (Degree or title): M.D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Potlach Cemetery

24d. LOCATION (City, town, or county) (State): Potlach, Idaho

DATE REC'D BY LOCAL REG.: 11-19-52

REGISTRAR'S SIGNATURE: Esther B. Brebner

25. FUNERAL DIRECTOR: Gerald E. Cramming — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 5
Reg. Dist. No. 185

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tekoa, Rural
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley -
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) PETER; b. (Middle) ----; c. (Last) SILAS

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: About 1860

9. AGE (In years last birthday): 92 ? IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Spokane Reservation

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edward Silas — ADDRESS: Worley, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

24 1X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1952, *to* Sept 24, 1952, *that I last saw the deceased alive on* Sept 24, 1952, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Nelson (Degree or title) M.D.
23b. ADDRESS: Tekoa Wash
23c. DATE SIGNED: 11/6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Indian
24d. LOCATION (City, town, or county) (State): Worley, Idaho

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Esper B. Brebner
25. FUNERAL DIRECTOR: H. D. Jaeger — ADDRESS: Fairfield, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NOV 23 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 56
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mae Moore Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) none known c. (Last) Tucker

4. DATE OF DEATH: (Month) (Day) (Year): November 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: UNKNOWN

9. AGE (In years last birthday): — IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mae H. Moore. L.P.N. ADDRESS:

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart dis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1952 *to* Nov 14 1952 *that I last saw the deceased alive on* Nov 12, 1952 *and that death occurred at* 6 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp MD (Degree or title):

23b. ADDRESS: St. Maries Idaho

23c. DATE SIGNED: 11-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-17-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 11-22-52

REGISTRAR'S SIGNATURE: Esper B. Brebner

25. FUNERAL DIRECTOR ADDRESS: Bond E Browning St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 57
Local Reg. No. 130
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 125 3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Jacob c. (Last) Hornberger

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 4, 1911

9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Logger

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Lake Benton, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hornberger — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Amelia Stubb — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Charles Hornberger — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 154 X Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Nov 20, 1952, *that I last saw the deceased alive on* Nov 20, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dergen A. Rapp — (Degree or title): M.D. — **23b. ADDRESS**: St. Maries, Idaho — **23c. DATE SIGNED**: 11-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-24-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 11-25-52 — REGISTRAR'S SIGNATURE: Lopez E. Brebner

25. FUNERAL DIRECTOR: Gerald E. Downing — ADDRESS: St Maries Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 58
Local Reg. No. 58
Reg. Dist. No. 190

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Mountainview Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) S. c. (Last) Sather

4. DATE OF DEATH: (Month) (Day) (Year) November 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER no data

8. DATE OF BIRTH: July 30, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no data
BIRTHPLACE: ---

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 535-10-0011

17. INFORMANT'S OWN SIGNATURE Gerald Browning ADDRESS Taken from Personal Papers.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 5810 Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Esophageal varices — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Nov, 1952, *to* 22 Nov, 1952, *that I last saw the deceased alive on* 22 Nov, 1952, *and that death occurred at* 10 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. O. Sullivan, MD

23b. ADDRESS: St Maries Idaho

23c. DATE SIGNED: 24 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-25-52

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries Idaho.

DATE REC'D BY LOCAL REG.: 11-25-52

REGISTRAR'S SIGNATURE: Esper S. Brebner

25. FUNERAL DIRECTOR ADDRESS: Gerald E. Browning St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 190
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot ~~xxxxx~~
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural Rt. #3
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): S.
c. (Last): Rossiter

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 23, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Banker
10b. KIND OF BUSINESS OR INDUSTRY: Bank of America
11. BIRTHPLACE (State or foreign country): Brooklyn, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Rossiter — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Katherine Hayes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gertrude R. Willis — ADDRESS: Los Angeles, C

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

916.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erysipelas — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): 2nd 3rd degree burns of left hand and forehead — Oct 18, 1952
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 84 yrs of age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 18, 1952 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: House caught on fire

22. *I hereby certify that I attended the deceased from* 10-18, 1952, *to* 11-1, 1952, *that I last saw the deceased alive on* 11-1, 1952, *and that death occurred at* 10:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Nov. 4 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 379
Local Reg. No. 192
Reg. Dist. No. 600

Certificate of Death

RECEIVED NOV 13 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 288 West Pacific Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 288 West Pacific Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIE
b. (Middle): CECIL
c. (Last): STELLER

4. DATE OF DEATH (Month) (Day) (Year): November 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Assembly of God Church
11. BIRTHPLACE (State or foreign country): Tacoma, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Steller — BIRTHPLACE: Alsace-Lorraine, France
14. MOTHER'S MAIDEN NAME: Delilah Ann Jones — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 532-03-6998
17. INFORMANT'S OWN SIGNATURE: L. A. Steller — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis acute — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1952, *to* November 9 1952, *that I last saw the deceased alive on* Did not see Pt. alive, *and that death occurred at* 2:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clean Packer MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Nov. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: November 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Tacoma Cemetery
24d. LOCATION (City, town, or county) (State): Tacoma Washington

DATE REC'D BY LOCAL REG.: Nov. 12-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [signature] Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 194
Reg. Dist. No. 600

BIRTH NO. 52-12574 NOV 21 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 281 Dewey St.

3. NAME OF DECEASED (Type or Print)
a. (First): Karma
b. (Middle): Lee
c. (Last): Miracle

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 26, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 19; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth M. Miracle, BIRTHPLACE: Buhl, Idaho.
14. MOTHER'S MAIDEN NAME: Esta Fay Pearson, BIRTHPLACE: Twin Falls, Idaho.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth M. Miracle ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart defect — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 26, 1952, *to* Nov. 14, 1952, *that I last saw the deceased alive on* Nov. 14, 1952, *and that death occurred at* 6:15a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emerill Parker M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 16-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 25 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 194
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) VICTORIA
c. (Last) OLSON

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 19, 1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H. Stoddard, BIRTHPLACE Bountiful, Utah
14. MOTHER'S MAIDEN NAME Hannah E. Bowman BIRTHPLACE Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Carl A Olson ADDRESS Downey, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma sigmoid colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Nov. 19, *19* 52, *that I last saw the deceased alive on* Nov. 19, *19* 52, *and that death occurred at* 4 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE C. Dean Packer (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho.
23c. DATE SIGNED 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-22-52
24c. NAME OF CEMETERY OR CREMATORY Downey, Cemetery
24d. LOCATION (City, town, or county) (State) Downey, Idaho.

DATE REC'D BY LOCAL REG. Nov 19-1952.
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR John C. Sandberg ADDRESS Blackfoot, Idaho
For Guy Benson, Malad, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3982
Local Reg. No. 196
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 50 South East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 50 S. E. Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Florence; b. (Middle) May; c. (Last) Chamberlain

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 18, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 3, Days 6
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Cleaner & Hskeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Frank Declair
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-34-8207

17. INFORMANT'S OWN SIGNATURE: Mosman W. Chamberlain
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 20, 1952 *to* Nov. 24, 1952; *that I last saw the deceased alive on* Nov. 23, 1952 *and that death occurred at* 12:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Duncan Packer (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 11-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Nov-28 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Farris

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 197
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 139 North Shilling Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 139 North Shilling

3. NAME OF DECEASED (Type or Print)
a. (First): Fritz
b. (Middle):
c. (Last): Goeller

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 15, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Offenbach, Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Johann Goeller — BIRTHPLACE: Offenbach, Germany
14. MOTHER'S MAIDEN NAME: Barbara Leibold — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Emil Kamprecht — ADDRESS: Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Death, 19__, *that I last saw the deceased alive on* 9-25, 1952 *and that death occurred at* 9:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph G. Goates (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 11-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-29-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov 29 1952
REGISTRAR'S SIGNATURE: Mrs Arlene E. Palmie
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3984
Local Reg. No. 200
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 South Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 112 So. Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): M.
c. (Last): Hines

4. DATE OF DEATH (Month) (Day) (Year): November 28, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 15, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Kenton, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Harrison Quarles — BIRTHPLACE: Pulaski, Tenn.
14. MOTHER'S MAIDEN NAME: Nannie Norrid — BIRTHPLACE: Kenton, Tennessee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Eli D. Hines — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1952, *to* 11-28, 1952, *that I last saw the deceased alive on* 11-28, 1952, *and that death occurred at* 2 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Hampton (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-2-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 191
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11yr, 17da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ROSS
b. (Middle):
c. (Last): MACKEY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 4 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JAN. 25 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): PIKE COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 12 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 17, 1941, *to* NOV. 4, 1952, *that I last saw the deceased alive on* NOV. 4, 1952 *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: Nov. 4, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-5-52
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 5 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 11
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Williams	Mounce	11	22	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Oct. 15, 1876	76	1	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Williams — BIRTHPLACE: Whales, England
14. MOTHER'S MAIDEN NAME: Caroline Erickson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Helen Wafford — ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility & debility	3 weeks
DUE TO (c)	Arteriolarsclerosis	8yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Nephritis	4 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Oct. 18, 1952, *that I last saw the deceased alive on* Oct. 18, 1952, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. L. Harms, M.D.	Aberdeen, Idaho.	12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
rem. & burial	11-26-52	Aberdeen	Aberdeen	Idaho

DATE REC'D BY LOCAL REG. 12-1-52
REGISTRAR'S SIGNATURE: G. L. Harms
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: American Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 192
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 255 W 18th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sandra	Lee	Davis	Nov. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	July 23, 1946	6				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David H Davis	Idaho	Deaune Peterson	Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 15, 1952, *to* Nov. 22, 1952, *that I last saw the deceased alive on* Nov. 21, 1952, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Merrill Parker M.D.	Blackfoot, Idaho	11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-25-52	Riverside-Thomas Cem.	Bingham County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 26-1952.	Mrs Wallie E. Parker	Jack A Wood, Jr.	Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 199
Local Reg. No. 199
Reg. Dist. No. 001

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 16yr, 1mo, 8da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT, IDAHO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	BIRDIE	L.	VERA

4. DATE OF DEATH: (Month) (Day) (Year): NOVEMBER 26 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	WHITE	UNKNOWN	SEPT. 6, 1908	44	2	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	BOISE, IDA.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JACOB HIDY	IOWA	ADA M. TREGASKAS	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	RECORDS	STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 156 Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — 25 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY 26, 1933, *to* NOV. 26, 1952, *that I last saw the deceased alive on* NOV. 26, 1952, *and that death occurred at* 10:55 PM, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clarence H. Sprague	M D	State Hosp. So. Blackfoot	11.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-1-52	State Hosp. South Cem.	Blackfoot Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 1 1952	Mrs Charles E. Patrick	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 198
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 7Y.11M.18D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: MINIDOKA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT, IDA.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALVIN	E.	CATMULL	NOVEMBER 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	Jan. 27, 1889	63	9	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not Given		Benson, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN CATMULL	ENGLAND	MARY ANN EVANS	WALES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Not Known	Not Known	Elsie M. Naman	RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Cirrhosis of Liver	3 yrs.
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
DUE TO (b)		
DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis, Schizophrenia	15 yrs.

581.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-9-44, 19—, *to* Nov. 27, 19 52 *that I last saw the deceased alive on* Nov. 27, 1952, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles N. Jorgensen M.D.	State Hosp. So., Blackfoot	11.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-28-52		Rupert, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 28 1952.	Mrs Calvin E. Fannin	John C. Sandberg For Goodman Mortuary, Rupert, Idaho.	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-14035

BIRTH NO.

Certificate of Death

DEC 12 1952

STATE OF IDAHO

State File No. 990
Local Reg. No. 202
Reg. Dist. No. 601

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eaton Maternity Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): Richard
c. (Last): Cleverley

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby
8. DATE OF BIRTH: 11-27-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***------ 02
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Merlen Cleverley — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Joyce Elaine Nelson, — BIRTHPLACE: Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------ (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S OWN SIGNATURE: Richard Merlen Cleverley — ADDRESS: Shelley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

760.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Collapse of cord before delivery

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral damage — INTERVAL BETWEEN ONSET AND DEATH: 1½ days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1952 *to* 11-28, 1952 *that I last saw the deceased alive on* 11-29, 1952 *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Shelley Ida
23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Walker — ADDRESS: Shelley, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 21 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 48
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) JANE c. (Last) WORTHINGTON

4. DATE OF DEATH (Month) (Day) (Year) 11-9-52

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Feb 3 1889
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 9 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY INVALID
11. BIRTHPLACE (State or foreign country) ESCLANTE UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LEMUEL M. YOUNG BIRTHPLACE KANARRA UTAH
14. MOTHER'S MAIDEN NAME JANE CAMPBELL BIRTHPLACE WASH, UTAH

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Mrs Earl Alfred ADDRESS Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Confined to her bed for past 12 years
DUE TO (c) Toxic Thyroid — 25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about three years, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Oct. 1, 1952, *and that death occurred at* 9:P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Hailey, Idaho.
23c. DATE SIGNED Nov. 21-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-12-52
24c. NAME OF CEMETERY OR CREMATORY CAREY IDAHO
24d. LOCATION (City, town, or county) (State) CAREY IDAHO

DATE REC'D BY LOCAL REG. Nov. 16-1952
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 50
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S-V Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CECIL
b. (Middle) VONN
c. (Last) PECK

4. DATE OF DEATH (Month) (Day) (Year) 11-12-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SARAH
8. DATE OF BIRTH MAY 30 1895
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months 5 Days 12 — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY 1
11. BIRTHPLACE (State or foreign country) BELLEVUE, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin M. Peck — BIRTHPLACE S.L. City U.
14. MOTHER'S MAIDEN NAME Phoebe M Shephard — BIRTHPLACE Richmond Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 519-03-2569
17. INFORMANT'S OWN SIGNATURE Sarah Lovisa Peck — ADDRESS Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Same
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1952, to _____, 1952, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:50 A m., from the causes and on the date stated above.*

23a. SIGNATURE Byron A Benson MD (Degree or title)
23b. ADDRESS Sun Valley Idaho
23c. DATE SIGNED 4/17/52

24a. BURIAL CREMATION REMOVAL (Specify)
24b. DATE 11-14-52
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Moreland
24d. LOCATION (City, town, or county) (State) Moreland Idaho

DATE REC'D BY LOCAL REG. Nov-19-1952
REGISTRAR'S SIGNATURE Robert H. Wright-per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick — ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 49
Reg Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey,
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ROSS b. (Middle) c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year) 11-12-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARGARET
8. DATE OF BIRTH 6-12-1889
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 5 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Live Stock
11. BIRTHPLACE (State or foreign country) Cambridge Nebr
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John A. Roberts BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Ollie Ball BIRTHPLACE unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Vern Roberts ADDRESS Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1952 *to* Nov 12, 1952 *that I last saw the deceased alive on* Nov 12, 1952 *and that death occurred at* 5:21 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. A. Henkes M.D.
23b. ADDRESS Hailey, Idaho
23c. DATE SIGNED 18 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-16-52
24c. NAME OF CEMETERY OR CREMATORY Burley
24d. LOCATION (City, town, or county) (State) Burley Idaho

DATE REC'D BY LOCAL REG. Nov-21-1952
REGISTRAR'S SIGNATURE Robert H. Wright - per L.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick
ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 52
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey.
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First) Jose b. (Middle) SABAL c. (Last) Aldasabal

4. DATE OF DEATH (Month) (Day) (Year) 11 - 19 - 52

5. SEX male

6 COLOR OR RACE basque

7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Oct 1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours Min.

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheepherder

10b. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Marquina Viscaya Spain

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME unknown
BIRTHPLACE

14. ~~MOTHER'S MAIDEN~~ NAME Mrs Victor Getrock, informant
BIRTHPLACE

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO 518-18-2054

17. INFORMANT'S OWN SIGNATURE
ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Heart Disease — Several Years
DUE TO (c) Hypertension — Several Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Complete Heart Block — Several Years

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* Nov, 1952 *that I last saw the deceased alive on* Nov 14, 19 52 *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.

23b. ADDRESS Hailey Idaho

23c. DATE SIGNED Dec 52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Nov. 22

24b. DATE

24c. NAME OF CEMETERY OR ~~CREMATORY~~ Hailey

24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 3-1952

REGISTRAR'S SIGNATURE Robert H. Wright - per

25. FUNERAL DIRECTOR Ray McGoldrick

ADDRESS Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Greenwood	Briggs	Nov. 19 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	married	July 15 - 1879	73	4	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	farmer	Skipton Yorkshire Co. Eng.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Briggs	England	Sarah Greenwood	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
✓	✓	518-36-0437	Sarah E. Briggs	Carey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177 X Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 6, 1952, *to* Nov 19, 1952, *that I last saw the deceased alive on* Nov 16, 19 52 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ed. Hailey MD	Hailey Idaho	28 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 22-1952	Carey	Carey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 3-1952	Robert H. Wright per C.B.W.	Betty J. Marvel - F.D. #19	Arco Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

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DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey Clinical

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) c. (Last) SISIAM

4. DATE OF DEATH (Month) (Day) (Year) 11-23-52

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Oct 28 1889
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months — Days 25
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Duffer Oregon
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME HURST BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME NANCY COWSARD BIRTHPLACE K-C Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NO.
17. INFORMANT'S OWN SIGNATURE Mrs Stella James ADDRESS Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 3 mnths

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 19 52, *to* Nov 23, 19 52, *that I last saw the deceased alive on* Nov 22, 19 52 *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 29 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-26-52
24c. NAME OF CEMETERY OR CREMATORY Bellevue
24d. LOCATION (City, town, or county) Bellevue Idaho (State)

DATE REC'D BY LOCAL REG. Dec-3-1952
REGISTRAR'S SIGNATURE Robert H. Wright per Kay McGoldrick
25. FUNERAL DIRECTOR
ADDRESS Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 2995
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banks
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2512 State Street

3. NAME OF DECEASED (Type or Print): a. (First) CLYDE; b. (Middle) ALANSON; c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1896

9. AGE (In years last birthday): 56-0-23 (If under 1 year: Months / Days; If under 1 day: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor of Government Bldg.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hillhurst, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alanson Walter Morgan-Eolympia, Wn. — **BIRTHPLACE**: 42

14. MOTHER'S MAIDEN NAME: Anna Frost - Willets, California — **BIRTHPLACE**:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 574-03-5419

17. INFORMANT'S OWN SIGNATURE: Kenneth L. Morgan — **ADDRESS**: 926 W 9th, Juneau Alas.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural causes. Was taken ill while going on a hunting trip, and died in his car while being driven back for medical attention. Apparently a heart attack. Nothing of a criminal nature.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Banks, Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 13, 1952 A. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Heart attack

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible] *that I last saw the deceased* [illegible] *death occurred at* 8:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Miller, Coroner

23b. ADDRESS: of Boise County, Ida. City.

23c. DATE SIGNED: 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/18/52

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 11-20-52

REGISTRAR'S SIGNATURE: Mrs E. S. Robison

25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — **ADDRESS**: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40081

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 352
Reg. Dist. No.....

RECEIVED
NOV 20 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Gor don; c. (Last) Williams

4. DATE OF DEATH: (Month) Nov 16. (Day) (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 6. 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster. At Centerville

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bozeman Montana.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Williams. BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Florence Sales BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ernest Tall ADDRESS: Boise Ida;

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Centerville Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov - 16. 52 9 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald John Bell Coroner

23b. ADDRESS: Idaho City. Idaho

23c. DATE SIGNED: Nov. 18. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 19. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Mor ris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-18-1952

REGISTRAR'S SIGNATURE: Mrs E. S. Robison

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise.

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3999
Local Reg. No. 89
Reg. Dist. No. 110

RECEIVED NOV 8 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 321 S. 2nd Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 321 S. 2nd Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEROME	ERNEST	TOLBERT	Nov 1 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 13, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
High school teacher	Public school	Morehouse, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tolbert	Missouri	Ida Belle Fowler	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX	518-20-9542	Hester E. Tolbert	Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-7, 1952 *to* 11-1, 1952 *that I last saw the deceased alive on* 11-1, 1952 *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith MD	109½ N. First Ave. Sandpoint, Ida.	11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 5, 1952	Moscow	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 4-1952	Merlene Oates	Moon Funeral Chapel	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Jerome E. Talbert

now lying buried in Moscow Cemetery, in the City or Town of Moscow

County of Latah State of Idaho, who died on the 1st day of Nov., 1952 Aged 56 years 3 months 17 days, the cause of death being Cerebral Hemorrage and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. John W. Smith attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private private or railway conveyance

to Moscow Cemetery in the City or Town of Moscow County of Latah

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Moscow it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

Permit issued to:

this _____ day of _____, A.D. 19____.

_____
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Moscow State of Idaho, this 24th day of April 1953.

_____ M. D.
Health Officer

Form DPH-48019

Certificate of Death

STATE OF IDAHO

State File No. 020
Local Reg. No. 91
Reg. Dist. No. 110

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 Oak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 409 Oak

3. NAME OF DECEASED (Type or Print): a. (First) Mark; b. (Middle) Wayne; c. (Last) Marley

4. DATE OF DEATH (Month) (Day) (Year): 11/5/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9/6/1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1; Days: 30; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emmett I. Marley — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Bertha Helgeson — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Emmett I Marley — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 60 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/6, 1952, *to* 11/5, 1952, *that I last saw the deceased alive on* 11/3, 1952, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen E Peterson M.D.

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/8/1952

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10-1952

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: L D Moon Jr — **ADDRESS**: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 110

BIRTH NO.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 South 4th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 403 S. 4th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	AUGUST	BLUM	Nov. 7 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 1, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer & merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchantile
11. BIRTHPLACE (State or foreign country): Bergen, Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Blum — BIRTHPLACE: Bergen, Norway
14. MOTHER'S MAIDEN NAME: Carrie Blum — BIRTHPLACE: Bergen, Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO. 518-16-8581
17. INFORMANT'S OWN SIGNATURE: X Fred B. Poe — ADDRESS: Sandpoint, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-
DUE TO (c) vascular disease — 2½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 26, 1950, *to* Nov. 7, 1952, *that I last saw the deceased alive on* Nov. 5, 1952, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helen L. Peterson	M.D.	Sandpoint - Idaho	11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1952	Lakeview Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 13-1952	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 99
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 South Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 323 South Boyer

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	CLAYTON	FOSTER	Nov. 15 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 10 1895	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Lumbering	Tyler, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathanial Foster	England	Eugenia Singuefield	Alabama

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-05-8850	Mrs. Eunice Knagge	SANDPOINT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 191X Carcinoma rt side face + neck — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Secondary anaemia — 6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 26, 1952, *to* Nov 15, 1952, *that I last saw the deceased alive on* Nov 11, 1952, *and that death occurred at* 9:32 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Tyler	MD	Sandpoint Idaho	Nov 19 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/18/52	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 21-1952	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1033
Local Reg. No. 95
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonneral General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALBARTON
b. (Middle):
c. (Last): PEDERSON

4. DATE OF DEATH (Month) (Day) (Year): November 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/27/1899
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Clermont, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Pederson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Jessie Wood — BIRTHPLACE: Clinton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.: 380-10-3540
17. INFORMANT'S OWN SIGNATURE: Mrs Louise F. Pederson — ADDRESS: Priest River Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, Internal Hemorrhage, Compound Fracture both legs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Collision
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cocolalla, Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 16 1952 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head on Auto Collision - Highway

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 7:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence [signature] 470 Coroner
23b. ADDRESS: Sand-point, Idaho.
23c. DATE SIGNED: Nov. 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/1952 02
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19 - 1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home Jr — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record, typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 26 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5024
Local Reg. No. 100
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Bonner General Hospital

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Herbert c. (Last) Giles

4. DATE OF DEATH (Month) (Day) (Year): 11/18/1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/3/1853

9. AGE (In years last birthday): 99
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper 35

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Adrain, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? Giles — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Eveline Smith Giles — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. W. F. Sleep — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Sclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1945, *to* Nov 18, 1952, *that I last saw the deceased alive on* Nov 16, 1952, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Nov 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/21/1952
24c. NAME OF CEMETERY OR CREMATORY: Garfield Cemetery
24d. LOCATION (City, town, or county) (State): Garfield, Washington

DATE REC'D BY LOCAL REG.: Nov. 21-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: L. G. Moon Jr.
ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

NON-RESIDENT Certificate of Death

State File No. 1005
Local Reg. No. 95
Reg. Dist. No. 110

BIRTH NO. NOV 10 1952

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport (Rural)
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 2 Newport-Wash.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alder wood Manor
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) R.; c. (Last) Walker

4. DATE OF DEATH: (Month) (Day) (Year): Nov 4 - 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 31 - 1890

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disabled Veteran

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George J. Walker
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Ann Rutledge
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Denton Poirier
ADDRESS: R2 Newport Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Nov 4, 1952, *that I last saw the deceased alive on* Nov 4, 1952, *and that death occurred at* 6 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 540 Edwin A. Carlson MD
23b. ADDRESS: Newport Wn
23c. DATE SIGNED: Nov 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 11-7-52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River - Idaho

DATE REC'D BY LOCAL REG.: Nov. 13-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: C. E. Sherman - Newport - Wash.
ADDRESS:
C. E. Sherman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1006
Local Reg. No. 97
Reg. Dist. No. 110

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cocalalla
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 95 ½ mi. south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocolalla
d. STREET ADDRESS (If rural, give location): No Street Address

3. NAME OF DECEASED (Type or Print)
a. (First): MONDEL
b. (Middle): GRANT
c. (Last): WOGERMAN

4. DATE OF DEATH (Month) (Day) (Year): November 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: U S Army
11. BIRTHPLACE (State or foreign country): Auburn, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Everett Wogerman — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Edna E. Welchman — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 2
16. SOCIAL SECURITY NO.: 520-30-2495
17. INFORMANT'S OWN SIGNATURE: Edna E Wogerman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed neck, and chest.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Collision
DUE TO (c): Multiple fracture, left leg.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cocolalla, Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 16, 1952 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head on Auto Collision. - Highway

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence E. Moon (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Nov. 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/20/52
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Nashville, Tennessee

DATE REC'D BY LOCAL REG.: Nov. 19 - 1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1037
Local Reg. No. 96
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cocalalla
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 95 ½ mi. south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocalalla
d. STREET ADDRESS (If rural, give location): store rural - 2 mi. E of general

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET ANNE
b. (Middle): PARKER
c. (Last): WOGERMAN

4. DATE OF DEATH: November 16 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10 1931

9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): La Fayette, Tennessee

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hershel G. Parker
BIRTHPLACE: Meadowville Tenn

14. MOTHER'S MAIDEN NAME: Lillie Mai Higbon
BIRTHPLACE: Mason County Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.: 414-50-0333

17. INFORMANT'S OWN SIGNATURE: Edna E Wogerman
ADDRESS: Auburn Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage, Crushed Chest, Concussion.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Collision.
DUE TO (c): Fracture left leg.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cocolalla, Bonner co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 16, 1952-5:25pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head-on collision of autos

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence Moon 47? Coroner
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 19 1952
24c. NAME OF CEMETERY OR CREMATORY: National Cem
24d. LOCATION (City, town, or county) (State): Nashville Tenn.

DATE REC'D BY LOCAL REG.: Nov. 19-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. .....
Local Reg. No. 98
Reg. Dist. No. 110

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): en route to hospital by car

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle):
c. (Last): ROHAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): unk approx 42 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber jack
10b. KIND OF BUSINESS OR INDUSTRY: logging
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.3 Chronic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1 PM m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Nov-19, -1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Gotthardtman Sphain
24d. LOCATION (City, town, or county) (State): Lincoln Nebraska

DATE REC'D BY LOCAL REG.: Nov. 20-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Priest River, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1½ Miles NE of Elmira
c. LENGTH OF STAY (in this place): hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blum Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmira
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): CLARENCE
c. (Last): COOK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 10, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (State or foreign country): Enid, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Edgar Cook — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Jennie Messinger — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1923-1926
16. SOCIAL SECURITY NO.: 552-07-3270
17. INFORMANT'S OWN SIGNATURE: Lillian C. Cook — ADDRESS: Elmira

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): over exertion while hunting

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____ 19___, and that death occurred at* 3:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. B. Moon (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Nov.-19-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-24-1952
24c. NAME OF CEMETERY OR CREMATORY: Chapel of the Chimes
24d. LOCATION (City, town, or county) (State): Piedmont, California

DATE REC'D BY LOCAL REG.: Nov. 24-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 216
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dacid Deaths

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 120 - 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First) Micheal b. (Middle) Lee c. (Last) Hammon

4. DATE OF DEATH (Month) (Day) (Year) NOV 1, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct 30 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME L. Blaine Hammon BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Dorothy Jean Morrow BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE L. Blaine Hammon ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7547

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital atelectasis. Intestinal atresia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS 148 N Placer Ave
23c. DATE SIGNED 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/3/52
24c. NAME OF CEMETERY OR CREMATORY Iona Cemetery
24d. LOCATION (City, town, or county) (State) Iona, Idaho

DATE REC'D BY LOCAL REG. Nov. 24-1952
REGISTRAR'S SIGNATURE Lenna Budges
25. FUNERAL DIRECTOR Jack G. Wood
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4011
Local Reg. No. 213
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1130 Jackson ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1130 Jackson Ave

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) David c. (Last) Rees

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept-11-1877

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months 1 Days 2-7
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Medicine

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wales, Sandpete Co. Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas D. Rees

BIRTHPLACE Ogden, Utah

14. MOTHER'S MAIDEN NAME Elizabeth Rees

BIRTHPLACE Wales England

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Oneta R. Cureton

ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Bonneville Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1952 *to* Nov. 3, 1952, *that I last saw the deceased alive on* Nov. 3, 1952, *and that death occurred at* 6:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton T. Rees (Degree or title) M.D.

23b. ADDRESS 148 N. Cornes Idaho Falls, Ida

23c. DATE SIGNED Nov. 14 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 5 1952

24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Nov. 14 1952

REGISTRAR'S SIGNATURE Emma Rudges

25. FUNERAL DIRECTOR Leo A. Hellmans

ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2[illegible]
Local Reg. No. 2[illegible]
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 676 Memorial Drive

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle): C.
c. (Last): LOSCH

4. DATE OF DEATH (Month) (Day) (Year): November 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 21, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Estate
11. BIRTHPLACE (State or foreign country): West Point, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob F. Losch — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Laura Stark — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: J. Roy Losch — ADDRESS: Long Beach, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive - arteriosclerotic 10 years.
DUE TO (c): heart disease -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 4 Nov, 1952 *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Krantz MD (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 12-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 208
Reg Dist. No. 610

NOV 12 1952

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 145 E. 16 & Sturt

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) E. c. (Last) Poole

4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 17, 1901
9. AGE (In years last birthday) 51
IF UNDER 1 YEAR Months 3 Days 14
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minan, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benton Poole, BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME MaryAnn Ellsworth BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lloyd M. Poole ADDRESS Idaho Falls Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mitral insufficiency
DUE TO (c) old rheumatic disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Subacute bacterial endocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Fitz Williams M.D. (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 11/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/7/52
24c. NAME OF CEMETERY OR CREMATORY Twin Buttes
24d. LOCATION (City, town, or county) Menan (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 7-1952
REGISTRAR'S SIGNATURE Alma Bridges
26. FUNERAL DIRECTOR Jack G. Wood
ADDRESS Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 211
Reg. Dist. No. 610

BIRTH NO. NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1070 Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1170 Idaho Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Starkey c. (Last) Heron

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): not known

8. DATE OF BIRTH: March 9, 1869

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter - Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Heron — BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: Margaret Starkey — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 464-03-4391

17. INFORMANT'S OWN SIGNATURE — ADDRESS: From personal papers- L.H. Williams A. Bird

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE Leo A. Williams (Degree or title) (Co. Coroner)

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 11/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 10-1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Ida

DATE REC'D BY LOCAL REG.: Nov. 7-52

REGISTRAR'S SIGNATURE: Anna Bidgen

25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 217
Reg. Dist. No. 610
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 145 E 25th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle): May
c. (Last): Dullaghan

4. DATE OF DEATH: (Month) (Day) (Year): Nov 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 11, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Miami County, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Phillabaum
BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Ellen Clark
BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs L. A. Hooker
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 155X Carcinoma of gallbladder
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gallbladder

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1952, *to* Nov 5, 1952, *that I last saw the deceased alive on* Nov 5, 1952, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: G W Corbett (Degree or title): MD

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-8-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24-1952

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 219
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonneville County Garage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fenton	Bradley	Woolf	Nov. 8, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov 22, 1897	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rd Patrol Operator	County Roads	Riverdale, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Anthony Woolf		Millie Hancey	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-07-3459	Fenton B. Woolf	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: four minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch MD	Idaho Falls Idaho	11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-10-52	Ammon Cemetery	Ammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 24-1952	Emma Rudges	Jack A Wood, Jr.	Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48024

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 218
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 465-3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 465-3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle) Edwin; c. (Last) Quigley

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Utah-Ida. Sugar Co

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John P Quigley
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ruth Lewis
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-03-7921

17. INFORMANT'S OWN SIGNATURE: Max Quigley
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease-attack sud — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 2.0.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 5, 1952, *to* Nov 8, 1952, *that I last saw the deceased* ~~alive on~~ deceased, 19~~52~~, *and that death occurred at* 5:20 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: Nov 10 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24-1952
REGISTRAR'S SIGNATURE: Emma Budge
25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-8021

State File No. .....
Local Reg. No. 212
Reg. Dist. No. 610

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 52-13147

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton Rte. #1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DEBRA
b. (Middle): ANN
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): 11-9--1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 26, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 14; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Rigby, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dale Marvin Campbell
BIRTHPLACE: Labelle, Idaho
14. MOTHER'S MAIDEN NAME: Delores Young
BIRTHPLACE: Rexburg, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dale Campbell
ADDRESS: Terreton, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aspiration of Vomitus — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congenital malrotation of Colon with volvulus of intestine

19a. DATE OF OPERATION: Nov 7, 1952
19b. MAJOR FINDINGS OF OPERATION: Same as 11.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 7, 1952, *to* Nov. 9, 1952, *that I last saw the deceased alive on* Nov. 9, 1952, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dauchy Wingel M.D.
23b. ADDRESS: Idaho Falls, Ida.
23c. DATE SIGNED: Nov. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-1952
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: Nov. 12. 52
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 215
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1 Mi. West of Rigby
d. STREET ADDRESS (If rural, give location): 1 Mi. West of Rigby

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): JUNE
c. (Last): OLSEN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1952

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 25, 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rigby, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Briggs — BIRTHPLACE: Lehi, Utah
14. MOTHER'S MAIDEN NAME: Elsie Marie Rhodes. — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Wm Olsen Jr. — ADDRESS: Rigby, Ida. Rt 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wound in chest — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Worry over nervous condition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rigby, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/13/52 4:30P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~[illegible]~~ *death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 11/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/17/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Nov. 22-1952
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: A B Eckersley — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 222
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 140 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): CHARLOTT
c. (Last): McGAHAN

4. DATE OF DEATH (Month) (Day) (Year): November 16 1952

5. SEX: ~~White~~ Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 23, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John T. Monague — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Martha McCall — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: B. J. McGahan — ADDRESS: 201-W 1st So Rigby Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 July, 1952, *to* 16 Nov., 1952, *that I last saw the deceased alive on* 15 Nov., 1952, *and that death occurred at* 6:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Krantz MD. M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 10-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 223
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 326 E. 18th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 326 E. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): VICTOR
b. (Middle):
c. (Last): ENGSTROM

4. DATE OF DEATH (Month) (Day) (Year): November 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 20, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Engstrom — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Emma — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ray Engstrom — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* About 6:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE 472 Geo A. Williams (Degree or title): Coroner
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 10-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Steve

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 224
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Ncon - R-1 - Idaho.

3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) D. c. (Last) Hunt.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1952

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov 18-1901
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 0 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ora, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John E. Hunt - BIRTHPLACE Huntsville ut.
14. MOTHER'S MAIDEN NAME Caroline Andrus - BIRTHPLACE Richmond - ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Dale Hunt — ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Small bowel obstruction due to metastatic carcinoma
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22/51, 19___, *to* 11/23/52, 19___, *that I last saw the deceased alive on* 11/23/52, 19___, *and that death occurred at* 9 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE C. Steven Jacob (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 28, 1952
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Dec. 10-1952
REGISTRAR'S SIGNATURE Emma Bridges
25. FUNERAL DIRECTOR Leo A. Williams — ADDRESS Ida Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 4023
Local Reg. No. 24923
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 390 N. Ridge Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): EMERY
b. (Middle): ADAMS
c. (Last): OWEN

4. DATE OF DEATH (Month) (Day) (Year): November 29 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer 22
10b. KIND OF BUSINESS OR INDUSTRY: General practice
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Owen — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Elizabeth Adams — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-3993
17. INFORMANT'S OWN SIGNATURE: Rena Dora Poulson — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1952, *to* Nov. 29, 1952, *that I last saw the deceased alive on* Nov. 29, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson 112 (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 611
Reg. Dist. No. 611

BIRTH NO. Bell

DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls - R-1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - R-1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. b. (Middle) Victoria c. (Last) Harmon

4. DATE OF DEATH (Month) (Day) (Year): Nov 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4 Sept - 1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 2 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Park City - Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Christian Christensen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Caroline Anderson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lorenzo B. Harmon — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Embolism	1 hour
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis & auricular Fibrillation.	2 yrs.
DUE TO (c)	Hypertension	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Popliteal Embolism	8 mos. ago.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 19, 1948, *to* Nov. 26, 1952, *that I last saw the deceased alive on* Nov. 26, 1952, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 3-1952

24c. NAME OF CEMETERY OR CREMATORY: Milo Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, R-1

DATE REC'D BY LOCAL REG.: Dec. 10-1952

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Leo A Sullivans — ADDRESS: Idaho Falls

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Federal Security Agency
United States Public Health Service

Form DPH-49021

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DEC 15 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 47-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
c. LENGTH OF STAY (in this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland-Brown Lbr. Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Victor	David	Jacobson	9/17/1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	1/20/1897	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Helena, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alex Jacobson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Margaret Jacobson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Luka W. Jacobson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental death — INTERVAL BETWEEN ONSET AND DEATH: Instant death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Neck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Logging Camp	Naples	Boundary	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒	NOT WHILE AT WORK ☐
9	17	52	4:30 p m.		

21f. HOW DID INJURY OCCUR? Unloading Stick Handle struck deceased on right side of neck and head breaking neck.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Allured	Coroner.	Bonners Ferry Idaho	12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/20/1952	Westmond Cemetery	Westmond, Idaho

DATE REC'D BY LOCAL REG.: 12/11/52
REGISTRAR'S SIGNATURE: Ken Bonner
25. FUNERAL DIRECTOR: L. D. Moon Jr — ADDRESS: Moon Funeral Home, Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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RECEIVED NOV 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bonners Ferry
d. STREET ADDRESS (If rural, give location): 7 miles north on Highway 2

3. NAME OF DECEASED (Type or Print): a. (First) Nettie; b. (Middle) May; c. (Last) Patterson

4. DATE OF DEATH (Month) (Day) (Year): November 3, 1952

5. SEX: Female

6. COLOR OR RACE: whi te

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 18, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Badger Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph E. Parshall
BIRTHPLACE: Fonda Iowa

14. MOTHER'S MAIDEN NAME: Carrie E. Bishopp
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Toxemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinomatosis
DUE TO (c): Carcinoma of Breast. — 1 yr 7.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Breast.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Nov. 3, 1952, *that I last saw the deceased alive on* 11/3, 1952, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D.
(Degree or title)

23b. ADDRESS: Bonners Ferry Idaho.

23c. DATE SIGNED: 11/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 11/16/52

REGISTRAR'S SIGNATURE: K. M. Bonell

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4027
Local Reg. No. 40-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eva	Lavern	Nieland	November 10, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	May 18, 1881	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Hortonville Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Dunn	U.S.A.	Unknown	U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Emery Nieland	Bonners Ferry Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 3, 1952, *to* Nov 10, 1952, *that I last saw the deceased alive on* Nov 10, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Bonner	M.D.	Bonners Ferry Ida	11/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 14, 1952	Grandview Cemetery	Boundry Couhty Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/13/52	C. M. Bonner	[illegible]	Bonners Ferry Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4028
Local Reg. No. 41-52
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 18 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonners Ferry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) R. R. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Solomon	Martin	Bauman	Nov. 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 14, 1876	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dairy farmer	farming	Floradale Ontario Canada	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Bauman	Floradale Ont. Canada	Mary Ann Martin	Floradale Ont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	[illegible]	Bonners Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 17, 1952, *to* Nov 11, 1952, *that I last saw the deceased alive on* Nov 11, 1952, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Bonnell	M.D.	Bonners Ferry Idaho	Nov 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 13, 1952	Grandview Cemetery	Boundary Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11 13 52	R. M. Bonnell	[illegible]	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

State File No. 4029
Local Reg. No. 42-52
Reg. Dist. No. 100
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bonners Ferry
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bonners Ferry
d. STREET ADDRESS (If rural, give location) North 5 miles hwy.95left 2 miles

3. NAME OF DECEASED (Type or Print) a. (First) Enoch b. (Middle) T. c. (Last) Dirks

4. DATE OF DEATH (Month) Nov. (Day) II, (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH January 7, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Tampa Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Tobias Dirks BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Elizabeth Schmidt BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-12-4905
17. INFORMANT'S OWN SIGNATURE ADDRESS rural Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 42011 Thrombosis - Coronary — INTERVAL BETWEEN ONSET AND DEATH: at once

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) rural Bonners Ferry Boundry Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED II/I2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov. I7, I952
24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
24d. LOCATION (City, town, or county) (State) Boundry County Idaho

DATE REC'D BY LOCAL REG. 11/12/52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS Bonners Ferry Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 43-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anne	Mary	Cummings	Nov. 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	May 30, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Americus Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stanley Foster	U.S.A.	Mary Etta	U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	[signature]	Troy Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 526 X Chronic Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocardial degeneration 1yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Nov 14, 1952, *that I last saw the deceased alive on* Nov 14, 1952 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M. D.	Bonners Ferry Ida	11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	II/II/52	Lakeside Cemetery	Troy Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-29-52	[signature]	[signature]	Bonners Ferry

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dale b. (Middle) Allen c. (Last) Portrey

4. DATE OF DEATH (Month) (Day) (Year): November 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 12, 1947

9. AGE (In years last birthday): 5 years
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Bonners Ferry

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Glenn Portrey
BIRTHPLACE: Stratford Mo.

14. MOTHER'S MAIDEN NAME: Constance Bry
BIRTHPLACE: Minnoth N.Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Glenn A. Portrey
ADDRESS: Bonners Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe third degree Burns

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fell in Fire

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Bonners Ferry Boundary Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 20 - 1952 9A m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Dog pushed him into Bon Fire

22. *I hereby certify that I attended the deceased from* Nov 20, 1952, *to* Nov 22, 1952, *that I last saw the deceased alive on* Nov 22, 1952, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Bowell
(Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: November 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 12/15/52
REGISTRAR'S SIGNATURE: C. M. Bowell
25. FUNERAL DIRECTOR: E. H. Whitney
ADDRESS: Bonners Ferry Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 44-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle) May; c. (Last) Hunter

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 25, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: March 13, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Little Valley, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentine
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature illegible] ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/13, 1952, *to* 11/25, 1952, *that I last saw the deceased alive on* 11/25, 1952, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Darrow M.D. (Degree or title)
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 11/28/52
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 45-52
Reg. Dist. No. 10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 9 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Ed Bishop. Brother

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Home of Ed Bishop. Brother

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Glass c. (Last) Bishop

4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Aug. 18, 1883

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY S.I.Rly.

11. BIRTHPLACE (State or foreign country) Fond Dulac Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Bishop

BIRTHPLACE Bangor Maine

14. MOTHER'S MAIDEN NAME Lenore Glass

BIRTHPLACE Port Arthur Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 700-07-0438

17. INFORMANT'S OWN SIGNATURE Edward G Bishop ADDRESS Bonners Ferry Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pericarditis — 11

DUE TO (c) Rheumatic fever — 17

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr., 1952, *to* 11/26, 1952, *that I last saw the deceased alive on* 11/26, 1952, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred W. Bonnee (Degree or title) M.D.

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 11/29/52

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) Boundry County Idaho (State)

DATE REC'D BY LOCAL REG. 11-29-52

REGISTRAR'S SIGNATURE R.M. Bonnee

25. FUNERAL DIRECTOR

ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 46-52
Reg. Dist. No. 100

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harrey b. (Middle) Herbert c. (Last) Bennett

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 18, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Tower Hill Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Issac M. Bennett
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Augusta Bennett
ADDRESS: Bonners Ferry Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Gangrene Right Leg - Amputation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial failure

19a. DATE OF OPERATION: Nov 25-1952

19b. MAJOR FINDINGS OF OPERATION: Gangrene Rt Leg - Thrombosis Popliteal artery

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 25, 1952, *to* Nov 29, 1952, *that I last saw the deceased alive on* Nov 29, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Bonell (Degree or title): M. D.

23b. ADDRESS: Bonners Ferry Ida

23c. DATE SIGNED: 12/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 12/3/52

REGISTRAR'S SIGNATURE: C. M. Bonell

25. FUNERAL DIRECTOR: E. H. Whitney
ADDRESS: Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. Reines office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Shirley b. (Middle) Wood c. (Last) Watson

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 21-1927

9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months 7, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Arco - Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A

13. FATHER'S NAME: Paul Wood
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Stella Meacham
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Duane Watson
ADDRESS: Darlington Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1 year
DUE TO (c): obesity — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: pregnancy — 9 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Nov 6, 1952, *that I last saw the deceased alive on* Nov 6, 1952, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Reines M.D. (Degree or title)
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10-52
24c. NAME OF CEMETERY OR CREMATORY: Willcrest
24d. LOCATION (City, town, or county) (State): Arco Idaho

DATE REC'D BY LOCAL REG.: Nov. 10-52
REGISTRAR'S SIGNATURE: Betty J. Marvel #670
25. FUNERAL DIRECTOR: Betty J. Marvel F.D. #19
ADDRESS: Arco Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4036
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atomic City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ike
b. (Middle):
c. (Last): Howsden

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 15-1924
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 7, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment operator
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Huntley Neb.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Howsden — BIRTHPLACE: Harlan Co. Neb.
14. MOTHER'S MAIDEN NAME: Ruth Anne ? — BIRTHPLACE: Harlan Co. Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World II
16. SOCIAL SECURITY NO.: 524-24-3612
17. INFORMANT'S OWN SIGNATURE: James I Howsden — ADDRESS: Sedgwick Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): fractured neck — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): rural Arco Butte Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 25 1952 10 1/2 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: automobile accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* D.O.A., *19___, and that death occurred at* 10 3/4 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: J C Reines (Degree or title): M.A.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 12/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 29-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Alma Neb.

DATE REC'D BY LOCAL REG.: Dec. 3-1952
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Marvel Funeral Home — W. A. Marvel
ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021 # 670

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4037
Local Reg. No. 67
Reg. Dist. No. 360

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle):
c. (Last): Parsons

4. DATE OF DEATH (Month) (Day) (Year): November 2-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: November 25-1947
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months 12, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roswell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Marion R. Parsons, Fallon, Nevada
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Adrienne Sale, Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Roswell, Idaho
+ Mrs Adrienne Parsons

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Possible Intra Cranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. X ray finding suggested hydrocephalus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 PM Nov 2, 19 52 *to* 12 PM Nov 2, 19 52, *that I last saw the deceased alive on* 12 PM Nov 2, 19 52, *and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Parish MD
23b. ADDRESS: 220 E Logan
23c. DATE SIGNED: 11-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 6-1952
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel
C. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

State File No. 4938
Local Reg. No. 69
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Lewis; b. (Middle); c. (Last) Sayre

4. DATE OF DEATH: (Month) (Day) (Year): November 4-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 22-1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 1, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Dragline operator

10b. KIND OF BUSINESS OR INDUSTRY: for U.S.R.S.

11. BIRTHPLACE (State or foreign country): Wonsevu, Chase Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Shepherd Sayre — BIRTHPLACE: o 4

14. MOTHER'S MAIDEN NAME: Sarah Bryant — BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-0610

17. INFORMANT'S OWN SIGNATURE: Ethel Sayre — ADDRESS: Adrian, Oregon

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1952, *to* 11-4, 1952, *that I last saw the deceased alive on* 11-4, 1952, *and that death occurred at* 11:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 7-1952

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 11/11/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1039
Local Reg. No. 68
Reg. Dist. No. 368

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1209 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) A.; c. (Last) Shaver

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 25-1878

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months: 9 | Days: 10 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Janitor at U.P.

10b. KIND OF BUSINESS OR INDUSTRY: Depot & Farmer

11. BIRTHPLACE (State or foreign country): Clinton, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin F. Shaver, BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lucinda Shaver (no relation) BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: A-243889

17. INFORMANT'S OWN SIGNATURE: Mrs. John Shaver, ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it. Senile Dementia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 1951, *to* Nov 5, 1952, *that I last saw the deceased alive on* Nov 3, 1952 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: [illegible] M.D.

23b. ADDRESS: 220 E. Logan St.

23c. DATE SIGNED: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 10-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/11/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Peckham-Dukart Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1040
Local Reg. No. 71
Reg. Dist. No. 360

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Harry
c. (Last): Wheeler

4. DATE OF DEATH (Month) (Day) (Year): November 5-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 26-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep shearer & Teamster
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Park City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Wheeler, BIRTHPLACE: Birmingham, England
14. MOTHER'S MAIDEN NAME: Fanny Frances Williams, BIRTHPLACE: Staffordshire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William G Wheeler — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dead on arrival

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Foster Sharpe M.D.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Foster Sharpe 370 (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED: 11/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/14/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: G. V. Peckham — ADDRESS: Peckham-Dakam Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rikard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) William c. (Last) Yost

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 3/2/74

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic

10b. KIND OF BUSINESS OR INDUSTRY: automotive

11. BIRTHPLACE (State or foreign country): Carrolltown, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustine Yost
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Elizabeth Hilker
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Rita G. Stinebaker
ADDRESS: Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute
INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Senility and aging process

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 19, 1952 *to* Nov. 10, 1952, *that I last saw the deceased alive on* Nov. 10, 1952, *and that death occurred at* 1:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jay M. Kellogg, M.D. (Degree or title)
23b. ADDRESS: 1100 S. Kimball, Caldwell, Ida.
23c. DATE SIGNED: 11 Nov. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 11/12/52
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 11/11/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Russell C Relyea
ADDRESS: RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1042
Local Reg. No. 76
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 215 Fillmore St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): A.
c. (Last): Huebert

4. DATE OF DEATH (Month) (Day) (Year): November 12-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 24-1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Henderson, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abraham Regier, BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Sarah Hilderbrandt, BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Abe Huebert — ADDRESS: Caldwell Rt. 6

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24, 1950, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118
23b. ADDRESS: [signature] Caldwell Idaho
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: November 14, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Dallas, Oregon

DATE REC'D BY LOCAL REG.: 11/22/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1043
Local Reg. No. 73
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1110½ Albany St.

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle) Lucretia; c. (Last) Mende

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: March 19, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 7, Days 23
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lakeport, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John R. Faubion, BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Jane Balleu, BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L. L. Mende, ADDRESS: Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 12, 1952, *to* Nov 12, 1952, *that I last saw the deceased alive on* Nov 12, 1952, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Hubler 613 (Degree or title) MD
23b. ADDRESS: 221 E Logan St Caldwell Idaho
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/21/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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111-52-14207
BIRTH NO.

RECEIVED
NOV 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4044
Local Reg. No. 74
Reg. Dist. No. 360

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 417 Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle): Rose
c. (Last): Hibbs

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: November 12,1952
9. AGE (In years last birthday): --
IF UNDER 1 YEAR: Months -- Days --
IF UNDER 24 HRS.: Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter B. Hibbs
BIRTHPLACE: Wilder, Idaho
14. MOTHER'S MAIDEN NAME: Norma Goss, Tremonten, Utah
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. H. Goss
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity 5½ months
INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 12, 1952, *to* Nov. 13, 1952, *that I last saw the deceased alive on* Nov. 12, 1952, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 370 M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 11/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 14,1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/21/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
[signature]
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4045
Local Reg. No. 17
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2, Pleasant Ridge community

3. NAME OF DECEASED (Type or Print): a. (First) Oren; b. (Middle) L.; c. (Last) Stevens

4. DATE OF DEATH: (Month) (Day) (Year): November 15-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 26,1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beaver Dams, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Charles Stevens, Beaver Dams, New York

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Phelps, Beaver Dams, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Sarah J. Stevens — Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of the left lung — INTERVAL BETWEEN ONSET AND DEATH: about

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with metastases — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Nov 15

22. *I hereby certify that I attended the deceased from* March 7, 1951, *to* [illegible], 19 52, *that I last saw the deceased alive on* Nov 15, 19 52, *and that death occurred at* 2 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E Dennis MD

23b. ADDRESS: 220 E Logan

23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 18-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/26/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel — Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1045
Local Reg. No. 78
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1416 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mabel
b. (Middle) R.
c. (Last) Rinard

4. DATE OF DEATH (Month) (Day) (Year) November 24, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 14, 1885

9. AGE (In years last birthday) 67
IF UNDER 1 YEAR: Months 8 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Guthrie County, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Forest A. Tanner
BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Anna Bond, Indiana
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Lee H. Rinard
ADDRESS Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor. arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Long standing Coronary insufficiency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 24, 1952 *to* Nov. 24, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE C. K. Dietler (Degree or Title) M.D.
23b. ADDRESS Caldwell
23c. DATE SIGNED 11-26

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE November 28, 1952
24c. NAME OF CEMETERY OR CREMATORY Jerome
24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. Dec. 1-52
REGISTRAR'S SIGNATURE Agnes McDermas

25. FUNERAL DIRECTOR Peckham-Dakan Chapel
ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 271
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 7th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 112 7th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) ANNIE b. (Middle) L. c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 3, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldonia, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Dunbar — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Lena Arnson — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. A. N. Derrick — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Oct 6 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 19 50, *to* Oct 6, 19 6?, *that I last saw the deceased alive on* Aug 16, 19 5?, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. L. Derrick MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/9/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov 28 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 264
Reg. Dist. No. 3[illegible]2

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1315 12th Ave So

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): Q
c. (Last): MARSING

4. DATE OF DEATH (Month) (Day) (Year): Oct 11, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 16, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nampa Dist. Mgr Amalgamated Sugar Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Price, Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hans P Marsing — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah E Powell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 542-09-8570
17. INFORMANT'S OWN SIGNATURE: Mrs. E. P. Marsing — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): c̄ Myocardial Infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* same day, *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/15/52
24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN
24d. LOCATION (City, town, or county): NAMPA — (State): IDAHO

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Mrs. [signature]
25. FUNERAL DIRECTOR: [signature] Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No 270
Reg. Dist. No 3621

BIRTH NO.

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 227 Blaine St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 227 Blaine St.

3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) B. c. (Last) WESTON

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 22, 1905

9. AGE (In years last birthday) 46
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Ontario, California

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Howard BIRTHPLACE Minn.

14. MOTHER'S MAIDEN NAME Florence Brace BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Luther D. Weston by Paul S. Alsip ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanosarcoma & metastases.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 12, 1949, *to* Oct 16, 1952, *that I last saw the deceased alive on* Oct 16, 1952, *and that death occurred at* 7:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry C. Wesche M.D

23b. ADDRESS Nampa - Idaho

23c. DATE SIGNED 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 20, 52

24c. NAME OF CEMETERY OR CREMATORY Payette Cemetery

24d. LOCATION (City, town, or county) (State) Payette Idaho

DATE REC'D BY LOCAL REG. Nov 28, 1952

REGISTRAR'S SIGNATURE Mrs. Janet Steck

25. FUNERAL DIRECTOR Paul S. Alsip

ADDRESS Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 258
Reg. Dist. No. 363

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountian Home
d. STREET ADDRESS (If rural, give location): Mountian Home

3. NAME OF DECEASED (Type or Print): a. (First) Alfred; b. (Middle) R.; c. (Last) Wayte

4. DATE OF DEATH: (Month) 10; (Day) 31; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 9, 1879

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 10; Days 22
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Winnemucca

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Wayte
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ama Elizabeth Burge
BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Georgia Wheeler
ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1952, *to* 10-31, 1952, *that I last saw the deceased alive on* 10-30, 1952, *and that death occurred at* 1:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche (Degree or title) M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Mountian Home
24d. LOCATION (City, town, or county) (State): Mountian Home Idaho

DATE REC'D BY LOCAL REG.: Nov. 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Kenneth C. Spence
ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 051
Local Reg. No. 266
Reg. Dist. No. 362

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 315 Nectarine

3. NAME OF DECEASED (Type or Print): a. (First) LOUISA; b. (Middle) S.; c. (Last) WEIDE

4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 30, 1867

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Yates Center, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ernest Stockbrand — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Stang — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Enoch R. Weide — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Purpura Hemorrhagica — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease — 10 years
DUE TO (c) Secondary Anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 8, 1952, *to* 11-2-, 1952, *that I last saw the deceased alive on* 11-2-52, 19____, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clara M. Hastings M.D. — **23b. ADDRESS**: 1116 2nd St. So. — **23c. DATE SIGNED**: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: November 4, 52
24c. NAME OF CEMETERY OR CREMATORY: Yates Center, Kansas
24d. LOCATION (City, town, or county) (State): Yates Center, Kansas

DATE REC'D BY LOCAL REG.: Nov 19 1952
REGISTRAR'S SIGNATURE: Mrs. Jenet Steck
25. FUNERAL DIRECTOR: Paul D. Alsip — **ADDRESS**: Nampa, Idaho
Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 259
Reg. Dist. No. 32

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nancy Hospital
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 924 15th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) Josie b. (Middle) Agnes (Frances) c. (Last) Robbins

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 16, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: X Josephine Ferguson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic Coma (incipient) Diabetes Mellitus — 4 hrs
DUE TO (c) — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gastro-Enteritis — 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Josephine M. D.

23b. ADDRESS: Nampa

23c. DATE SIGNED: 11/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/5/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov 15, 1952

REGISTRAR'S SIGNATURE: Mrs Jane Steele

25 FUNERAL DIRECTOR ADDRESS: Lewis Edmunds Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4053
Local Reg. No. 63
Reg. Dist. No. 23

Certificate of Death

STATE OF IDAHO

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENN'S FERRY
d. STREET ADDRESS (If rural, give location): IDAHO

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): DOLAR

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 3, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 3, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): LOUISVILLE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH FRIEDY — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: LOUISE LANGOLF — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Mrs Carl Isenhart — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Coma.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1952, *to* Nov 3, 1952, *that I last saw the deceased alive on* Nov 2, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.R.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/4/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Glenn's Ferry Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stack
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4054
Local Reg. No. 862
Reg. Dist. No. 862

Certificate of Death

STATE OF IDAHO

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 11th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idah o
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): SELZ

4. DATE OF DEATH (Month) (Day) (Year): November 3, 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 26, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Painter 23
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joh n Selz — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Elmer D Selz — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-, 1952, *to* 11-3, 1952 *that I last saw the deceased alive on* 11-2, 1952 *and that death occurred at* 10:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 Gerald E Wasche MD (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/8/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 247
Reg. Dist. No. 3

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Laura c. (Last) Harrell

4. DATE OF DEATH: (Month) Nov. (Day) 7th. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 8th. 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Star Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank Speelman
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Laura Brown
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-24-9047

17. INFORMANT'S OWN SIGNATURE: Carl Harrell
ADDRESS: Nampa, Ida. Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
~~DUE TO (c)~~ and Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

4 4 2 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1, 1952, *to* Nov 7, 1952, *that I last saw the deceased alive on* 11-7, 1952, *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 11-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/10/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 19, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steele
25. FUNERAL DIRECTOR: B W Robison
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 257
Reg. Dist. No. 362

BIRTH NO. NOV 21 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 609 17th Ave. No.

3. NAME OF DECEASED (Type or Print)

a. (First): MILTON

b. (Middle): MEYERS

c. (Last): RANTS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 2, 1888

9. AGE (In years last birthday): 64

IF UNDER 1 YEAR — Months / Days

IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Sheepman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Galena, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Rants — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah Belle Franklin — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes — W. War #1

16. SOCIAL SECURITY NO.: 519-26-0902

17. INFORMANT'S OWN SIGNATURE: x L. L. Rants — ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4-20-1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 7, 1952, *to* Nov. 7, 1952, *that I last saw the deceased alive on* Nov. 7, 1952, *and that death occurred at* 10:15am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Kochne M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: Nov. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/12/52

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 15, 1952

REGISTRAR'S SIGNATURE: Mrs. Janet Stuckey

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 057
Local Reg. No. 264
Reg. Dist. No. 34

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 615 6th St. So.

3. NAME OF DECEASED (Type or Print): a. (First) LOUIS b. (Middle) ALBERT c. (Last) BLUNCK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Febr. 3, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufactures Agent

10b. KIND OF BUSINESS OR INDUSTRY: Horticultural Supplies

11. BIRTHPLACE (State or foreign country): Johnstown, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert E. Blunck
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Frances Helen Leaning
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-36-1028

17. INFORMANT'S OWN SIGNATURE: Mrs. Dorothy H. Blunck
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive encephalopathy with cerebral deterioration six months.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterial sclerosis generalized with hypertension-five years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary occlusion acute 3 months duration.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* November, 1951, *to* November, 1952, *that I last saw the deceased alive on* November 7 1952, *and that death occurred at* 11:57 pm, *from the causes and on the date stated above.*

23a. SIGNATURE: W B Rose 344 (Degree or title)

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/10/52

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Nov 15 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Doe

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4058
Local Reg. No. 276
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 607 20th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 607 20th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): MAY
c. (Last): GIBSON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wynone, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo. W. Gravatt — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Margret Pierce — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-6388
17. INFORMANT'S OWN SIGNATURE: Leota Gibson — ADDRESS:

18. CAUSE OF DEATH 002X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Tuberculosis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Nov 7, 1952, *that I last saw the deceased alive on* Nov 6, 1952, *and that death occurred at* 19 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Rodwell 340 (Degree or title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Nov. 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Carl S. Rhodes — Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 277
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1112 11th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) L. c. (Last) MARTIN

4. DATE OF DEATH (Month) Nov. (Day) 11, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 31, 1878
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jim Martin BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME No record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Edithe Martin ADDRESS 1112-11th Ave So.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate
ANTECEDENT CAUSES metastases in bones.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Myocarditis.
II. OTHER SIGNIFICANT CONDITIONS Nephritis.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15-, 1952, *to* 11-11-, 1952, *that I last saw the deceased alive on* 11-11-, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Samuel A. Wayne M.D.
23b. ADDRESS Nampa. Ida
23c. DATE SIGNED 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/14/52
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise Ada (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 28, 1952
REGISTRAR'S SIGNATURE Mrs. Jane Steed
25. FUNERAL DIRECTOR John F. Alsip, Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 275
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 404 20th Ave So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JUSTIN	ARTHUR	COATES	NOV. 13, 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	July 21, 1885	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	King Packing Co.	Mt. Pleasant, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Coates	England	Elizabeth Zabriski	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 03 1831	W J Coates	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary Embulus	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio - sclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-13- *, 19 52, to* 11-13- *, 19 52, that I last saw the deceased alive on* 11-15- *, 19 52, and that death occurred at* 6 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel C Wayne MD	Nampa, Ida.	11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/17/52	Kohler Lawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 28 1952	Mrs. Jane Steck	John F Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 261
Reg. Dist. No. 362

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 13th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312 13th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): JEPSON

4. DATE OF DEATH (Month) (Day) (Year): November 16, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 5, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Rose M. Bushnell — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Irregularity
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 25, 1946, *to* 11-16, 1952, *that I last saw the deceased alive on* 11-15, 1952, *and that death occurred at* 11:45am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Ida.
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 269
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): MARIE
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1952

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 14, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manson, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Becker — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Tressie — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Fred Adams — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of Corn. Ileac Art. Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C-V. Disease — age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5, 1952 *to* 11-17, 1952 *that I last saw the deceased alive on* 11-17-, 1952 *and that death occurred at* 11:20 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Welsch MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 27, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Fred Lewis Edmunds
25. FUNERAL DIRECTOR: LEWIS EDMUNDS MORTUARY — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4063
Local Reg. No. 273
Reg. Dist. No. 362
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miller's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 323 Chestnut

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) A c. (Last) Dunivan

4. DATE OF DEATH: (Month) Nov (Day) 18, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 14, 1889

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leavenworth Co. Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Felix Lefler
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Nancy Jane Hundley
BIRTHPLACE: Rencler, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Walter Dunivan
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Caecum — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-4, 19 49, *to* 11-18, 1952, *that I last saw the deceased alive on* 11-17, 1952, *and that death occurred at* ——— *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wenke MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov 21, 52

24c. NAME OF CEMETERY OR CREMATORY: Hutchinson, Kansas

24d. LOCATION (City, town, or county) (State): Hutchinson, Kansas

DATE REC'D BY LOCAL REG.: Nov. 28, 1952

REGISTRAR'S SIGNATURE: Mrs. June Stuck

25. FUNERAL DIRECTOR: John J. Alsip Jr.
ADDRESS: Nampa
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 278
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1410 3rd St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1410 3rd St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle):
c. (Last): SHAVER

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 3, 1935
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alluwe, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Drigg Stanart — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Willie Mae Howard — BIRTHPLACE: Gainsville, Ga.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: from family & county record — ADDRESS: Lewis Edmunds

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Sarcoma lungs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Osteogenic Sarcoma right Shoulder
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1952, *to* Nov 19, 1952, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: Nov 29-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 5 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 615 Locust St.

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): V;
c. (Last): Watson

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 9/13/05
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman 32
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Watson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Thurza Crane — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: X L. T. Watson — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rhematic Fever
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950 *to* 11/21, 1952, *that I last saw the deceased alive on* 11/21, 1952, *and that death occurred at* 12:55 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 264 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 112 24/52 23
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 22, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, BOISE, IDAHO
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 279
Reg. Dist. No. 363

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 28

3. NAME OF DECEASED (Type or Print)
a. (First): Hanson
b. (Middle): Chapin
c. (Last): Secoy

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-19-77

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Maine, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Geo. J. Secoy — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ann Bickford — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Lola Secoy by G.C. Beechler — ADDRESS: Ontario, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4221 Terminal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerotic C.V. Renal yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20-52 *to* 11-26-52, *that I last saw the deceased alive on* 11-26-52, *and that death occurred at* 11:15 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-29-52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Ontario, Ore.

DATE REC'D BY LOCAL REG.: Dec 5, 1952
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Geo. C. Beechler — ADDRESS: Ontario + Vale, Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 70
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Cecil
b. (Middle) Nelson
c. (Last) Trueblood

4. DATE OF DEATH (Month) (Day) (Year) November 2-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 27-1879
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 0 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Terre Haute. Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nelson Trueblood, BIRTHPLACE Vigo County, Indiana
14. MOTHER'S MAIDEN NAME Mar. Cassidy, BIRTHPLACE Sheldon, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-8967
17. INFORMANT'S OWN SIGNATURE * Ted W. Trueblood, ADDRESS Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on Nov 2, 1952, to _____, 19__, that I did not see ~~last saw~~ the deceased alive on Nov 2, 1952, and that death occurred at 11:30 a m., from the causes and on the date stated above.*

23a. SIGNATURE R. Nowlan M.D. (Degree or title) 556
23b. ADDRESS Homedale Ida
23c. DATE SIGNED 11/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2
24b. DATE 01 Nov. 12-52
24c. NAME OF CEMETERY OR CREMATORY Portland Memorial
24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. 11/12/52
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS Peckham-Dakan Chapel
C. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4038
Local Reg. No. 265
Reg. Dist. No. 34

BIRTH NO. NOV 21 1952

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3 Lake Shore Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 3 Lake Shore Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FLORENCE	MARION	KUGLER	Nov. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 24, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Learnsville, Kansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Curris	No record	Cordelia Massey	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Stewart Kugler	Nampa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease 443X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Nov 4, 1952, *that I last saw the deceased alive on* Nov 3, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
241 J.R. Manzum MD	Nampa Idaho	11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1952	Cloverdale	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 18, 1952	Mrs. Jane Steck	Paul E. Kingsley	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Nampa Funeral Chapel

AMENDED SEPTEMBER 4, 1953

Certificate of Death

STATE OF IDAHO

State File No. 4069
Local Reg. No. 73
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) Mae c. (Last) Carlley

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1886

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months: 7 Days: 3 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prarrie View, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fielden Gwaltney BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Roxie Boxtic BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walter Carlley ADDRESS: Wilder, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis

DUE TO (c) Carcinoma of Ovary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952, *to* Nov. 10, 1952, *that I last saw the deceased alive on* Oct. 18, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Krause M. D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: Nov. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: November 14-1952

24c. NAME OF CEMETERY OR CREMATORY: Watonga

24d. LOCATION (City, town, or county) (State): Watonga, Oklahoma

DATE REC'D BY LOCAL REG.: 11/17/52

REGISTRAR'S SIGNATURE: Agnes M. Denman

25. FUNERAL DIRECTOR ADDRESS: W. W. Dakan Peckham-Dakan Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

C. V. PECKHAM
PHONE 716

T. W. DAKAN
PHONE 1518J

Peckham-Dakan Chapel
FUNERAL DIRECTORS - AMBULANCE SERVICE
CALDWELL-PARMA, IDAHO

CHAPEL PHONES
CALDWELL, 97
PARMA, 50

September 3-1953

Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

We are wondering what procedure to follow in getting a birth-date changed after it has been reported for several months.

The case above mentioned is for Betty Mae Carlley of Wilder, Idaho who died at her home there November 12, 1952. At that time Mr. Carlley gave us her birth-date as April 9-1889. After checking some old family records he now finds her birth-date to be April 9, 1886. He is anxious to get the correct date on the permanent filing.

We will be glad to comply with what you advise us to do.

Very truly yours
Nell Wilson - Nell -
Nell Wilson
Peckham-Dakan Chapel

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

52-4069

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 73
Local Reg. No. 961
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Betty; b. (Middle) Mae; c. (Last) Carlley

4. DATE OF DEATH: (Month) (Day) (Year) November 12-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1889

9. AGE (In years last birthday): 63; IF UNDER 1 YEAR: Months 7, Days 3; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prarrie, View, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Fielden Gwaltney, Tennessee

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Roxie Boxtic, Mississippi

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Walter Carlley. Wilder. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Malnutrition.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinomatosis

DUE TO (c): Carcinoma of Ovary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 18, 1952, *to* Nov. 10, 1952, *that I last saw the deceased alive on* Oct. 19, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Krause, M.D.

23b. ADDRESS: Caldwell, Idaho.

23c. DATE SIGNED: Nov. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: November 14-1952

24c. NAME OF CEMETERY OR CREMATORY: Watonga

24d. LOCATION (City, town, or county) (State): Watonga, Oklahoma

DATE REC'D BY LOCAL REG.: 11/17/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Peckham-Bakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 274
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Route 2, Idaho
c. LENGTH OF STAY (in this place): 34yrs4mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville in rural district.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): ——
c. (Last): Orvis

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 15, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Had none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Orvis — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Evelyn E. Pyle, Clerk — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma starting in colon with
ANTECEDENT CAUSES — DUE TO (b): metasticis in omintum and left
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c): lung
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Of long duration

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Nov. 15, 1952, *that I last saw the deceased alive on* Nov. 15, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: Nov. 15, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 19, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 28 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 2 1952
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4071
Local Reg. No. 272
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Five mile so. S.S. Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Burke		Scharbach	Nov.	19,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 10, 1930	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
No	None	Hammett, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Scharbach	Forest, Ida.	Lidia Williams	Samaria, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528 38 0711	X Mrs Burke Scharbach	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Massive Internal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injuries to left side
DUE TO (c) of body and internal — Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public Highway	5 mile South of Nampa, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov.	19	1952	5:05 p.m.		Head on auto accident

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Alsip, Jr Coroner	Nampa, Idaho	11/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 52	Kohler Lawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 28 1952	Mrs Jane Stark	John F Alsip, Jr Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4072
Local Reg. No. 79
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 13 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Wilder

3. NAME OF DECEASED (Type or Print)
a. (First): Elias
b. (Middle): William
c. (Last): Faris

4. DATE OF DEATH (Month) (Day) (Year): November 30-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 10-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mederyville, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: B.R. Faris, Mederyville, Indiana
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Kathryn Freshour, Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs Lillie Faris, Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1945, *to* Nov 30 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E Talbot MD 420
23b. ADDRESS: Wilder Idaho
23c. DATE SIGNED: 4 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 12/8/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4073
Local Reg. No. 7
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lund
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle):
c. (Last): Peterson.

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 2, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant Green, Utah

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles G. Broady
BIRTHPLACE: Torshalla, Swed.

14. MOTHER'S MAIDEN NAME: Maria Wilhelmina Lundquist
BIRTHPLACE: Vallboy Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Central, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension - Obesity. — several years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Fall, 1950, *to* Nov. 14, 1952, *that I last saw the deceased alive on* Nov. 14, 1952, *and that death occurred at* 6 44 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles C Johnson (Degree or title): M.D.
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: Nov. 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 01
24c. NAME OF CEMETERY OR CREMATORY: Lund Cemetary
24d. LOCATION (City, town, or county) (State): Lund Caribou Idaho

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: Arlene Morris
25. FUNERAL DIRECTOR: G. B. Watkins
ADDRESS: Soda Springs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 8
Reg. Dist. No. 220-221

BIRTH NO.

RECEIVED DEC 13 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: CARIBOU

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VICINITY OF LUND

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. AT SODA SPRINGS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: CARIBOU

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LUND (MAIL ADDRESS BANCROFT) IDAHO

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GRAYDON b. (Middle) LEROY c. (Last) WELCH

4. DATE OF DEATH: (Month) NOVEMBER (Day) 17, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: JUNE 4, 1935

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 4, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BLACKFOOT, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE T. WELCH — BIRTHPLACE: WEST WEBER, UTAH

14. MOTHER'S MAIDEN NAME: GOLDIE BAGGS — BIRTHPLACE: TABOR, IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of right chest — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Jeep while hunting

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bancroft, Caribou, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 17 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Rifle accidently discharged.

22. *I hereby certify that I attended the deceased from* Dead on arrival *to* hospital, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* (approx) 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell Tigert Jr. (Degree or title) MD.

23b. ADDRESS: Soda Springs, Idaho

23c. DATE SIGNED: 9 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: LUND CEMETERY

24d. LOCATION (City, town, or county) (State): LUND, IDAHO

DATE REC'D BY LOCAL REG.: 11-30-52

REGISTRAR'S SIGNATURE: Arlene Morris

25. FUNERAL DIRECTOR — ADDRESS: HALL GRANT MORTUARY — POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 1 3 1952 DIVISION OF VI

State File No.
Local Reg. No. 8
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace
c. LENGTH OF STAY (in this place) 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Lucian Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace
d. STREET ADDRESS (If rural, give location) c/o Lucian Johnson

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Kirby

4. DATE OF DEATH (Month) Nov (Day) 25, (Year) 1952

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 16 Oct 1866

9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 24

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Kirby BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Ann Argyr BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE Reta Johnson ADDRESS Grace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular d. — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov, 19 49, *to* 25 Nov, 19 52, *that I last saw the deceased alive on* June, 19 52, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Emmett E. Hansen MD

23b. ADDRESS Grace, Idaho

23c. DATE SIGNED 25 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 28, 52

24c. NAME OF CEMETERY OR CREMATORY Grace

24d. LOCATION (City, town, or county) (State) Grace Idaho

DATE REC'D BY LOCAL REG. 12-1-52

REGISTRAR'S SIGNATURE Arlene Morris

25. FUNERAL DIRECTOR Wheeler Wells ADDRESS Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 88
Reg. Dist. No. 470

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 17 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 600 Conant Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Adolph	D	Young	Nov. 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 31, 1903	49	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Labor	Orangeville, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Squire Dagbert Young	Provo, Utah	Cyrenia E. Stilson	Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-01-8430	Dean Young	600 Normal

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

550.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Staph. Bowel Obstruction & Ileus. — 15 Oct 52

DUE TO (c) Staphylococcus Septicemia — 8 Oct 1952

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Intra Ruptured Appendicitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-6, 19 52, *to* 2 Nov, 19 52, *that I last saw the deceased alive on* 2 Nov 1952, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas H. Blume	MD	Burley Idaho	3 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1952	Pleasant View Cemetery	Burley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 6 1952	R. A. Nelson	Vern B. McCulloch	Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 102
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 951 Conant Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Ellen; b. (Middle); c. (Last) Rose

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1877

9. AGE (In years last birthday): 75; IF UNDER 1 YEAR Months: -; Days: 3; IF UNDER 24 HRS. Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cherry Creek, Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Workman, BIRTHPLACE: ---- Iowa

14. MOTHER'S MAIDEN NAME: Arminta DeSpaine, BIRTHPLACE: Frankford, Ill.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: G L Rose, ADDRESS: Montour Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3-5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic Pneumonia — Chronic Heart

DUE TO (c) Natural Senesis & Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6-46 19__, *to* 11-14-52 19__, *that I last saw the deceased alive on* 11-14-52 19__, *and that death occurred at* 9:13P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M D
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Nov 15

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county): Burley, (State): Idaho

DATE REC'D BY LOCAL REG.: Nov 26 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Vern B. McCulloch, ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4078
Local Reg. No. 100
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1419 Oakley Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Johnston
c. (Last): Fargo

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 24, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Arthur, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Johnston — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Edgar — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-14-2793
17. INFORMANT'S OWN SIGNATURE: Gail B Fargo — ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension — unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 18, 1952, *to* Nov 18, 1952, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* 10:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Bucher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Nov 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Nov 25 1952
REGISTRAR'S SIGNATURE: B H Wilson
25. FUNERAL DIRECTOR: J. Sarth Sayre — ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 98
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 1wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Corral
d. STREET ADDRESS (If rural, give location) Corral

3. NAME OF DECEASED (Type or Print)
a. (First) DANIEL
b. (Middle) B.
c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 20, 1871
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lebanan, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Bart Davis — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME POWELL — BIRTHPLACE UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE L. M. Davis — ADDRESS Corral, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart — ?
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia — 1wk.

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-6-, 1951, *to* 11/23, 1952, *that I last saw the deceased alive on* 11-22-, 1952, *and that death occurred at* 10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Hutton (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/23/52
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Nov 25 1952
REGISTRAR'S SIGNATURE B. Wilson
25. FUNERAL DIRECTOR Dwight Phillips — ADDRESS White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC. 4 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4080
Local Reg. No. 99
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portland
d. STREET ADDRESS (If rural, give location) 2346 N.W. Northrop St.

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Lonergan	Burke	Nov. 23, 1952

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 2, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Livestock 51	Livestock	Batavia, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Burke	Ireland	Mary Lonergan	Batavia, Ill.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-18-1016	John L. Burke Jr. Lt. (C.E.C.) U.S. Navy	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Aortic Aneurism — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - Hypertension ? .
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Illness . ? .

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-11, 1952 *to* 11-23, 1952 *that I last saw the deceased alive on* 11-22, 1952 *and that death occurred at* 1 15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Neely	M.D.	Burley Idaho	11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/26/52	Mt. Calvary Cemetery	Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 25 1952	B.F. Wilson	J. Smith Sayer	Burley

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 4081
Local Reg. No. 94
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
c. LENGTH OF STAY (in this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mi. So. 2½ E. of Burley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: CAssia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 6 Mi. So. 2½ E. of Burley

3. NAME OF DECEASED (Type or Print): a. (First) Delbert b. (Middle) Samuel c. (Last) Oliver

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1915

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months 6 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Stone, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Oliver BIRTHPLACE: Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME: Mary Ellen Baggett BIRTHPLACE: ---- Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-5120

17. INFORMANT'S OWN SIGNATURE: Rena Oliver ADDRESS: Burley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess, Myocardial, Acute 431X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Septicemia, acute & chronic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Embolic

INTERVAL BETWEEN ONSET AND DEATH: ? Symptoms Since Feb 52

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [4] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8, 1952, *to* 11-6, 1952, *that I last saw the deceased alive on* 11-6, 1952, *and that death occurred at* 3:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Nov 13 1952

REGISTRAR'S SIGNATURE: R T Nelson

25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. ....
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Small
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hm of Melba Edie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dubois
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year)
	Jennie	S.	Waring		Oct. 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept 22, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Spanish Fork, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hales	USA	Frances (?)	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Blaine Waring	Dubois, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1537 Carcinoma of the Cecum — INTERVAL BETWEEN ONSET AND DEATH: 20 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5 May 51	Carcinoma of Cecum	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* 26 Oct, 1952, *that I last saw the deceased alive on* 26 Oct, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Worlton M.D.	Idaho Falls, Idaho	30 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-29-52	Dubois Cemetery	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-29-52	Joan Rasmussen	Jack A. Wood, Jr.	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]3
Local Reg. No. 33
Reg. Dist. No. 210

BIRTH NO. NOV 10 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rt. 6

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Halonen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 7-26-1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Woods-work

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: Finland

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518012016

17. INFORMANT'S OWN SIGNATURE: R. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia
INTERVAL BETWEEN ONSET AND DEATH: 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 28, 1952 *to* Nov. 2, 1952, *that I last saw the deceased alive on* Nov. 1, 1952, *and that death occurred at* 2:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. T. Hopkins (Degree or title) MD
23b. ADDRESS: Orofino Ida.
23c. DATE SIGNED: 11/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG. 11-5-52
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: R. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 34
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Otto Hanson~~ State Hosp. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Otto
b. (Middle):
c. (Last): Hanson

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 6/12/1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rice Lake, Wis
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Otto Hanson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Christina Solstad — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): N
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: G G Espe — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral regurgitation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* 11-7-, 1952, *that I last saw the deceased alive on* 11-7-, 1952, *and that death occurred at* 740 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: G G Espe MD (Degree or title)
23b. ADDRESS: Orofino, Ida
23c. DATE SIGNED: 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Vernon E Fowler
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 35
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seattle
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) c. (Last) Hill

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 1911 6-1-84

9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Finland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE G. G. Espe ADDRESS Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 4211
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paraplegia from accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5-, 1952, *to* 11-7-, 1952, *that I last saw the deceased alive on* 11-7 1952, *and that death occurred at* 845 P *m., from the causes and on the date stated above.*

23a. SIGNATURE G. G. Espe (Degree or title)

23b. ADDRESS Orofino, Ida

23c. DATE SIGNED 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-10-52

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) Orofino (State) Ida

DATE REC'D BY LOCAL REG. 11-10-52

REGISTRAR'S SIGNATURE Vernon E Dowley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 3½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Bonner Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint, Ida
d. STREET ADDRESS (If rural, give location) 316 Pine

3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) Franklin c. (Last) Springer

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 1 1874

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Joseph, Co Mich

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Benjamin Springer BIRTHPLACE Pa

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Pa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE W. E. Gilbert ADDRESS Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1952, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-6, 1952, *and that death occurred at* 730P m., *from the causes and on the date stated above.*

23a. SIGNATURE G Keefe (Degree or title) MD

23b. ADDRESS Orofino, Ida

23c. DATE SIGNED 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-9-52

24c. NAME OF CEMETERY OR CREMATORY Moon Mortuary

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. 11-9-52

REGISTRAR'S SIGNATURE Delmer E Dudley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johnson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nels b. (Middle) [illegible] c. (Last) Resvik

4. DATE OF DEATH: (Month) (Day) (Year): 11-9-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Never married	10-20-188[illegible]	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 63	Butcher	Sweden	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-189846	W. E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by smoke. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-9-52 9:00 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Overcome by smoke, house on fire.

22. *I hereby certify that I attended the deceased from* --------, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 9:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino, Idaho	11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-1952	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-10-52	Vernon Dudley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 38
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 9yr 4mo 5da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ulilla
b. (Middle) M.
c. (Last) Powell

4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1952

5. SEX F

6. COLOR OR RACE Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 1872

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mexico.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unk
BIRTHPLACE

14. MOTHER'S MAIDEN NAME unk.
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry MD
ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of lip — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastisis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 15 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7, 1943, *to* 11-11, 1952, *that I last saw the deceased alive on* 11-10, 1952 *and that death occurred at* 1:38 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE 11-13-52

24c. NAME OF CEMETERY OR CREMATORY HAZEN-JAEGER

24d. LOCATION (City, town, or county) SPOKANE (State) WASH

DATE REC'D BY LOCAL REG. 11-13-52

REGISTRAR'S SIGNATURE Vernon E. Dooley

25. FUNERAL DIRECTOR W. E. Gilbert
ADDRESS Orofino

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 39
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Mustonen

4. DATE OF DEATH (Month) (Day) (Year): 11-12-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-16-1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Ely Minn.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 469125238
17. INFORMANT'S OWN SIGNATURE: Matilda Grahe Mustonen — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fractures of lt. clavicle & Right ribs - right wrist — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clear
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Camp "Y" Clearwater Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 10 '52 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by a falling snag -

22. *I hereby certify that I attended the deceased from* 11/10, 1952, *to* 11/12, 1952, *that I last saw the deceased alive on* 11/12, 1952, *and that death occurred at* 11:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. Hopkins
23b. ADDRESS: Orofino
23c. DATE SIGNED: 11/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Co-operative Fun. Home
24d. LOCATION (City, town, or county) (State): Virginia Minn.

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1090
Local Reg. No. 40
Reg. Dist. No. 210

BIRTH NO. NOV 22 1952

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 6
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Orchards - 620 Ste[illegible]

3. NAME OF DECEASED (Type or Print)
a. (First): Veryl
b. (Middle): Elaine
c. (Last): Schoonover

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1952
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Minnisota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Stilwell — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Florine Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 532-26-9212
17. INFORMANT'S OWN SIGNATURE: Vadrean J. Schoonover — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation by drowning. — INTERVAL BETWEEN ONSET AND DEATH: Few. Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Rt. 6 Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-12-52 12:40p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car plunged in Clearwater River.

22. *I hereby certify that I attended the deceased from* -------, 19--, *to* -------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 12:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 47D Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 11-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-13-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Alinon E Fowley
25. FUNERAL DIRECTOR: Brower-Wann Co. By- K H Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 22 1952

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4091
Local Reg. No. 41
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 6
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Virginia b. (Middle) (Virgie) Evelyn c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1898

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Russell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Stanton — BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Ellen Strahl — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S OWN SIGNATURE: Robert D King — ADDRESS: Asotin, Washington

18. CAUSE OF DEATH 823.4
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning. — INTERVAL BETWEEN ONSET AND DEATH: Few. Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Rt. 6 Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-12-52 12:40p.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car plunged into Clearwater River.

22. *I hereby certify that I attended the deceased from* -------, 19--, *to* -------, 19--, *that I last saw the deceased alive on* -------, 19--, *and that death occurred at* 12:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert M.D. (Degree or title): Coroner
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-13-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Le iston, Idaho

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Elmer E Smiley
25. FUNERAL DIRECTOR: Brower-Wann Co. By- B.H. Malcom
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 42
Reg. Dist. No. 210

NOV 22 1952

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 22 yr 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) J c. (Last) Veiox

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 15, 1877

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Placer miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Veiox — BIRTHPLACE: Baden Germany

14. MOTHER'S MAIDEN NAME: Katherine Skott — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Barry — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-renal disease — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1 1943 *to* 11-14, 1952, *that I last saw the deceased alive on* 11-14, 1952, *and that death occurred at* 6:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barry M.D.
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 11-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-17-52
24c. NAME OF CEMETERY OR CREMATORY: Basler Fun. Home
24d. LOCATION (City, town, or county) (State): St. Genevieve Mo.

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Vernon Bailey
25. FUNERAL DIRECTOR: W. E. Gilbert — **ADDRESS**: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-49021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lumberman's Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Lumbermans Hotel

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Hamilton c. (Last) Henley

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-24-1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Pomeroy, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James H. Henley
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Mary Frances Scanlan
BIRTHPLACE: Vancouver Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No 4-20-11

16. SOCIAL SECURITY NO.: 536051935

17. INFORMANT'S OWN SIGNATURE: Bert Richardson
ADDRESS: Pomeroy Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary-heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 11-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-16-1952
24c. NAME OF CEMETERY OR CREMATORY: Pomeroy City
24d. LOCATION (City, town, or county) (State): Pomeroy Wash.

DATE REC'D BY LOCAL REG.: 11-16-52
REGISTRAR'S SIGNATURE: Verna E. Dooley
25. FUNERAL DIRECTOR: Bert Richardson
ADDRESS: Pomeroy Wash.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 yr 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bannock Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct 21 1877

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer - Labors

10b. KIND OF BUSINESS OR INDUSTRY unk.

11. BIRTHPLACE (State or foreign country) Mo.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles B. King BIRTHPLACE Mo

14. MOTHER'S MAIDEN NAME Sarah E. Pate BIRTHPLACE Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S OWN SIGNATURE E. L. Bunyard ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile deterioration — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep 8, 1950, *to* Nov 23, 1952, *that I last saw the deceased alive on* Nov 23, 1952, *and that death occurred at* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. L. Bunyard

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 11-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-24-52

24c. NAME OF CEMETERY OR CREMATORY Whitney Fun. Home

24d. LOCATION (City, town, or county) (State) Bonner's Ferry Idaho

DATE REC'D BY LOCAL REG. 11-24-52

REGISTRAR'S SIGNATURE Vernon E Dawley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 45
Reg. Dist. No. 210

BIRTH NO. ____

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 33 yrs 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joe
b. (Middle)
c. (Last) Charby

4. DATE OF DEATH (Month) (Day) (Year) 11 — 26 — 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH unk

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME unk — BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME unk — BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S OWN SIGNATURE E. L. Barney — ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 — 1 *, 19*43*, to* 11 — 26 *, 19*52*, that I last saw the deceased alive on* 11 — 25 *, 19*52*; and that death occurred at* 12 20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. L. Barney M D

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-28-52

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. 11-26-52

REGISTRAR'S SIGNATURE Vernon E Davis

25. FUNERAL DIRECTOR W. E. Gilbert — ADDRESS Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mackay
c. LENGTH OF STAY (in this place): Ap. 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): CECIL
b. (Middle): WARREN
c. (Last): WELLS

4. DATE OF DEATH: (Month) OCTOBER (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 11 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): MUSKOTAH. KANSAS

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: LEWIS G. WELLS
BIRTHPLACE: ✓

14. MOTHER'S MAIDEN NAME: MAUDE ANN WARREN
BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 1918-19

16. SOCIAL SECURITY NO.: 518-09-3620

17. INFORMANT'S OWN SIGNATURE: Elsa Wells
ADDRESS: Mackay Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown -- See attached letter.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Deceased was hunting deer with friends near Hunter Canyon on headwaters of North Fork of Lost River -- Had Climbed Strenuously. App. 8 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Lewis Mapp - Acting Coroner
23b. ADDRESS: Box 37 Challis, Idaho
23c. DATE SIGNED: 18-Nov-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1-1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Mc Caleb
24d. LOCATION (City, town, or county) (State): Mackay Idaho

DATE REC'D BY LOCAL REG.: Nov 19 52
REGISTRAR'S SIGNATURE: A J Muffett

25. FUNERAL DIRECTOR: Betty J. Marnel
ADDRESS: Arco Idaho
F.D. # 19

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) A. c. (Last) Van Orden

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Feb. 21, 1879
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 4 Days 24 | IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Union Pacific
11. BIRTHPLACE (State or foreign country) New York City N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lester Hall ADDRESS Mountain Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1945, *to* July 15, 1952, *that I last saw the deceased alive on* July 7, 1952, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm A. Anderson M.D.
23b. ADDRESS Glenns Ferry Ida
23c. DATE SIGNED July 18 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 19 1952
24c. NAME OF CEMETERY OR CREMATORY Glen Rest Cemetery
24d. LOCATION (City, town, or county) Glenns Ferry (State) Idaho

DATE REC'D BY LOCAL REG. July 18-52
REGISTRAR'S SIGNATURE Mary Sullivan
25. FUNERAL DIRECTOR Felix B. Ray ADDRESS Mountain Home Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 37
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) c. (Last) Percival

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-12-86
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crystal, North Dakota
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry Percival — BIRTHPLACE: Philadelphia, Penn.
14. MOTHER'S MAIDEN NAME: Kate Lambert — BIRTHPLACE: Glascow, Scotland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-1280
17. INFORMANT'S OWN SIGNATURE: Philo F Green — ADDRESS: Mtn Home Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 5, 1952 *to* Nov 13, 1952 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr J F Weber
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: 11 1852

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE: Nov 21-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Ida

DATE REC'D BY LOCAL REG.: Nov 24, 1952
REGISTRAR'S SIGNATURE: A P Anderson
25. FUNERAL DIRECTOR: D. A. J. Harrison — ADDRESS: Mt Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 35
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Elmore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6 miles E. of Grandview

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Elmore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	LOWELL	MC KEETH	Nov. 14, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 26, 1905	47-1-18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Charles, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn E. McKeeth	Wisconsin	Maude Baker	Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#2

16. SOCIAL SECURITY NO. 519-34-2751

17. INFORMANT'S OWN SIGNATURE: L.E. McKeeth ADDRESS: 2216 Mad

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Shot Wound — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Self-inflicted

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		

21d. TIME OF INJURY (Month) (Day) (Year)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11 14 '52 a.m. 7:45	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self-inflicted Gun shot.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philo F. Green	Mtn. Home Ida	11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/17/52	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	D.F. Anderson	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service — Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 36
Reg. Dist. No. 380

BIRTH NO. .....

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MOUNTAIN HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) AGNES; b. (Middle); c. (Last) SCHRAFT

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 16, 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JANUARY 17, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (illegible)

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): SCOTLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH CLARK
BIRTHPLACE: SCOTLAND

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE: SCOTLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONR

17. INFORMANT'S OWN SIGNATURE: Josephine A. Peck
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ....., 1949, *to* 11 15, 1952, *that I last saw the deceased alive on* 11 15, 1952, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: (illegible) M. D. (Degree or title)
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED:

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify):
24b. DATE: 11-20-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain Home
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Nov 24, 1952
REGISTRAR'S SIGNATURE: A. E. Anderson
25. FUNERAL DIRECTOR: D. L. Harrison
ADDRESS: Mountain Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 101
Local Reg. No. 38
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMILIO
b. (Middle):
c. (Last): TRUEBA

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 23, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SPAIN
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Nina Berriochoa — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Endocarditis — 421.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tick
DUE TO (c): Nerve Absorption

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1948 *to* 11 23, 1952, *that I last saw the deceased alive on* 4 21, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. J. Weber (Degree or title) 439
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: 12 1 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-26-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Ida

DATE REC'D BY LOCAL REG.: Nov 26, 1952
REGISTRAR'S SIGNATURE: H. P. Anderson
25. FUNERAL DIRECTOR: Felix Bey Mortuary — ADDRESS: Mt Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 8 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 39
Reg. Dist. No. 388

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home Rural
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home (Rural)
d. STREET ADDRESS (If rural, give location) Rm. N. E.

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J. c. (Last) Breyer

4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 3-1864
9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months 8 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Columbus Wis
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME Daniel L Breyer BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Not Known BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Earl Willick ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 11-29, 1952, *that I last saw the deceased alive on* 11-29, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 12-3-52
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) Mountain Home (State) Ida

DATE REC'D BY LOCAL REG. Dec. 2, 1952
REGISTRAR'S SIGNATURE A. Anderson
25. FUNERAL DIRECTOR Berg Mortuary ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 11103
Local Reg. No. 17
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 49 West 1st No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: X Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 49 West 1st North

3. NAME OF DECEASED (Type or Print): a. (First) Sena b. (Middle) Erickson c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): Oct 30 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 10, 1861

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: WOwn home

11. BIRTHPLACE (State or foreign country): Glumso, Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hans Erickson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Sidsie Marie Olsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Jennius Larsen
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo-Cardial

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952 *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 3, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mink Creek

24d. LOCATION (City, town, or county) (State): Mink Creek Idaho

DATE REC'D BY LOCAL REG.: 11-3-1952

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Ackerman Webb
ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 0 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 478 East Oneida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 478 East Oneida

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	MARION	PERKINS	Nov. 8, 1952.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 18, 1873.	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Kaysville, Utah.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christopher C. Perkins	Illinois	Eliza Robbins	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Millie Perkins	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 1, 1952 *to* Nov 8, 1952, *that I last saw the deceased alive on* Nov 8, 1952 *and that death occurred at* 6:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Ida	11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-12-52	Weston	Weston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-1952	Effie W. Brewer	Richards & Son	Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Herman J. Richards

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 16
Reg. Dist. No. 540

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 229 East 2nd north

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 229 East 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Craig c. (Last) Eames

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 6, 1952

9. AGE (In years last birthday): 3 mo. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George A. Eames BIRTHPLACE: Preston, Idaho

14. MOTHER'S MAIDEN NAME: Vilate Elwood BIRTHPLACE: Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George A. Eames ADDRESS: Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

053.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Septicemia, generalized — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Premature - 7 weeks — 3 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/6, 1952, *to* 11-12-, 1952, *that I last saw the deceased alive on* 11-11-, 1952, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Smith 396 (Degree or title): M.D. **23b. ADDRESS**: Preston, Idaho **23c. DATE SIGNED**: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Nov. 15, 1952 **24c. NAME OF CEMETERY OR CREMATORY**: Preston **24d. LOCATION** (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 11-14-1952 **REGISTRAR'S SIGNATURE**: Effie M. Brower

25. FUNERAL DIRECTOR: Atkinson & Webb ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 106
Local Reg. No. 15
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 260 West Oneida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 260 West Oneida

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Miralda c. (Last) Comish Day

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 25, 1871

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert N. Comish — BIRTHPLACE: Isle of Man, Eng.

14. MOTHER'S MAIDEN NAME: Emma Jane Holdand — BIRTHPLACE: Flagtown, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Reuben Day — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Nov. 14, 1952, *that I last saw the deceased alive on* Nov 13, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Franklin
24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 11-18-1952
REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Peterson Webb
ADDRESS: Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1107
Local Reg. No. 60
Reg. Dist. No. 650

BIRTH NO. 111-52-14422 NOV 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony eneral Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) STEPHEN b. (Middle) HILL c. (Last) SLAUGHTER

4. DATE OF DEATH: (Month) Nov., (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov., 1, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Del Slaughter — BIRTHPLACE: Idaho Falls, Idaho

14. MOTHER'S MAIDEN NAME: Ruth Julienne Hill — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. Del Slaughter — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature, 6 mos. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Double uterus. (Baby only heathest twins)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 1, 1952, *to* Nov. 1, 1952, *that I last saw the deceased alive on* Nov. 1, 1952, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.B. Rigby MD

23b. ADDRESS: Rigby, Ida.

23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3 Nov 52

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4 Nov 52

REGISTRAR'S SIGNATURE: M.L. Hansen

25. FUNERAL DIRECTOR: M.L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4108
Local Reg. No. 68
Reg. Dist. No. 650

BIRTH NO.

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 149 West 2nd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 149 West 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) Catherine; b. (Middle) Greve; c. (Last) Heese

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 2, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 8 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Apenrade, Schleswig-Hol,, Denmark

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry[illegible]n Greve — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Damm — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Stanley Jenkins — ADDRESS: St. Anthony

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-C

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial failure — 12 months

DUE TO (c) Arteriosclerotic heart disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1951, *to* 14 Nov, 1952, *that I last saw the deceased alive on* 13 Nov, 1952, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. C. Brinton M.D. M. D.

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Bur.

24b. DATE: 11-17-52

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: 17 Nov 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1100
Local Reg. No. 66
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: FREMONT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON.
c. LENGTH OF STAY (in this place): 2½ YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ASHTON MEMORIAL HOSPITAL.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON. RURAL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HUGH.
b. (Middle): SADORUS.
c. (Last): MOON.

4. DATE OF DEATH (Month) (Day) (Year): NOV.8th1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: AUG11th 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING.
11. BIRTHPLACE (State or foreign country): EGIN BEMCH. IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: JOHN. MOON. BIRTHPLACE: MALAD* IDAHO.
14. MOTHER'S MAIDEN NAME: MARY, SARILDA. SADORUS. BIRTHPLACE: WILLARD UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: S. A. Moon — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 181X Carcinoma of bladder 5 — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 8 Nov, 1952, *that I last saw the deceased alive on* 8 Nov, 1952 *and that death occurred at* 10:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ca. A. Hugh Chid. 213
23b. ADDRESS: Ashton - Ida
23c. DATE SIGNED: 10 Nov 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV10th1952.
24c. NAME OF CEMETERY OR CREMATORY: ORA. IDAHO
24d. LOCATION (City, town, or county) (State): ORA. IDAHO

DATE REC'D BY LOCAL REG.: 12 Nov 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: Louis Kier — ADDRESS: ASHTON IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 67
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drummond
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): ELIZABETH
c. (Last): JOHNSON BROWN

4. DATE OF DEATH (Month) (Day) (Year): Nov., 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 14, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grainville, Texas
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: La Monte Bauer — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

904.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture left elbow & shoulder — 4 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St anthony, Fremont Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 15 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in home.

22. *I hereby certify that I attended the deceased from* 16 Oct, 1952, *to* 11 Nov, 1952, *that I last saw the deceased alive on* 9 Nov, 1952, *and that death occurred at* 11 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Brinton MD 052
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 17 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 13 Nov 52 01
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 17 Nov 52
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 69
Reg. Dist. No. 651

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-14444

1. PLACE OF DEATH

a. COUNTY: Fremont.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton

c. LENGTH OF STAY (in this place): 36 Hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Fremont.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville Idaho

d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Genevha.	**	Whitemore	Nov. 13th. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	**	Nov. 12th 1952	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home -

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Ashton Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Whitemore. BIRTHPLACE: Farnum Idaho

14. MOTHER'S MAIDEN NAME: Alphea. Bird. BIRTHPLACE: St Anthony Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward L. Whitemore. Marysville Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital Cerebral Defects — Congenital

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

753.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 12, 1952 *to* Nov. 13, 1952, *that I last saw the deceased alive on* Nov. 13, 1952, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Spencer Parkinson M.D.	Ashton, Idaho	11/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/14th 1952	Pineview	Ashton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 17, 1952	Mel Hansen	Funeral Home	Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 4112
Local Reg. No. 70
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location) Idaho Street.

3. NAME OF DECEASED (Type or Print)
a. (First) Herbert.
b. (Middle) Keith.
c. (Last) Cordingley

4. DATE OF DEATH (Month) (Day) (Year) Nov. 15th 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 11th 1934
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In School 77
10b. KIND OF BUSINESS OR INDUSTRY r***
11. BIRTHPLACE (State or foreign country) Ashton Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lee Cordingley, BIRTHPLACE Marysville Idaho.
14. MOTHER'S MAIDEN NAME Dorthy Strong. BIRTHPLACE Ashton Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S OWN SIGNATURE Lee Cordingley ADDRESS Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

810X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck & Crushed Chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Abrasions
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing 1 Mi So. Ashton
21c. (CITY, TOWN, OR TOWNSHIP) Ashton (COUNTY) Fremont (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 15 1952 6:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car & Train going south & Car turned off highway across mainline of R.R. Train striking car as it was going across Crossing

22. *I hereby certify that I attended the deceased from* Never attended, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* app 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE M. S. Hansen (Degree or title) Coroner
23b. ADDRESS St Anthony Ida
23c. DATE SIGNED Nov 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/18th 1952.
24c. NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 17 Nov 52
REGISTRAR'S SIGNATURE M. S. Hansen
25. FUNERAL DIRECTOR Lewis Kiser ADDRESS Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4113
Local Reg. No. 71
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony RFD#2, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Ray
c. (Last): Sadorus

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept., 8, 1888
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 2, Days 11
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Potato Warehouse
11. BIRTHPLACE (State or foreign country): Hot Springs, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel S. Sadorus
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Cicilia Whitaker
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-4059
17. INFORMANT'S OWN SIGNATURE: Estle Warren Sadorus
ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

835.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Potato Warehouse
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony RFD#2 Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 19 1952 2:10 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Trucked backed into him crushing body between truck bed & warehouse

22. *I hereby certify that I attended the deceased from* never attended, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M L Hansen Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 20 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 22 Nov 52
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.: 20 Nov 52
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4114
Local Reg. No. 72
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY FREMONT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ASHTON. (RURAL)
c. LENGTH OF STAY (in this place) 52 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ASHTON MEMORIAL, HOSPITAL.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY FREMONT.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ASHTON, RURAL. (GREEN TIMBER)
d. STREET ADDRESS (If rural, give location) 10-MILES EAST OF ASHTON.

3. NAME OF DECEASED (Type or Print)
a. (First) H.A.Otto.
b. (Middle) *
c. (Last) STEGLEMEIER..

4. DATE OF DEATH (Month) 11 (Day) 26th (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MARCH.26th 1869.
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer,
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) HANOVER GERMANY.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME DONT KNOW — BIRTHPLACE STEGLEMEIER.GERMANY.
14. MOTHER'S MAIDEN NAME DONT KNOW. — BIRTHPLACE GERMANY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Frank Steglemeier — ADDRESS ASHTON IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1950, *to* 26 Nov, 1952, *that I last saw the deceased alive on* 26 Nov, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 213 Mayer M.D.
23b. ADDRESS Ashton - Idaho
23c. DATE SIGNED 28 Nov 52.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV.29th 1952. 01
24c. NAME OF CEMETERY OR CREMATORY PINEVIEW
24d. LOCATION (City, town, or county) ASHTON (State) IDAHO

DATE REC'D BY LOCAL REG. Nov 29, 1952
REGISTRAR'S SIGNATURE M S Hansen
25. FUNERAL DIRECTOR [signature] — ADDRESS ASHTON IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 73
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First): WORTHY
b. (Middle): WILLIAM
c. (Last): LaFOLLETTE

4. DATE OF DEATH (Month) (Day) (Year): Nov., 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3, 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 4, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: -Overland Greyhound Lines
11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Wm. Franklin LaFollette
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Bessie Ellen Bargar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 514-09-8455
17. INFORMANT'S OWN SIGNATURE: Mrs N. N. LaFollette — ADDRESS: St. Anthony

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old myocardial infarct — 6 ms (?)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Nov, 1952, *to* 29 Nov, 1952, *that I last saw the deceased alive on* 29 Nov, 1952, *and that death occurred at* 12:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 213 [signature] M.D.
23b. ADDRESS: Ashton - Idaho
23c. DATE SIGNED: 2 Dec. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 Dec 52
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 3 Dec 52
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 24
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 So Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 319 So. Comercial

3. NAME OF DECEASED (Type or Print): a. (First) Sherman b. (Middle) Glenn c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 2, 1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 11 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: store

11. BIRTHPLACE (State or foreign country): Malheur Co., Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John T. Glenn
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nanny Kenney
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Naomi E. Glenn
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4201 Coronary occlusion?
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Patient dead on
DUE TO (c): arrival.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Patient dead on arrival, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson
23b. ADDRESS: Emmett
23c. DATE SIGNED: 11/03/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Boise

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 25
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 809 Hays

3. NAME OF DECEASED (Type or Print): a. (First) Allie b. (Middle) A. c. (Last) Bane

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 20, 1872

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR Months: 11 Days: 11
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Holton, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bartett
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: William J Bane
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Nov, 1952, *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* 7:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard, Md
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Nov 12, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov 12 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Gooding

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4118
Local Reg. No. 26
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Monroe
c. (Last): Baker

4. DATE OF DEATH (Month, Day, Year): Nov. 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 18, 1882	70	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner	mining	Lynn Creek, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel D. Baker	Pittsburg, Penn.	Jessie F. Carr	Baraboo, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-03-6552	Clay Davis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
(	(	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept., 1952, *to* Nov., 1952, *that I last saw the deceased alive on* 18 Nov., 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M. D.	Emmett, Ida.	25 Nov., 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 22, 1952	John Day, Idaho	John Day, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 25, 1952	Jean A. Beatty	Beatty Chapel	Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

State File No. 4119
Local Reg. No. 27
Reg. Dist. No. 340-341

BIRTH NO. DEC 12 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett, Idaho
c. LENGTH OF STAY (in this place): 3-months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stockton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Minnie; b. (Middle) Viola; c. (Last) Bean

4. DATE OF DEATH: (Month) (Day) (Year): November 29-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: October 3-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Green County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abe White, — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Martha Adams, — BIRTHPLACE: Green County, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred B [illegible] — ADDRESS: Rt. 3 Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 24, 1952, *to* Nov. 29, 19 52, *that I last saw the deceased alive on* Nov. 28, 1952, *and that death occurred at* 9:50A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 58 Quentin C. Howard M.D.
23b. ADDRESS: 107 W. Second Emmett, Idaho
23c. DATE SIGNED: 12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 30-1952
24c. NAME OF CEMETERY OR CREMATORY: Gum Springs
24d. LOCATION (City, town, or county) (State): Near Stockton, Missouri

DATE REC'D BY LOCAL REG.: Dec 6, 1952
REGISTRAR'S SIGNATURE: Jane A. Beatty
25. FUNERAL DIRECTOR: Pedkham-Dakan — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 4120
Local Reg. No. 1572
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Milner Hotel

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) CONWAY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 8, 1866

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 86-1-23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry B. Conway — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Nancy Jane Hedden — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Ella Joplin — ADDRESS: Boise R#1 Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 28, 1952, *to* Nov. 1, 1952, *that I last saw the deceased alive on* Nov. 1, 1952, *and that death occurred at* 8:p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Brady — (Degree or title): M.D.

23b. ADDRESS: Gooding, Idaho

23c. DATE SIGNED: 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-1-52

REGISTRAR'S SIGNATURE: J H Conwell

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 4121
Local Reg. No. 374
Reg. Dist. No. 42

BIRTH NO.

RECEIVED NOV 13 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: GOODING

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING

c. LENGTH OF STAY (in this place): 2WKS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING HOHP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: GOODING

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): JOHN

b. (Middle): GARR

c. (Last): SNOWBALL

4. DATE OF DEATH: (Month) NOV. (Day) 9 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 2, 1868

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): SALT LAKE CITY UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN E SNOWBALL — BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARY SORENSON — BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE: Clyde Snowball — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): pneumonia -

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: ant. sclerosis -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept -, 1951, *to* 11-9-, 1952 *that I last saw the deceased alive on* 11-8, 1952 *and that death occurred at* 12:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Schell M.D.

23b. ADDRESS: WENDELL IDAHO

23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 12. 1952

24c. NAME OF CEMETERY OR CREMATORY: WENDELL

24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Nov-12, 1952

REGISTRAR'S SIGNATURE: Veronica Mann

25. FUNERAL DIRECTOR: J. Farrish Weaver — **ADDRESS**: Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 1578
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodine
c. LENGTH OF STAY (in this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State TB Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) - CLEMNS-CRISMON c. (Last)

4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 3, 1893

9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dixon, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME GEORGE Crismon BIRTHPLACE MISSOURI

14. MOTHER'S MAIDEN NAME UNA JERGENS - BIRTHPLACE MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. yes

17. INFORMANT'S OWN SIGNATURE Lillie Crismon ADDRESS Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Silico tuberculosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 29, 1952, *to* Nov. 14, 1952, *that I last saw the deceased alive on* Nov. 14, 1952, *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eloise M. Larson (Degree or title) M.D. 23b. ADDRESS Goodine Idaho 23c. DATE SIGNED 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-18-52 24c. NAME OF CEMETERY OR CREMATORY Salmon 24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. 11-14-52 REGISTRAR'S SIGNATURE J H Cornwell

25. FUNERAL DIRECTOR Geo. Ercad Jr. ADDRESS Gooding Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 1574
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 430 East 3rd

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): KNARR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Beloit, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Hoshaw — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Ritter — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hazel Hunt — ADDRESS: Rt. 5 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus. — Years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Nov., 1952, *that I last saw the deceased alive on* Nov. 17, 1952, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/20/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 11/18/52
REGISTRAR'S SIGNATURE: J H Cornwell
25. FUNERAL DIRECTOR: Geo. Jerrell Jr.
ADDRESS: [illegible]PSON CHAPEL [illegible]DING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 6
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy	C	Schmadeka	11 - 1 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	4-13-1894	58	6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of		Grangeville Ida	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Schmadeka.	Oregon	Arminta Johnson.	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Ethel Schmadeka	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Basal Skull
DUE TO (c) Car Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Rural	Grangeville Idaho Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov 1 1952 6:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Car Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. ~~SIGNATURE~~	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert A. Gould	Coroner	Grangeville, Idaho.	11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-5	Prairieview	Grangeville Ida Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/5/52	Irma Cone	Glenn Cutler	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 35
Local Reg. No. 7
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location) Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle)
c. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year) Nov-12-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 25. 1861
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kingston Glasgow
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel Dunn BIRTHPLACE Glasgow
14. MOTHER'S MAIDEN NAME Ann Dunn BIRTHPLACE Glasgow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE County Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recurring carcinoma of face + neck with therapeutic X-ray treatment

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Oct, 1952, *to* 12 Nov, 1952, *that I last saw the deceased alive on* 11 Nov, 1952, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald J. Feltman M.D. (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 14 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-14-52
24c. NAME OF CEMETERY OR CREMATORY Riggins Idaho
24d. LOCATION (City, town, or county) (State) Riggins Idaho

DATE REC'D BY LOCAL REG. Nov. 14 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Glenn Cole ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 9
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixie
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): H.
c. (Last): da.

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 21. 1881
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 1 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME BIRTHPLACE:
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Mrs. S. Helvey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: County Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Nov, 1952, *to* 13 Nov, 1952, *that I last saw the deceased alive on* 13 Nov, 1952, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 14 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-52
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Ida Ida

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR ADDRESS: [signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1527
Local Reg. No. 11
Reg. Dist. No. 240

Certificate of Death

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 30 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): Chalmer
c. (Last): Potter

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 10, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Evansville Indiana
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Washington Potter — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Malinda Catherine Chasteen — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruby Potter — ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Cardiac arrest during anesthesia for reduction of incarcerated hernia — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency and dilatation of heart — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on* 16 Nov, 1952, *to* _____, 19__, *that I last saw the deceased alive on* 16 Nov, 1952, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Foltman (Degree or title) M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 19 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 19 1952
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Nov. 22, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trivary — ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 10
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELK CITY,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OTIS
b. (Middle): J.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Nov.17,1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 13,1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Bennettsburg, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: not known
BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: not known
BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Jess Robertson
ADDRESS: Grangeville.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Portal Cirrhosis
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Degenerative Disease of the liver
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 12, 1952, *to* Nov 17, 1952, *that I last saw the deceased alive on* Nov 16, 1952, *and that death occurred at* 7:00 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. M. Duthmore M.D. 029
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Nov.18,1952
24c. NAME OF CEMETERY OR CREMATORY: Finley Funeral Home,
24d. LOCATION (City, town, or county) (State): Portland, Oregon.

DATE REC'D BY LOCAL REG.: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 623
Reg. Dist. No. 244

BIRTH NO. NOV 10 1952

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ Mi E Kamiah
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joyce; b. (Middle); c. (Last) Adams

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 7 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Al Wolfe
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Donald E. Adams
ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Car Accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural, Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 1 1952 Noon
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald E. Adams (Degree or title): Coroner
23b. ADDRESS: Box Orofino, Ida
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Nov 5 - 52
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: NOV. 5 1952
REGISTRAR'S SIGNATURE: Clara Tenney
25. FUNERAL DIRECTOR: Robertson Funeral Home
ADDRESS: Kamiah Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 24
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place) 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) — c. (Last) Meiners

4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 52

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 2/23/1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Evert Meiners BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Anna Margaret Rose BIRTHPLACE Germany

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Evert M. Meiners ADDRESS Nezperce

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension — 45 hours.
DUE TO (c) old age & Diabetes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 27, 1952 *to* Nov 3, 1952, *that I last saw the deceased alive on* Nov 2, 1952, *and that death occurred at* 5:50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carl D Kobler M.D.
23b. ADDRESS Nezperce Idaho.
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Nov. 5, 1952
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Pendleton, Oregon
24d. LOCATION (City, town, or county) (State) Pendleton, Oregon

DATE REC'D BY LOCAL REG. Nov. 3, 1952
REGISTRAR'S SIGNATURE Wesley J. Orr, M.D. by T.B.
25. FUNERAL DIRECTOR Albert Hoff
ADDRESS Nezperce Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 19 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 31
Local Reg. No. 8
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
c. LENGTH OF STAY (in this place): 11 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gus Carlson Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): LESTER LYLE DUGGER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 17 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Stock raising
11. BIRTHPLACE (State or foreign country): Butler, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME / BIRTHPLACE: James Patterson Dugger, Tenn.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Minnie Catherine Hatley., Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 519-24-8649
17. INFORMANT'S OWN SIGNATURE / ADDRESS: William A. Dugger, Winchester, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Riggins Hot Spring Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Pritchard A. Crowell Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: [redacted]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-9-52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 15, 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR / ADDRESS: C. E. Clovis, Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 32
Local Reg. No. 95
Reg. Dist. No. 942

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) J. c. (Last) SMITH

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 18 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Fish Springs, Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT SMITH — BIRTHPLACE: TENN.
14. MOTHER'S MAIDEN NAME: KATHERINE WHITE — BIRTHPLACE: TENN.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ada Smith — ADDRESS: Craigmont Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7 miles North Craigmont
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewis Idaho
21d. TIME OF INJURY: (Month) 11 (Day) 9 (Year) 1952 (Hour) 2:00 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Accidental Gunshot wound while hunting.

22. *I hereby certify that I attended the deceased from* 11-9, 1952, *to* 11-9, 1952, *that I last saw the deceased alive on* 11-9, 1952, *and that death occurred at* 4:15 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: R. H Collins M.D. (Degree or title)
23b. ADDRESS: Craigmont, Idaho
23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-9-52
24c. NAME OF CEMETERY OR CREMATORY: Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 12, 1952
REGISTRAR'S SIGNATURE: Wesley Allen, M.D.
25. FUNERAL DIRECTOR: E. Lacy — ADDRESS: Craigmont, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 133
Local Reg. No. 624
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Verlon b. (Middle) Clyde c. (Last) McFeron

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Oct. 28 1952
9. AGE (In years last birthday): — IF UNDER 1 YEAR Months: — Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 02
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Clarkston, Wash.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William E McFeron BIRTHPLACE: Troy, Idaho
14. MOTHER'S MAIDEN NAME: Mary C. Lyons BIRTHPLACE: Chewelah Wash.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: S. E. McFeron ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre Maturity — INTERVAL BETWEEN ONSET AND DEATH: 18 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Stites Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 16 1952 5:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] A. Gowell M.C. Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 11-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18 1952
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Nov. 16 1952
REGISTRAR'S SIGNATURE: Claude Trenary
25. FUNERAL DIRECTOR: Claude Trenary ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 34
Local Reg. No. 26
Reg. Dist. No. 242

BIRTH NO. 111-52-14508

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): BIES

4. DATE OF DEATH (Month) (Day) (Year): Nov 28 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 28 52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dominic Bies — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Patrica Schmidt — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dominic Bies — ADDRESS: Winchester, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 28, 1952, *to* Nov. 28, 1952, *that I last saw the deceased alive on* Nov. 28, 1952, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D. 299
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 11-29-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 29 52
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Ferdinand, Idaho

DATE REC'D BY LOCAL REG.: 11-29-1952
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by [illegible]
25. FUNERAL DIRECTOR: Cletus A. Uhlorn — ADDRESS: Cottonwood, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clark & E l N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Clark & E l N

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): SAMUEL
c. (Last): BROWN

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Millcreek, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Monroe Brown.
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Marian Florence Hussey.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs L S Brown
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation
DUE TO (c): Hypertension — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis — 5 yrs.

443X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 2, 1947, *to* Nov. 10, 1952, *that I last saw the deceased alive on* Nov. 10, 1952, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 11/14/52

24c. NAME OF CEMETERY OR CREMATORY: Rosehill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov 19 1952

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell
ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 22 1952

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
c. LENGTH OF STAY (in this place): 73 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Henry c. (Last) Poole

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rawlston Poole.
BIRTHPLACE: Iowa.

14. MOTHER'S MAIDEN NAME: Harriett Bitton.
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Harry L. Poole
ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1946, *to* Nov 16, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 9:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B Rigby MD

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/13/52

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: Nov 17 1952

REGISTRAR'S SIGNATURE: Mrs A B Russell

25. FUNERAL DIRECTOR: A B Russell

ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 19
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
c. LENGTH OF STAY (in this place): 15 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi West of Lorenzo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. 2 Mi West of Lorenzo
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): ELWOOD
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Taylor, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chester George Taylor. BIRTHPLACE: Ammon, Ida
14. MOTHER'S MAIDEN NAME: Lana Ardell Arave. BIRTHPLACE: Taylor, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Don E Taylor — ADDRESS: Lorenzo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Snake River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lorenzo, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/26/52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell through ice while hunting.

22. *I hereby certify that* ~~I attended the deceased from~~ ~~19~~ ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~ ~~and that~~ *death occurred at* about 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 473 (Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/1/52
24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
24d. LOCATION (City, town, or county) (State): Taylor, Idaho

DATE REC'D BY LOCAL REG.: 12/1/52
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4138
Local Reg. No. 47
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle):
c. (Last): Pugh

4. DATE OF DEATH (Month) (Day) (Year): Nov 4 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4. 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Williams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Jones — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Howell T. Pugh — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 70 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
myocarditis; mitral regurgitation; arterial hypertension; phlebitis — 2 yrs to 2 wks

420.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10/10, 1952, *to* 11/4/52, 19__, *that I last saw the deceased alive on* 11/4/52, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle Smail 373
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 11/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 7, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 139
Local Reg. No. 48
Reg. Dist. No. 4-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Label b. (Middle) B c. (Last) DeVoe

4. DATE OF DEATH: (Month) Nov (Day) 7. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 19. 1876

9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR: Months 9 Days 18 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife o\

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Midway, Mass

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Philip H. DeVoe — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute dilatation of heart. — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) a cold — 10 da.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-1, 1952, *to* 11-7, 1952, *that I last saw the deceased alive on* 11-7, 1952, *and that death occurred at* 11:00 P *m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): Reuben C. Matson

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: Nov. 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 12.52

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 13, 1952

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-14526

Certificate of Death

STATE OF IDAHO

State File No. 440
Local Reg. No. 51
Reg. Dist. No. 440

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Wayne
c. (Last): Fattig

4. DATE OF DEATH (Month) (Day) (Year): November 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 7. 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 12; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wayne Fattig
BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Patsy Byrd
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Wayne Fattig
ADDRESS: Wendell. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 756.0 Convulsions and cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyloraspasm + dehydration — ? 2 wks
~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/7, 1952, *to* 11/19, 1952, *that I last saw the deceased alive on* 11/19, 1952, *and that death occurred at* 10 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. Carlyle Snail 373
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 21.52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 21, 1959
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 53
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. BENEDICT'S

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GALENA c. (Last) BARRY

4. DATE OF DEATH (Month) (Day) (Year) 11-23-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 11-14-1881
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months — Days 9 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE
11. BIRTHPLACE (State or foreign country) Galena, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME MARTIN BARRY BIRTHPLACE QUEENSTOWN IRELAND
14. MOTHER'S MAIDEN NAME MARY E. SMALL BIRTHPLACE BALTIMORE MD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 453.1
17. INFORMANT'S OWN SIGNATURE Agnes Barry ADDRESS Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombo-angeitis obliterans — INTERVAL BETWEEN ONSET AND DEATH One year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/8/52
19b. MAJOR FINDINGS OF OPERATION Amputation left little + fourth toes
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/30, 1952, *to* 11/23, 1952, *that I last saw the deceased alive on* 11/23, 1952, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. Carlyle Small
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-26-52
24c. NAME OF CEMETERY OR CREMATORY Ketchum
24d. LOCATION (City, town, or county) (State) Ketchum Idaho

DATE REC'D BY LOCAL REG. Dec. 3, 1952
REGISTRAR'S SIGNATURE Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4442
Local Reg. No. 54
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 4 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): West Main

3. NAME OF DECEASED (Type or Print)
a. (First): Harriet
b. (Middle): Emily
c. (Last): Washburn

4. DATE OF DEATH (Month) (Day) (Year): Nov 28 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 12. 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John D Darling — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Sarah Bowles — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Roy Washburn — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

932.0

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found Dead in Coal Shed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cold and Exposure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome, Jerome co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 28, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: cold and exposure

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* dead *on* Nov 29, 1952, *and that death occurred at* Nov 28-52 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Wiley 470 - (Coroner-Jerome Co)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: Dec 1-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 12/3/52
REGISTRAR'S SIGNATURE: Sister M. Rose, O.T.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 440

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benidicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 1 North 1 East ¼ North Jerome

3. NAME OF DECEASED (Type or Print)
a. (First): Janice
b. (Middle): Iwakiri
c. (Last):

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1952

5. SEX: F

6. COLOR OR RACE: yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April 11 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 19; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Jerome

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jim Iwakiri — BIRTHPLACE: Wash

14. MOTHER'S MAIDEN NAME: Dorathy Kawata — BIRTHPLACE: Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dorathy Iwakiri — ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

571.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Intussusception following diarrhea

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-30, 1952, *to* 11-30, 1952, *that I last saw the deceased alive on* 11-30, 1952, *and that death occurred at* 3:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Stockton Idaho

23c. DATE SIGNED: 12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 2 1952

24c. NAME OF CEMETERY OR CREMATORY: Eden Cemetery

24d. LOCATION (City, town, or county) (State): 4 miles south Eden Idaho

DATE REC'D BY LOCAL REG.: Dec. 5 1952

REGISTRAR'S SIGNATURE: Lester M. Rose

25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 49
Reg. Dist. No. 4-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Eden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	DEWAYNE	LILLYWHITE	Nov. 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	March 11, 1936	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: 11
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: J. R. Lilywhite — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Grace Duecy — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Hazelton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot - in Right Thoracic Cavity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural Hazelton
21c. (CITY, TOWN, OR TOWNSHIP) Hazelton-Rural (COUNTY) Jerome (STATE) Idaho
21d. TIME OF INJURY (Month) Nov (Day) 11 (Year) 1952 (Hour) - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gunshot While Hunting

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* Nov 11, 1952, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Wiley (Coroner)	Jerome, Idaho	11.13.52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11.15.52		Brigham City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 13, 1952	Sister M. Rose, O.S.B.	[signature]	White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 50
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNT: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No street address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): F.
c. (Last): Foraker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15, 1860
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Irene Bauer — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis.

DUE TO (c) Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Oct, 1952, *to* 13 Nov, 1952, *that I last saw the deceased alive on* 12 Nov, 1952, *and that death occurred at* 4:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Ellis Knight M.D.
23b. ADDRESS: Kimberly Idaho.
23c. DATE SIGNED: 15 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/15/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 21, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: James C. Reynolds — Reynolds Funeral Home — ADDRESS: Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazelton, Idaho Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HANNAH	LODICA	SEELEY	Nov.	16,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	May7, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Indianola, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard H. Spencer — BIRTHPLACE: Payson, Utah
14. MOTHER'S MAIDEN NAME: Ann Reynolds — BIRTHPLACE: Mt. Pleasant, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J B Seeley — ADDRESS: Hazelton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1947, *to* 16 Nov., 1952 *that I last saw the deceased alive on* 15 Nov, 1952, *and that death occurred at* 8:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 20 No. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29, 1952
REGISTRAR'S SIGNATURE: Lester M. Rose, CVR
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: White Mortuary, 136 4th. Ave. E., Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 202
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rural Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edna	Sarah	Winebarger	11	2	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 16, 1915	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Younce	Tennessee	Arabella Egger	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	NOne		Rome Winebarger	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Injuries, multiple, extreme — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c) brain, abdominal viscera,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. spine

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public Highway	Post Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov 1, 1952 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Accident

22. *I hereby certify that I attended the deceased from* 11-1-, 19 52, *to* 11-2, 19 52, *that I last saw the deceased alive on* 11-1, 19 52, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes MD	Coeur d'Alene, Idaho	11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-6-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-3-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

State File No. 1
Local Reg. No. 204
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1047 Mountain Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1047 Mountain Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Julius; b. (Middle); c. (Last) Johnson

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 11, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Alcohol Tax Unit

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Johnson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. Chester Johnson
ADDRESS: Los Alomos, N. Mex.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, Coroner MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-12-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-13-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates

ADDRESS: Coeur d'/alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 199
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1139 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1139 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) L. c. (Last) Anderson

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-31-~~11~~1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Hand

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mills

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknon

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-01-3253

17. INFORMANT'S OWN SIGNATURE: Mrs. Julia Anderson
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1938, *to* Nov. 6, 1952, *that I last saw the deceased alive on* Nov. 6, 1952, *and that death occurred at* 9:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. Anderson M.D. (Degree or title) MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-52
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Ida.

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. F-
Local Reg. No. 205
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospitall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Otis Orchards
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Effie	S.	DeMars	11-	7	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
Female	White	Divorced	June 29, 1899	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Usher	Iowa	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Clyde Pfieffer	Otis Orchards, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Congestive Heart Failure	2 Months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Rheumatic Heart Dis.	10 Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26, 1948, *to* 11/7, 1952, *that I last saw the deceased alive on* 11/7, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-10-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-13-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4151
Local Reg. No. 206
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 1619 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Viola	J.	Durdy	11	7	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 HR. Hours / Min.
Female	White	Married	2-9-1896	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Michigan	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank A. James	Wisconsin	Mary L. Hebert	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Clyde Durdy	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ovarian Ca — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/7, 1952, *to* 11/7, 1952, *that I last saw the deceased alive on* 11/7, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-52	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-13-52	Lorraine K. Brush	Gilbert Gatz	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. Fox

RECEIVED NOV 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 152
Local Reg. No. 207
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle):
c. (Last): Rasmussen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 17, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Paulsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Anna J Harvey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Coronary — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombosis Anterior
DUE TO (c): Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/20, 1952, *to* 11/7, 1952, *that I last saw the deceased alive on* 11/7, 1952, *and that death occurred at* 10 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C R W Fox MD 122
23b. ADDRESS: Coeur d'Alene Ida.
23c. DATE SIGNED: 11/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-15-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 200
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Cordelia
b. (Middle):
c. (Last): Tallman

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct, 1, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Beckerstaff
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Jane Woddworth
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Leona McFarlane
ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, *19*52, *to* Nov 7, *19*52, *that I last saw the deceased alive on* Nov 6, *19*52 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M Gamgrah MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR ADDRESS: Gilbert Yale Coeur d'Alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Hughes

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 208
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 24 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 823-Mullan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 823-Mullan

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) I
c. (Last) Rostad

4. DATE OF DEATH (Month) Nov. (Day) 10, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 29, 1868

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder

10b. KIND OF BUSINESS OR INDUSTRY Contractor

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Oliva
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Leona Rostad
ADDRESS Coeur d' Alene Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Stomach - — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1952, *to* 11-10, 1952, *that I last saw the deceased alive on* 11-9, 1952, *and that death occurred at* 6:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard A Hughes MD

23b. ADDRESS Coeur D'Alene Idaho

23c. DATE SIGNED 11 13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-13-52

24c. NAME OF CEMETERY OR CREMATORY Murray City Cemetery

24d. LOCATION (City, town, or county) Murray City, (State) Utah

DATE REC'D BY LOCAL REG. 11-13-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 195
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'alene
d. STREET ADDRESS (If rural, give location): Knights Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Carlson	11	10	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	May 21, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Carlison — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Augusta Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Agnes Knight — ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac insufficiency	3 mo
DUE TO (c)	Chronic Carditis (myo)	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 11-10-52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Moseley	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-13-52	Lorraine K. Brewer	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

2

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4156
Local Reg. No. 209
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootneai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 310 N. 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) S. c. (Last) McManus

4. DATE OF DEATH (Month) (Day) (Year): Nov 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 28, 1912

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Appliances

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernard McManus
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lena Schmit
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-0392

17. INFORMANT'S OWN SIGNATURE: John W. McManus Jr. ADDRESS: Cd'A, Ida,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Epilepsie Convulsions — INTERVAL BETWEEN ONSET AND DEATH: 6M

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adeno Ca Rectum — 4 Yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-8-49

19b. MAJOR FINDINGS OF OPERATION: Adeno Ca Rectum?

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 19 49, *to* 11/12, 19 52, *that I last saw the deceased alive on* 11/12, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W. Hawkins MD — **23b. ADDRESS** — **23c. DATE SIGNED**: Nov. 15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Nov 15, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: St Thomas Cemetery — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-15-52 — **REGISTRAR'S SIGNATURE**: Lorraine K Brush

25. FUNERAL DIRECTOR: Don English — **ADDRESS**: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 213
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 714 Smylie Ave.

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George		Kolbar	11	20	52

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 14, 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Hand
10b. KIND OF BUSINESS OR INDUSTRY: Sawmills
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kolbar — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Mary Micola — BIRTHPLACE: Austria

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16 SOCIAL SECURITY NO.: 518-03-4174A
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Kolbar — ADDRESS: Coeur d'Alne, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comminuted Fracture Right Ankle — 5 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4655

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/15, 1952, *to* 11/20, 1952 *that I last saw the deceased alive on* 11/20, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Rusted	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-24-52	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-21-52	Lorraine K Brush	Gilbert Yates	Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr/Wm Wood

RECEIVED
DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 219
Local Reg. No. 120
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Marine Rte.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	H.	Smoots	Nov. 26 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 20, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Hobby Shop	Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Smoots	Ohio	Carrie Beckel	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		X Martha Smoots	Marine Rt. Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Myeloma — 2 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 11-26, 1952, *that I last saw the deceased alive on* 11-25, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d' Alene, Idaho	11-28-'52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-29-52	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-28-52	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4159
Local Reg. No. 216
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 E. Lakeshore Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1101 E. Lakeshore Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gretchen		Brautigan	11	27	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Never Married	Oct 6, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Grade School	Duluth Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adolph Brautigan	Germany	Louise Nern	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mrs. Ella Luerzer	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Cancer of the breast. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood Cororner M.D.	Coeur d'Alene, Idaho	11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-29-52	Forest	Coeur d'Alene, Idah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-3-52	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 240
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 21 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Stephen	E.	Pettibone		11-	9-	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-4-1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Noe Pettibone — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Harriet Mercer — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mr. Earl Pettibone — ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	MD	Coeur d'Alne, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-12-52	Mica Peak Cemetery	Rockford, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-21-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alne, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 212
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 2½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) Benton; c. (Last) Smith

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 28, 1897

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Leroy M. Smith
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Hattie BelleHill
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 539-09-0886

17. INFORMANT'S OWN SIGNATURE: x Mrs E B Smith
ADDRESS: Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arterio Sclerosis — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/13, 19 51, *to* 11/13, 19 52, *that I last saw the deceased alive on* 11/12, 1952, *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W.A. Lindell, D.C. (Degree or title)
23b. ADDRESS: 1107 4th St. Coeur d' Alene,
23c. DATE SIGNED: 11/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-22-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 11-21-52
REGISTRAR'S SIGNATURE: Lorraine K. Brewer

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 221
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	L.	Michaels	11	16	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	12-31-1872	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Gill	Unknown	Melinda Harrington	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Charles Michaels	Rathdrum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* 11/16/52, 19___, *that I last saw the deceased alive on* 11/15/52, 19___, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dickinson M.D.	MD	Spirit Lake, Idaho	11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-52	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-18-52	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Gumprecht

RECEIVED NOV 28 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 211
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) P.; c. (Last) Hite

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mills

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Hite
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Nancy McGlothlen
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-8574

17. INFORMANT'S OWN SIGNATURE: Marshall P. Hite
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 4 2 0 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Nov, 1952 *that I last saw the deceased alive on* 2 Nov, 1952 *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M Gumprecht M.D.
23b. ADDRESS: 318 N 4th St
23c. DATE SIGNED: 24 Nov

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-25-52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Post Falls Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 11-24-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 74
Local Reg. No. 215
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls,
d. STREET ADDRESS (If rural, give location): Rt #2

3. NAME OF DECEASED (Type or Print): a. (First) Magnolia b. (Middle) c. (Last) Waldo
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 52
5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov, 13, 1849
9. AGE (In years last birthday): 103 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Petersburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Ballou BIRTHPLACE: Va.
14. MOTHER'S MAIDEN NAME: Unkown BIRTHPLACE: Unkown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Bevard ADDRESS: Post Falls Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	1 yr
DUE TO (c)	Hypertensive cardio-vascular disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Hemorrhage	1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 11-28-52, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 12-3-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1165
Local Reg. No. 218
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Post Falls
c. LENGTH OF STAY (in this place): 18 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Post Falls
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): M.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schintgen — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Margaret Kropes — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 534-20-1111
17. INFORMANT'S OWN SIGNATURE: Edson D Clark — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis
ANTECEDENT CAUSES: Acute Myocardial failure
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. [redacted] (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ½ hour

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1952, *to* Nov 30, 1952, *that I last saw the deceased alive on* Nov 24, 1952, *and that death occurred at* 12:00 Noon, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H Barker M D
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-30-52 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 11-30-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Hazen & Jaeger By [signature] — ADDRESS: Spokane, Washington

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1156
Local Reg. No. 114
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 So. Almon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 404 So. Almon

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Bell c. (Last) Poesy

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 6, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Harned
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. James Thomas Poesy
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

433.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Left Ventricular failure — 30 mins
DUE TO (c) Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1941, *to* 7 Nov, 1952, *that I last saw the deceased alive on* 7 Nov, 1952, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp (Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery
24d. LOCATION (City, town, or county) (State): Viola Idaho

DATE REC'D BY LOCAL REG.: 11/22/52
REGISTRAR'S SIGNATURE: Laird E Angell
25. FUNERAL DIRECTOR: J R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 112
Reg. Dist. No. 220

BIRTH NO. ....

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): Depot Apartments

3. NAME OF DECEASED (Type or Print): a. (First) Louise; b. (Middle); c. (Last) McKarcher

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 22, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Brunswick Canada

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Isaac Allen
BIRTHPLACE: New Brunswick, Canada

14. MOTHER'S MAIDEN NAME: Louise Ann Barter
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Potlatch Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1944, *to* Nov 8, 1952, *that I last saw the deceased alive on* Nov 8, 1952, *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. DeVree M.D. (Degree or title)

23b. ADDRESS: Palouse Wn

23c. DATE SIGNED: 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-10-52

24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery

24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 11/21/52

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: H. E. Kimball
ADDRESS: Palouse Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4168
Local Reg. No. 113
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 731 East 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T 38 N
d. STREET ADDRESS (If rural, give location): Thorn Creek area

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Hordemann

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (ret) 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thorn Creek area, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilhelm Hordemann — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 12 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-20-52
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of stomach
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24-, 1952 *to* 11-8-, 1952 *that I last saw the deceased alive on* 11-8-, 1952 *and that death occurred at* 5 00/A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genstler MD 135
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic Cem.
24d. LOCATION (City, town, or county): Genesee (State): Idaho

DATE REC'D BY LOCAL REG.: 11/21/52
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Coroner

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NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4169
Local Reg. No. 116
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 So. Van Buren

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy; b. (Middle); c. (Last) Randall

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 11, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick S. Randall
BIRTHPLACE: N.Y.

14. MOTHER'S MAIDEN NAME: Helena Garvin
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 531-12-7308

17. INFORMANT'S OWN SIGNATURE: Virginia F. Shearer
ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead in bed.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due probably to acute
DUE TO (c) myocarditis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Short (Degree or title): Coroner, Latah Co.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 11/24/52
REGISTRAR'S SIGNATURE: Laird E. Angell
25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 28 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1170
Local Reg. No. 115
Reg. Dist. No. 208

BIRTH NO. Ayers

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Everett	Marvin	Gregg	Nov	11	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Dec 8, 1898	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		Viola, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Gregg	Kansas	Manda Griffith	Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. Harold Weigand	Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4167

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 19 50, *to* Nov. 11, 1952, *that I last saw the deceased alive on* Nov 10, 19 52, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Ayers M.D.	Moscow Idaho	11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-1952	Viola Cemetery	Viola Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/22/52	Laird E. Angell	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Klaaren

Certificate of Death

STATE OF IDAHO

State File No. 171
Local Reg. No. 120
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
DEC 13 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edith	B.	Henderson	Nov	28	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	May 15, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Marble Hill, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Pair	Mo.	Matilda Baily	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs Flay Youngman	Potlatch

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

430.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1942, *to* November, 19 52, *that I last saw the deceased alive on* 11/28, 19 52, *and that death occurred at* 10:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E J Klaaren	MD	Moscow Idaho	12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-1-1952	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/6/52	Lois E. Angel	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52-10-821

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1172
Local Reg. No. 118
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1116 East B

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Paul
c. (Last): Floyd

4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 29, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Floyd — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Marcella Rammelspacker — BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Richard Floyd — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature dil. of Cx

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29, 1952, *to* 11-30, 1952, *that I last saw the deceased alive on* 11-30, 1952, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lakele Stephens M.D. (Degree or title)
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 11-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-2-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Catholic Cem.
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 12/2/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1173
Local Reg. No. 117
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 1909
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Rock Creek area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): Rock Creek area

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Ottis
c. (Last): Button

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 21, 1889
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Traverse City, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Button — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Phoebe Thompson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-0165
17. INFORMANT'S OWN SIGNATURE: Ray Bell — ADDRESS: Potlatch

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 15 years
DUE TO (c) Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1952, *to* 11-20, 1952, *that I last saw the deceased alive on* 10-[illegible], 1952 *and that death occurred at* 2 3/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward J. Gunn M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 11/24/52
REGISTRAR'S SIGNATURE: Louis E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 174
Local Reg. No. 119
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) William c. (Last) Schetzle

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1878

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 11 Days: 10 IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer and rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dayton, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Theodore Schetzle

BIRTHPLACE: Austria

14. MOTHER'S MAIDEN NAME: Martha Babendorf

BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: W E Black ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral thrombosis — 4 yrs ago

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1933, *to* Nov 27, 1952, *that I last saw the deceased alive on* Nov 27, 1952, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O A Christensen M D

23b. ADDRESS: Kendrick, Idaho

23c. DATE SIGNED: Nov 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Dec. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12/2/52

REGISTRAR'S SIGNATURE: Leis E. Engel

25. FUNERAL DIRECTOR: Brower-Wann Co., by- K.H. Malson ADDRESS: Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4175
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore -
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hill Top Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Owen	Follett	Nov. 7, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Jan. 22, 1924	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07		Centerfield, Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Owen B. Follett	Utah	Chloe Barney	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW #2	Yes	Ray Follett	Dell, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound RT — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mastoid Process, entr
DUE TO (c) ext left side of head

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		Gilmore Lemhi Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
11 7 52 11 a.m.		Suicide with 30C Savage Rifle

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Albert C Jones Lem Co Coroner	Salmon, Idaho	11-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-12-52	Centerfield	Centerfield, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-13-52	Viola E Johnson	Albert C Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH 48021

Certificate of Death

STATE OF IDAHO

State File No. 4176
Local Reg. No. 690
Reg. Dist. No.

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1871

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Labor 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DesMoines, Iowa

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Watson — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Charlotte Lyster — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ruby J Watson — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
a. Ruptured Duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO: b. Benign Hypertrophy prostate — 2 yrs many years inactive
DUE TO: c. Pulmonary tuberculosis
DUE TO: d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio Vascular Disease — 10 yrs

4221

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* Nov 9, 19 52 *that I last saw the deceased alive on* Nov 8, 1952, *and that death occurred at* ___ A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackadar MD
23b. ADDRESS: Salmon, Ida
23c. DATE SIGNED: 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-24-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Sons
ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DHH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4177
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Beaver

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 28, 1856

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton, Penn.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Information taken from papers
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Enlarged prostate — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Nov 10, 52, *that I last saw the deceased alive on* 11-10, 19 52 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. K. Mueller M.D.
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-27-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-2021

Certificate of Death

STATE OF IDAHO

State File No. 3178
Local Reg. No. 690
Reg. Dist. No.

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Patterson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clell b. (Middle) Miller c. (Last) Riddle

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 26, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Panguitch, Utah

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: J. M. Riddle
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Melvina Jacobs
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-5422

17. INFORMANT'S OWN SIGNATURE: Clell L. Riddle
ADDRESS: Patterson, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis (Heart) — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Nov 21, 1952, *that I last saw the deceased alive on* Nov 21, 1952, *and that death occurred at* 8:12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Higgins M.D.

23b. ADDRESS: Salmon

23c. DATE SIGNED: Nov 26

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-25-52

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Dec-2-52

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Sons

ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-4[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 8 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4179
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Bernadino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry		Tallman	Nov. 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Feb. 6, 1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ob		Toledo, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	?	?	Taken by 'phone	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage + 825.4	about 20 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Extensive laceration scalp. +	
DUE TO (c)	Frozen hands	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Auto accident	street	Leadore, Lemhi, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-26-52 12:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto accident

22. *I hereby certify that I attended the deceased from* 11-26, 1952 *to* 11-26, 1952 *that I last saw the deceased alive on* 11-26, 1952 *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Blackadar MD		Salmon Ida	12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec-6-52	Viola E. Johnson	Gilbert C Sons	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-4002

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED DEC 9 1952 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible] 2
Reg. Dist. No. 233

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DOUGLAS b. (Middle) NEIL c. (Last) ANDREWS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: October 22 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 5; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------- 02

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DALE ANDREWS, BIRTHPLACE: BURLINGTON, COLO.

14. MOTHER'S MAIDEN NAME: NOLA FAYE EASTIN, BIRTHPLACE: KIRK, COLO.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Winchester, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

052X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchi Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sinusitis — 4 days.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25 *, 1952, to* 11-27 *, 1952, that I last saw the deceased alive on* 11-26 *, 1952, and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins obl. (Degree or title): M. D.

23b. ADDRESS: Craigmont, Idaho.

23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-30-52

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: 11-29-52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 357
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) Bell c. (Last) Godley Silva

4. DATE OF DEATH (Month) Nov. (Day) 28 (?) (Year) 52

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 6 - 1890

9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 2 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Rock Creek - Twin Falls - Co.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Silas M. Godley
BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Orealia Bell
BIRTHPLACE St Louis - Mo -

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) natural causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cold - illness

DUE TO (c) method of living

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. found dead in her bed.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* did not *attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Nov. 11, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Myrtle C. Burdett (Degree or title) Coroner

23b. ADDRESS Shoshone - Idaho

23c. DATE SIGNED Dec. 4 '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 5 - 1952

24c. NAME OF CEMETERY OR CREMATORY Shoshone -

24d. LOCATION (City, town, or county) (State) Shoshone Idaho

DATE REC'D BY LOCAL REG. Dec. 4-52

REGISTRAR'S SIGNATURE Myrtle C. Burdett

25. FUNERAL DIRECTOR ADDRESS Myrtle C. Burdett - Shoshone Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 9 1952 DIVISION OF VITAL STATISTICS

State File No. 52
Local Reg. No. 49
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
c. LENGTH OF STAY (in this place): 26 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Nettie c. (Last) Hertzig

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 17, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Egin Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Chandler
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Steel
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-2837

17. INFORMANT'S OWN SIGNATURE: Victor Chandler
ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Suppurative Salpingitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis, (Generalized)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

624 X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-21, 1952 *to* 11-27, 1952, *that I last saw the deceased alive on* 11-27, 1952, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Bagley M.D.

23b. ADDRESS: Rexburg Ida

23c. DATE SIGNED: 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/1/52

24c. NAME OF CEMETERY OR CREMATORY: Burton

24d. LOCATION (City, town, or county) (State): Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 1-1-52

REGISTRAR'S SIGNATURE: Lorna Slaven

25. FUNERAL DIRECTOR: Leland Reiser

ADDRESS: Rexburg Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 1006 - 3rd. St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Jane c. (Last) Head

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR Months: 5 Days: 26 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DS
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blairsville Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Becker — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Rebecca Rose — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James J Head — ADDRESS: Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

145X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma (Reticulum cell) Metastases — INTERVAL BETWEEN ONSET AND DEATH: 16 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Reticulum cell sarcoma of tonsil — 16 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/16/51 4/29/52
19b. MAJOR FINDINGS OF OPERATION: Sarcomas of lymph nodes of neck; Sarcomas of Calcium
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/16, 1951, *to* 11/1, 1952, *that I last saw the deceased alive on* 11/1, 1952, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: E A Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

cc.

State File No. 4
Local Reg. No. 61
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 118 1st St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Lantz

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married Man

8. DATE OF BIRTH: Mar 26 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 7 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlestown Indiana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Lantz
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Barbara Mueller
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert W. Tierney
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10/27, 1952, *to* 11/8, 1952, *that I last saw the deceased alive on* 11/3, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-22-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Ed Elmore
25. FUNERAL DIRECTOR: Robert Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. M.. E
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 30
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 913 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Ann c. (Last) Sowder

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1952

5. SEX: Fem

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 12 1866

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 2 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bountiful Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Hart — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Ann Lech — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl L Sowder — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 19 50, *to* Nov 11, 19 52, *that I last saw the deceased alive on* Nov 11, 19 52, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dalley M D

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: Nov 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-15-52

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: Ed Elmore

25. FUNERAL DIRECTOR — ADDRESS: Rodney Boardman Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [redacted]63
Local Reg. No. [redacted]63
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
DEC 20 1952
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Albert c. (Last) Jones

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 8 1883
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Smithfield Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Permenas Jones BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Mary Jane Nielson BIRTHPLACE Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary Jones ADDRESS Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not seen prior to final attack, 19__, to __, 19__, *that I last saw the deceased alive on* 11/20, 1952, *and that death occurred at* 8:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Carroll M. Elmore (Degree or title) M.D.
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-24-52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 12-17-52
REGISTRAR'S SIGNATURE C M Elmore
25. FUNERAL DIRECTOR Rodney Thompson ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 14 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4187
Local Reg. No. 194
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): H.
b. (Middle): D.
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): Nov, 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 26,1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-owner M.&.K.store
10b. KIND OF BUSINESS OR INDUSTRY: Food Store
11. BIRTHPLACE (State or foreign country): Sioux St. Marie, Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A.P. Moore — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Katherine Brown — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 533-03-7633
17. INFORMANT'S OWN SIGNATURE: Mrs. H.D. Moore — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1952, *to* Nov 2, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 2 50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Roy Grigware M.D.
23b. ADDRESS: 307 So. John's Way Lewiston Ida
23c. DATE SIGNED: Nov 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 41188
Local Reg. No. 195
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 323- 6th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LELA	LEONA	WEBB	Nov. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 17, 1904	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Volga, S. D.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William P. Lumpkin	Danville, Virginia	Myrta Dutton	Lake Preston, S. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-28-8853	L. L. Webb	Lewiwton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebo vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension. — 10+ yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 3 *19*51, *to* Nov. 4, *19*52, *that I last saw the deceased alive on* Nov 4, *19*52, *and that death occurred at* 5 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stein MD	Lewiston Idaho	11-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 8, 1952	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 7 1952	Jean Wegdins	Brower-Wann by K. H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1489
Local Reg. No. 1
Reg. Dist. No. 2

RECEIVED
NOV 14 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1318--10th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) FRANCIS c. (Last) VAN POOL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 27, 1857

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): S Retired 51

10b. KIND OF BUSINESS OR INDUSTRY: Stock Rancher

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John VanPool
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Robertson
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Heeman Van Pool, Wash. ADDRESS: Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Indirect R Inguinal Hernia Strangulated — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. age 95

19a. DATE OF OPERATION: 10/29/52

19b. MAJOR FINDINGS OF OPERATION: Indirect R. Inguinal Hernia Strangulated. 30 yrs Duration

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1920, *to* Nov. 5, 1952, *that I last saw the deceased alive on* Nov. 4, 1952, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. G. Braddock M D
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11-8-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1952
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR ADDRESS: Brower-Wann by K.H. Malcom Lewiston

Federal Security Agency
United States Public Health Service
Form OPH-48021

Dr. E. G. Braddock

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 4190
Local Reg. No. 198
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1037 Boston Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): A
c. (Last): MINNETTE

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 31, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months – Days – — IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dirk Wilson — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Augusta Schimmel — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Leo Minnette — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1½ years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1952, *to* Nov 8, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Ray Gregoire M.D. 632
23b. ADDRESS: 307 So. John's Way Lewiston, Idaho
23c. DATE SIGNED: Nov 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/52 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov 14 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4191
Local Reg. No. 201
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 4 mi N.

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) C. c. (Last) Telcher

4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 52

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 13 1917

9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert C. Shaw — BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Margaret Humblad — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. unknown.

17. INFORMANT'S OWN SIGNATURE William Telcher — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Renal Shut down. — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Inferior Vena Cava Thrombosis — 5-6 days.

DUE TO (c) Decompensated rheumatic heart. — 4+ years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4167

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1948, *to* Nov. 10, 1952, *that I last saw the deceased alive on* Nov 5, 1952, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE B R Stein (Degree or title) M.D.

23b. ADDRESS 307 St John, Lewiston

23c. DATE SIGNED 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 13-52

24c. NAME OF CEMETERY OR CREMATORY Prairie View

24d. LOCATION (City, town, or county) Grangeville (State) Ida

DATE REC'D BY LOCAL REG. Nov. 20 1952

REGISTRAR'S SIGNATURE Jean Wegleins

25. FUNERAL DIRECTOR Robertson Funeral Home — ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1192
Local Reg. No. 199
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Bollinger Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Sumner b. (Middle) (Bill) c. (Last) Warburton

4. DATE OF DEATH: (Month) (Day) (Year) November 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 9, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Campbellville, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-20-0184

17. INFORMANT'S OWN SIGNATURE: W. E. Black
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4201 Coronary Thrombosis.
INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15-52, 19 5:30 PM *to* 11:16, 1952, *that I last saw the deceased alive on* 11-15, 19 52, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward L. Hoffman MD
23b. ADDRESS: 337 St Johns Way Lewiston
23c. DATE SIGNED: 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-18-52
24c. NAME OF CEMETERY OR CREMATORY: Towanda, Penn
24d. LOCATION (City, town, or county) (State): Towanda, Penn

DATE REC'D BY LOCAL REG.: Nov 17 1952
REGISTRAR'S SIGNATURE: Jean Hopkins
25. FUNERAL DIRECTOR: Brosier-Winn Co., ADDRESS: Lewiston, Idaho
By- H. H. Malcom

Federal Security Agency
United States Public Health Service
Form DPH-40021

Hoffman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 200
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517- D. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 517- D.ST

3. NAME OF DECEASED (Type or Print): a. (First) Georgia b. (Middle) A. c. (Last) Cross

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 52

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov, 19, 1884
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Paris Texas
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Dick Johnson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Jane Williams — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hospital Records & Papers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) found dead on floor
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ *19*__, *to* Nov, 16, *19*52, *that I last saw the deceased alive on* ____, *19*__, *and that death occurred at* about 11 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar — (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: Nov, 18, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov, 20, 52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 20, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: O. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4194
Local Reg. No. 202
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11th & Snakeriver Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1524-2nd St

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle) R; c. (Last) LaLonde

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ov. 17,1926

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: N.P.R.R.

11. BIRTHPLACE (State or foreign country): New Port Wash.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dayton John LaLonde — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Florence Kirkpatrick — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 518-20-6432

17. INFORMANT'S SIGNATURE: Dorothy J. LaLonde — ADDRESS: Lwstn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted bullett wound — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 30-30 rifle placed in mouth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on river bank
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, NezPerce Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/24/52 3:00A pM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot self

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 11/24/52, 19____, *and that death occurred at* 3:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew F. Vassar — Coroner
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/26/52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Nov 25 1952
REGISTRAR'S SIGNATURE: Jean Hopkins
25. FUNERAL DIRECTOR: O. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4195
Local Reg. No. 205
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 939 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): RUBY
b. (Middle): E
c. (Last): EATON

4. DATE OF DEATH (Month) (Day) (Year): Nov 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/3/1893
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Operator 24
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J T Wood
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Louisa B Hackett
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – – – – – –
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Marie Davis
ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension cerebral accident — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1952, *to* Nov 25, 1952, *that I last saw the deceased alive on* Nov 25, 1952, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 015
23b. ADDRESS: 412 [illegible] Lewiston
23c. DATE SIGNED: Nov 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/28/52 01
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Dec. 1, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. C. Merchant
ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 195
Local Reg. No. 203
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Indian Agency

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): M
c. (Last): Caywood

4. DATE OF DEATH (Month) (Day) (Year): November 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 20, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 11, Days 5 — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Ritchie — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Mamie Ray — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Noel F. Caywood — ADDRESS: Lapwai, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 1 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 24, 1952, *to* Nov 25, 1952, *that I last saw the deceased alive on* Nov 25, 1952, *and that death occurred at* 8:09 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Ray Grigware M.D. 632
23b. ADDRESS: 307 So. John's Way Lewiston Ida
23c. DATE SIGNED: 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 27, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Monroe Cemetery
24d. LOCATION (City, town, or county) (State): Monroe, Snohomish Co., Wash.

DATE REC'D BY LOCAL REG.: Nov. 26, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by K. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4197
Local Reg. No. 218
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 422-Adams St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 422-Adams St

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) P. c. (Last) Williams

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb , 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Charlotte N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: no Record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Joseph L. Williams
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: died during sleep. Had heart disease for many years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 45 *to* Nov 28, 19 52 *that I last saw the deceased alive on* Nov 7, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl W. Earlywine MD

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 12/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec 1, 1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec 6 1952

REGISTRAR'S SIGNATURE: Jean Wiggins

25. FUNERAL DIRECTOR: Andrew H. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 4 1952

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4198
Local Reg. No. 204
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 322--13th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LULA
b. (Middle): ALLEN
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May25, 1872
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Nick Holt — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Susie Boyd — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE Lewiston 2 ADDRESS: Susie Belle Tefft

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Cholecystitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1952, *to* Nov. 29, 1952, *that I last saw the deceased alive on* Nov. 28, 1952, *and that death occurred at* 1:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Haas Jr. 687 M.D.
23b. ADDRESS: 936 7th St. Clarkston, Wash
23c. DATE SIGNED: 11-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 1 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021 Dr. Ralph Haas 936 - 7 St.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 29
Local Reg. No. 193
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sommerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 307-24th St

3. NAME OF DECEASED (Type or Print): a. (First) Antonette b. (Middle) c. (Last) Piraino

4. DATE OF DEATH (Month) (Day) (Year): Nov, 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Pedace Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louie Staine — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: norecord — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Bennon Piraino — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 465X Acute Left heart failure.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible pulmonary thrombosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic rheumatoid arthritis and decubitus ulcers

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1952 *to* 11/1, 1952, *that I last saw the deceased alive on* 10/31, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. W. Eastwood Jr. M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 3, 1952
REGISTRAR'S SIGNATURE: Jean Weadins
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4200
Local Reg. No. 19
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): GEORGE
c. (Last): RIGGERS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5, 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Gifford, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Riggers — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Kothe — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Herman Stolte — ADDRESS: Gifford, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

092X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infectious hepatitis. — 3 1/2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Nov 8, 1952, *that I last saw the deceased alive on* Nov 8, 1952, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene J. Baldwin 015
23b. ADDRESS: 412 6th St Lewiston
23c. DATE SIGNED: Nov 10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/52 01
24c. NAME OF CEMETERY OR CREMATORY: Gifford Cemetery
24d. LOCATION (City, town, or county) (State): Gifford, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1952
REGISTRAR'S SIGNATURE: Jean Wyslins
25. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. E. J. Baldwin

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4201
Local Reg. No. 207
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH
b. (Middle) COOPER
c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 15 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Rhienbeck, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH COOPER, BIRTHPLACE: MONTREAL, CANADA
14. MOTHER'S MAIDEN NAME: ALICE MASON, BIRTHPLACE: QUEBEC, CANADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joseph C. Harris — ADDRESS: Culdesac, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 yrs
DUE TO (c) Arteriosclerosis, gen'l — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5, 1948, *to* 11-28, 1952 *that I last saw the deceased alive on* 11-26, 1952 *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Newton MD 291
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-28-52 01
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 4, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 37
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 518 North 100 West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - St. John
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) ANN b. (Middle) JONES c. (Last) LEWIS

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 4 - 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David C. Jones
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Mary Stephens
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: George Lewis
ADDRESS: Malad, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism Cerebral — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Nov 3 52, *that I last saw the deceased alive on* Nov 2, 1952 *and that death occurred at* 12:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: O D Mabey M.D. (Degree or title)
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: 11-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. John Cemty.
24d. LOCATION (City, town, or county) (State): Oneida Co., Idaho

DATE REC'D BY LOCAL REG.: Nov. 5 1952
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raiford G. Benson
ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 38
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 35 Bush Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 35 Bush Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Walter
c. (Last): Bush

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculture
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Thomas Bush — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Amelia Brockway — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. A. W. Bush — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Progression 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocardial Disease — yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Oct., 1952, *to* 7 Nov., 1952, *that I last saw the deceased alive on* 7 Nov., 1952, *and that death occurred at* 7:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Mabey — (Degree or title): M.D
23b. ADDRESS: 4 So. Main, Malad City, Ida.
23c. DATE SIGNED: 8 Nov. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 9 1952
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county): Malad — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 8 1952
REGISTRAR'S SIGNATURE: J. Guy Hensart
25. FUNERAL DIRECTOR: T. L. Benson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 59
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portage
d. STREET ADDRESS (If rural, give location): On Highway 191 So. of Idaho Line.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RALPH	ANDREW	NIELSEN	Nov. 24th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 11th 1917	35	0	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm	Portage, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph A. Nielsen,	Hyrum, Utah	Ruby Williams,	Paradise, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. #II	910,0	Mrs Audrey C. Nielsen	Portage, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Portage Box Elder Utah

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Nov. 13 52 3p.m.		Falling tree struck pt. while digging post hole near by.

22. *I hereby certify that I attended the deceased from* 13 Nov., 1952, *to* 24 Nov., 1952, *that I last saw the deceased alive on* 24 Nov., 1952, *and that death occurred at* 8:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Merz M.D	4 Sr. Main St. Malad City, Idaho	11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/28/52	Hyrum Cemetery	Hyrum, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 26-1952	J. Leroy Jensen	Wilford Rogers	Tremonton, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 40
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 352 South Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 352 So. Main St.

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) LUSK c. (Last) BOLINGBROKE

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 17, 1882

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Bolingbroke
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Lusk
BIRTHPLACE: Pleasant Grove, Uta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-18-6261

17. INFORMANT'S OWN SIGNATURE: Henry Bolingbroke
ADDRESS: Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: May 20 52

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26-52 19 52, *to* 11-30, 19 52 *that I last saw the deceased alive on* 11-28, 19 52, *and that death occurred at* 3:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. H. Mabey (Degree or title): M.D.

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-3-52

24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery

24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: Dec 1-1952

REGISTRAR'S SIGNATURE: J. Guy Benson

25. FUNERAL DIRECTOR: J. Guy Benson
ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.V.M. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): West Blvd., New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Sherman b. (Middle) B. c. (Last) Sweet

4. DATE OF DEATH: (Month) (Day) (Year): November 6, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: November 12, 1871

9. AGE (In years last birthday): 80-11-24 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Floyd County, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Sweet — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Abbie Conley — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Opal Dennett ADDRESS: New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic malnutrition - Dry gangrene of left leg. — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis of femoral artery left — 3 mos.

DUE TO (c) Cardiac decompensation with Chronic passive congestion — 5 yrs 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1952, *to* Nov. 6, 1952, *that I last saw the deceased alive on* Nov. 6, 1952, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo E Davis MD (Degree or title): 087

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-10-1952

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-10 1952

REGISTRAR'S SIGNATURE: Robert E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEVICA b. (Middle) CATHERINE c. (Last) PRATT

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 15 1872
9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Don't Know BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Don't Know BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records Of County Welfare Office ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Organic heart disease~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cause of death probably ~~coronary thrombus~~ Died in her sleep

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1/51, 19__, *to* 8/1/52 19__, *that I last saw the deceased alive on* 8/1/52, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): for [illegible]
23b. ADDRESS: Payette Idaho
23c. DATE SIGNED: 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/24/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/24/52
REGISTRAR'S SIGNATURE: Robert E Hyffer
25. FUNERAL DIRECTOR: C. E. Jones ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4208
Local Reg. No. 63
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Route # 1
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1, Payette, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Rt. # 1
d. STREET ADDRESS (If rural, give location): Rt. # 1, Payette

3. NAME OF DECEASED (Type or Print): a. (First) HARTLEY b. (Middle) MILTON c. (Last) PURDUM

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 13, 1887

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR Months: 3 Days: - | IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Purdum — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Rose L. Hart — BIRTHPLACE: Cleveland, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 562-14-0392

17. INFORMANT'S OWN SIGNATURE: John H. Purdum — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion

DUE TO (c) & Aortic Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* 13 Nov, 19 52, *to* Nov. 13, 19 52 *that I last saw the deceased alive on* Nov. 13, 19 52, *and that death occurred at* 9:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Hansen (Degree or title) M.D.

23b. ADDRESS: Fruitland, Idaho

23c. DATE SIGNED: Nov. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Nov 14, 1952

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near New Plymouth
c. LENGTH OF STAY (in this place) — —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) on public highway # 52

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1322 East Franklin Street

3. NAME OF DECEASED (Type or Print)
a. (First) DANIEL
b. (Middle) ALFRED
c. (Last) SCHROCK

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 23, 1914
9. AGE (In years last birthday) 38-3-21 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant manager-Pre.
10b. KIND OF BUSINESS OR INDUSTRY Fab.manufacturer
11. BIRTHPLACE (State or foreign country) Terry, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel A. Schrock BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Lulu Shade BIRTHPLACE Petersburg, Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE June Schrock ADDRESS Boise Idaho 1322 E. Franklin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.14

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive subarachnoid hemorrhage + laceration of brain — INTERVAL BETWEEN ONSET AND DEATH — few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic fracture of skull
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 52
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near New Plymouth, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) 4:45 p.m. November 14, 1952
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* Autopsy only, 19 8, Nov. 14, 1952, *that I last saw the deceased* ~~alive on~~ ~~, 19~~ ~~, and~~ *that death occurred at* 4:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Boise
23c. DATE SIGNED 16 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/18/52
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Nov. 18, 1952
REGISTRAR'S SIGNATURE Roberta E. Shaffer
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4210
Local Reg. No. 65
Reg. Dist. No. 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Payette
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1 -- Payette, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Rt. # 1 Payette, Idaho
d. STREET ADDRESS (If rural, give location): Rt. # 1 -- Payette, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Christopher c. (Last) Rohrbacher

4. DATE OF DEATH: (Month) (Day) (Year) November 21, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: December 18, 1876

9. AGE (In years last birthday): 75 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Iowa City, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dan Rohrbacher
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Anna Unick
BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-34-1841

17. INFORMANT'S OWN SIGNATURE: L. P. Rohrbacher
ADDRESS: Parma, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH, 1949, *to* 21 Nov, 1952, *that I last saw the deceased alive on* 10 Oct, 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald E. Soli (Degree or title) M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 21 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial
24b. DATE: 24 Nov. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1952
REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

...CK INK in OWN handwriting. Each item should be answered as completely as possible. State answer "unknown" if not known. Use BLACK ink or typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 500
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Power

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls

c. LENGTH OF STAY (in this place): 10 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Power

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls

d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)

a. (First): Walter

b. (Middle): Charles

c. (Last): Mackie.

4. DATE OF DEATH: (Month) 11 – (Day) 3 – (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 14 – 1889

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR: Months 1, Days 19 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Mgr. Boomerang Sport Shop

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Aberdeen, Scotland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Mackie

BIRTHPLACE: Scotland.

14. MOTHER'S MAIDEN NAME: Mary J. Murrey.

BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 563-18-5025

17. INFORMANT'S OWN SIGNATURE: Mrs. Walter Mackie

ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute Congestive failure

Several months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): American Falls Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/1, 1952 *to* 11/2, 1952, *that I last saw the deceased alive on* 11/2, 1952 *and that death occurred at* 3:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Gorsman M.D.

23b. ADDRESS: American Falls Idaho

23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-6-1952

24c. NAME OF CEMETERY OR CREMATORY: Fallsmead

24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: 11-6-52

REGISTRAR'S SIGNATURE: Gertrude Thornhill

25. FUNERAL DIRECTOR: H. L. Dunn

ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 19 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 26
Reg. Dist. No. 500
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Idaho
c. LENGTH OF STAY (in this place): 14 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Persis b. (Middle) Amy c. (Last) Roberts

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 52

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 10-15-1874

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months: 0 Days: 26 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Glendale, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lorenzo Sabriska Young BIRTHPLACE: Winchester, Ill.

14. MOTHER'S MAIDEN NAME: Sarah A. Black BIRTHPLACE: Manti, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Frankie Burgess ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolarsclerosis & Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 8 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-1, 1931 *to* 11-11, 1952, *that I last saw the deceased alive on* Nov. 11, 1952 *and that death occurred at* 10:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Harris (Degree or title) M. D.
23b. ADDRESS: Box 1046, Aberdeen, Idaho
23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): rem. & burial
24b. DATE: 15 11-18-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Shelley
24d. LOCATION (City, town, or county) (State): Shelley Idaho

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H. L. Davis ADDRESS: American Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 500

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NOV 19 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AmericanFalls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Vannie; b. (Middle) L.; c. (Last) Hesner

4. DATE OF DEATH: (Month) 11; (Day) 12; (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: May 12, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 6; Days 0
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Strawberry Point, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Andrew Hesner
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Loretta Dewey
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ellis Hesner
ADDRESS: Stockton Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8, 1952, *to* 11-12, 1952, *that I last saw the deceased alive on* 11-11, 1952, *and that death occurred at* 331-a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K.G. Logan
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: 11-12 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-13-52
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: May 13-1952
REGISTRAR'S SIGNATURE: Gertrude Thornhill

25. FUNERAL DIRECTOR: D-L-Davis
ADDRESS: Am. Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schlitz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Power~~ Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): Rural - Springfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bruce	McKay	Parmelee	Nov. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Dec. 25, 1876	75	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On farm
11. BIRTHPLACE (State or foreign country): Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Perry Parmelee — BIRTHPLACE: Burlington, Vt.
14. MOTHER'S MAIDEN NAME: Exantha McKay — BIRTHPLACE: LaSalle, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jeanette Powell — ADDRESS: Springfield

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177 Carcinomas Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1yr.-

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov, 1952, *to* 24 Nov, 1952, *that I last saw the deceased alive on* 24 Nov, 1952, *and that death occurred at* 7:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. Bjorkman MD	Am. Falls Idaho	11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 26, 1952	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-26-52	Gertrude Thornhill	Howard Packham	Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Christina		Seefried	11	25	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	Aug. 26, 1868	84	2	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Katzback Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Bauer — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Maria Klas — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Carl Seefried — ADDRESS: American Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1952 *to* Nov 26 1952, *that I last saw the deceased alive on* Nov 24, 1952, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Bjorkman	M.D.	American Falls Idaho	11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
bur.	11-29-52	Pleasant Valley	N.W. American Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-28-52	Gertrude Thornhill	H. L. Davis	American Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4216
Local Reg. No. 84
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Mica Bay

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Arthur
c. (Last): Mortimer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining & Insurance
10b. KIND OF BUSINESS OR INDUSTRY: Brokerage
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown 47 — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Catherine Mortimer — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-09-8967
17. INFORMANT'S OWN SIGNATURE: Ira M. Mortimer — ADDRESS: Mica Bay

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Apparently Coronary Instant Thrombosis as found dead on bed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Disease 20 months

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on Oct 30, 1952, and that death occurred at 10 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mitchell Corner — 470
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 1/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 30, 1952 02
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 85
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 213 W. Mission

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 213 W Mission

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grace	Eunice	Swinerton	November 11 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W.	Married	February 6 1889	63	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	Nebraska	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Matter	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Albert Swinerton	Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — Years

DUE TO (c) Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Found dead in Bed

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1952 *to* 11/11 1952, *that I last saw the deceased alive on* 11/11 1952, *and that death occurred at* 1800 hrs. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Coroner	Wallace Ida	11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	November 1952	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-24-52	[illegible]	Grant Glady	Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL

State File No.
Local Reg. No. 96
Reg. Dist. No. 14-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 14 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bunker Hill Ta ilings Pond

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) Railroad Ave.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L c. (Last) WOLFINBARGER

4. DATE OF DEATH (Month) (Day) (Year) November 14 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH August 6, 1891
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter Worker
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Miles City Montana
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME No Record BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 556-18-5824
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 9258 Accidently Suffocated

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fell into

DUE TO (c) Mine

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bunker Office
21c. (CITY, TOWN OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-14 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 11-14, 1952 *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/19/52
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg Idaho (State)

DATE REC'D BY LOCAL REG. 11-24-52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Grantham & Clode Kellogg Ida. ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 99
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 222 Railroad Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Tovitz

4. DATE OF DEATH (Month) (Day) (Year) November 15, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 2, 1875

9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | Days 7 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME No Record BIRTHPLACE No Record

14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Ohman Tovitz ADDRESS Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GANGRENE BOTH LOWER EXTREM

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) DIABETES MELLITUS

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) Weeks
(b) 1 year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Feb, 1948, *to* 15 Nov, 1952, *that I last saw the deceased alive on* 15 Nov, 1952 *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitesel (Degree or title) M.D. 458

23b. ADDRESS Kellogg, Idaho

23c. DATE SIGNED 25 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 19 1952 01

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 11-28-52

REGISTRAR'S SIGNATURE Joe Devine

25. FUNERAL DIRECTOR Gem State Kellogg Idaho ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 90
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 423 McKinley

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): A
c. (Last): Robertson

4. DATE OF DEATH (Month) (Day) (Year): November 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 27, 1871
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 11 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St Claire Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Andrew Burns
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Louchs
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs A.C. Stevenson
ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/22, 1952, *to* 11/30/52, 19__, *that I last saw the deceased alive on* 11/30, 1952, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/2/1952
24c. NAME OF CEMETERY OR CREMATORY: The Pines
24d. LOCATION (City, town, or county) (State): Opportunity Washington

DATE REC'D BY LOCAL REG.: 12/2/52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlady
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 8 1952

Certificate of Death

DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 4221
Local Reg. No. 36
Reg. Dist. No. 17

BIRTH NO. 52-10602

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 102 Ninth

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTOPHER b. (Middle) JOSEPH c. (Last) GRIZZLE

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Single	July 30-1952			4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Wallace Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton Grizzle — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Kathleen Schoenberg. — BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clifton B. Grizzle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 3rd Gestation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 9-2 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-1952
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 9-2-1952
REGISTRAR'S SIGNATURE: Hale S Cornell
25. FUNERAL DIRECTOR: Hale S Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52- 13023 RECEIVED DEC 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 27
Local Reg. No. 27
Reg. Dist. No. 1-4-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 1141 Canyon Ave

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Lou c. (Last) RIGGS
4. DATE OF DEATH (Month) (Day) (Year) Sept. 15. 1952
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Sept 14-1952
9. AGE (In years) last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Wallace Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jack Riggs BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Martha Wood BIRTHPLACE Oregon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S OWN SIGNATURE + Jack Riggs ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE Birth · 6 mo. Gestation — INTERVAL BETWEEN ONSET AND DEATH 6 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E. [illegible] Buell (Degree or title) MD
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-16-1952
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. 9-16-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

REGISTRAR

DEC 8 1952

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 29

Local Reg. No. 29

Reg. Dist. No. 170

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Box 78

3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) LEONARD c. (Last) BELL

4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Oct 29 1951

9. AGE (In years last birthday) ( ) IF UNDER 1 YEAR Months — Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wallace Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Bell BIRTHPLACE Okla

14. MOTHER'S MAIDEN NAME Coy Bales BIRTHPLACE Okla

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 491X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Refused YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wallace

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-4, 1952, *to* 10-4, 1952 *that I last saw the deceased alive on* 10-4, 1952 *and that death occurred at* 9:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. E. Graedinger M.D.

23b. ADDRESS Wallace Hospital

23c. DATE SIGNED 10-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 6-1952

24c. NAME OF CEMETERY OR CREMATORY Mullan

24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. Oct 13-1952

REGISTRAR'S SIGNATURE Dale L Cornell

25. FUNERAL DIRECTOR Dale L Cornell

ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year) Oct 31-1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 3. 1896

9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 4 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Askam, Lancashire England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Tyson BIRTHPLACE England

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis, Chronic.

DUE TO (c) OBesity, Extreme.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HERIA, Umbilical, Strangulated.

INTERVAL BETWEEN ONSET AND DEATH
48 hrs.
Years.
Years.

19a. DATE OF OPERATION 10-27-52

19b. MAJOR FINDINGS OF OPERATION HERNIA, Umbilical, Large, Strangulated.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-27-, 1952, *to* 10-31-, 1952, *that I last saw the deceased alive on* 10-30, 1952, *and that death occurred at* 7.02 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John B. Hunter M.D.

23b. ADDRESS Wallace Idaho

23c. DATE SIGNED 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 3. 1952

24c. NAME OF CEMETERY OR CREMATORY United

24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 11-1-1952

REGISTRAR'S SIGNATURE Dale L Cornell

25. FUNERAL DIRECTOR ADDRESS Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 140

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ##### Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LYDIA; b. (Middle) MINNIE; c. (Last) FOGELSON

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 5 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months 9 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lexington Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Boekel
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Caroline Latter
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Laurence M. Fogelson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibro - myxo - sarcoma of R. leg - metastatic — INTERVAL BETWEEN ONSET AND DEATH: 1948

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949 & 1951

19b. MAJOR FINDINGS OF OPERATION: fibro - myxo - sarcoma

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* 11-6-, 19 52, *that I last saw the deceased alive on* 11-5-52, 19___, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Nov 18-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 23
Reg. Dist. No. 140

BIRTH NO. NOV 17 1952

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 18 River St Wallace Ida

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): T.
c. (Last): Collom

4. DATE OF DEATH (Month) (Day) (Year): 11 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-15-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hunter 68
10b. KIND OF BUSINESS OR INDUSTRY: Hunting
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Collom — BIRTHPLACE: Minn
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Ills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Esther Collom — ADDRESS: 8 River St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Circumstances
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1952 *to* Nov 10, 1952 *that I last saw the deceased alive on* Nov 10, 1952 *and that death occurred at* 3:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Ellis MD 109
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 10-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-1952
24c. NAME OF CEMETERY OR CREMATORY: Saint Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Missoula Mont

DATE REC'D BY LOCAL REG.: Nov 13-52
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4227
Local Reg. No. 32
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho, b. COUNTY Shoshone,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace,
d. STREET ADDRESS (If rural, give location) 116 Bank Street;

3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Eugene c. (Last) Hanley

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Deadwood, S. D.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Thomas F. Hanley BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Frances S. Drewer ADDRESS Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	acute coronary occlusion	instant
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	chronic myocarditis	3 yrs
DUE TO (c)	Coronary infarction	3 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Multiple Myeloma	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8-, 1950, *to* 11-15, 1952, *that I last saw the deceased alive on* 11-15, 1952, *and that death occurred at* 7a *m., from the causes and on the date stated above.*

23a. SIGNATURE Pauline Ellis MD (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 11-19-1952
24c. NAME OF CEMETERY OR CREMATORY Smith & Company
24d. LOCATION (City, town, or county) Spokane, (State) Wash.

DATE REC'D BY LOCAL REG. 11-19-1952
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR L. E. Worstell ADDRESS Wallace, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Please return to us. D E

RECEIVED NOV 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkia
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): Edgemere

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clark	Earl	Larson	Aug 25, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jul 21, 1907	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 73	Logging	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Larson	Nebraska	Lena Jorgenson	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W 2	518-36-7380	x Ellen R. Larson	Edgemere Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple rib fractures and — 4
DUE TO (c) rupture of lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Loading area	Clarkia	Shoshone	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ / NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
Aug	26	1952	9:30 AM		Log fell on deceased

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp	M.D.	St. Maries Idaho	8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-28-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 20 1952	Dale E Cornell	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-42021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED 1952 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 87
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) M c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 22, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Henry Roberts — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis Chr. — acute attack Chr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — several wks
DUE TO (c): Old age & arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul 8, 1952, *to* Nov 9, 1952, *that I last saw the deceased alive on* Nov 9, 1952, *and that death occurred at* 2:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. S. Mowery MD (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 12 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/26/52
REGISTRAR'S SIGNATURE: Joel Sabine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
3 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 30
Local Reg. No. 31
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): TOM
b. (Middle):
c. (Last): DELICH

4. DATE OF DEATH (Month) (Day) (Year): Nov 15 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2-5-
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-3082
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs Eli Delich

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis 1949

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 11-15, 1952, *that I last saw the deceased alive on* 11-15, 1952, *and that death occurred at* 1745 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Mowery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 19-1952
24c. NAME OF CEMETERY OR CREMATORY: Eagles Plot
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Nov 17-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR — ADDRESS: Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 31
Local Reg. No. 88
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 1 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Central Hotel

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) D c. (Last) Mac Donald

4. DATE OF DEATH (Month) (Day) (Year): November 17 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 31, 1892

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR Months: 10 Days: 16 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Swamper

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (State or foreign country): Seattle Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Canadian Army 1918

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Shoshone County Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6-8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, embolism of Mesenteric artery — 10 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 19 52, *to* Nov 17, 19 52, *that I last saw the deceased alive on* Nov 17, 19 52, *and that death occurred at* 1307 m., *from the causes and on the date stated above.*

23a. SIGNATURE: H C Mowery MD (Degree or title)

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: Nov 19 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 19 1952

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county): Kellogg (State): Idaho

DATE REC'D BY LOCAL REG.: 11 20 52

REGISTRAR'S SIGNATURE: Joe Evans

25. FUNERAL DIRECTOR: Gordon & Gale Kellogg Ida.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 1232
Local Reg. No. 25
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ADAM
b. (Middle) FREDERICK
c. (Last) LIEB

4. DATE OF DEATH (Month) (Day) (Year) Nov 22, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 28
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Burlington, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Lieb — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Wallace Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Schr — INTERVAL BETWEEN ONSET AND DEATH: Coronary Sclerosis — Mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis General

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, *to* 11-22, 1952, *that I last saw the deceased alive on* 11/21, 1952 *and that death occurred at* 1:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 260 (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 25-1952
24c. NAME OF CEMETERY OR CREMATORY Eagles Plot
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Nov 25-1952
REGISTRAR'S SIGNATURE Dale S Cornell
25. FUNERAL DIRECTOR Dale S Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 33
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Stropes Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): RAYMOND
c. (Last): BLACK

4. DATE OF DEATH (Month) (Day) (Year): November 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 15, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 13; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (State or foreign country): Kellogg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Black, BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Virginia Wilson, BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Virginia Black ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Pneumonia [illegible] [illegible] in morn in bed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Had had severe cold 2-3 dy

DUE TO (c) Infancy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 29. 1952
24c. NAME OF CEMETERY OR CREMATORY: Kellogg
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: Dec 4-1952
REGISTRAR'S SIGNATURE: Dale S Cornell
25. FUNERAL DIRECTOR: Dale S Cornell ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1034
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNIE JANETTIE b. (Middle) PETERSON c. (Last) BAGLEY SMITH

4. DATE OF DEATH (Month) (Day) (Year): Nov., 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec., 20, 1887
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): College, Cache County, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chris Peterson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Ellen Christine Nelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vona Ballard — ADDRESS: Victor, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — 1 yr
DUE TO (c): Arteriosclerotic Heart Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis + Cardiac failure — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from June, 1952, to Nov. 3, 1952, that I last saw the deceased alive on Nov. 3, 1952, and that death occurred at 8:10P m., from the causes and on the date stated above.

23a. SIGNATURE: Ira Rand Larsen — (Degree or title): M.D.
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 Nov 52
24c. NAME OF CEMETERY OR CREMATORY: Victor
24d. LOCATION (City, town, or county) (State): Victor, Idaho

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 11
Reg. Dist. No. 6-20

BIRTH NO.

RECEIVED DEC 2 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): Victor Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anne	Williams	Butte	Nov. 18, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Widow	July 4, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Darlington, England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robt. Williams	Wales	Jane Lee	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Estella Fowler	Victor, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Hypostatic pneumonia	12 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral Thrombosis	60 hrs.
DUE TO (c)	Generalized Arteriosclerosis	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-15, 1952, *to* 11-18, 1952, *that I last saw the deceased alive on* 11-18, 1952, *and that death occurred at* 6:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Grant Larsen	M.D.	Driggs Idaho	11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/21/52	Salt Lake City,	Salt Lake City Utah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-21-52	Stella Griggs	Rolland G. Rex	Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) WILLIAM c. (Last) JENSEN

4. DATE OF DEATH: (Month) Nov., (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 25, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 0, Days 24
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer and Latherer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Wahoo, Saunders County, Nebr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Nicholas Jensen — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown Elsie — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ruth Williams — ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease & failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c) Generalized Arteriosclerosis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Nov. 19, 1952, *that I last saw the deceased alive on* Nov. 19, 1952, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Hansen (Degree or title): M.D.
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 Nov 52
24c. NAME OF CEMETERY OR CREMATORY: Driggs
24d. LOCATION (City, town, or county) (State): Driggs, Teton, Idaho

DATE REC'D BY LOCAL REG.: Nov 23-52
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 250
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 312 Heyburn West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 312 Heyburn West

3. NAME OF DECEASED (Type or Print)
a. (First) ROSE
b. (Middle) M.
c. (Last) STEIN

4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 9, 1875
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Garnett, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Edwin Stein
BIRTHPLACE Penn
14. MOTHER'S MAIDEN NAME Catherine Morgan
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 509-07-5454 A
17. INFORMANT'S OWN SIGNATURE Harriet S. Barry
ADDRESS Twin Falls, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 155X Carcinoma of Gall Bladder & liver — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chole lith rosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1952, *to* Nov. 1, 1952, *that I last saw the deceased alive on* Oct 31, 1952, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 277 Lorain D. Oldham (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 11/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/1/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Garnett, Kansas

DATE REC'D BY LOCAL REG. 11-1-52
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature]
ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 13 1952 DIVISION OF VITAL STATISTICS

State File No. 4238
Local Reg. No. 257
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 455 Quincy St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	Harrison	Shell	Nov.	1,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 25, 1888	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith 38		Gray county, Virginia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abija Shell	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	530-03-5733	Vera A. Shell	Twin Falls,

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension - Cardio Vascular Renal disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes	

4427

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* Nov. 1, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 8:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. A. Drake M.D.	317 No. Main Twin Falls Ida	11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11/3/52	American Fork Cemetery	American Fork, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
11-4-52	Donna Lind	James C. Reynolds Reynolds Funeral Home - Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 13 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

7.

State File No.
Local Reg. No. 258
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Anne c. (Last) Wodskow

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Student
8. DATE OF BIRTH Feb 14 1940
9. AGE (In years last birthday) 12 — IF UNDER 1 YEAR Months 8 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Heyburn Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Wodskow BIRTHPLACE Declo Ida.
14. MOTHER'S MAIDEN NAME Emma Southern BIRTHPLACE Heyburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter Wodskow ADDRESS Heyburn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bulbo-spinal poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Tracheotomy: emergency, as paralysis vocal cord present
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/28/52, 19__, *to* 11/1/52, 19__, *that I last saw the deceased alive on* 11/1/52, 19__, *and that death occurred at* 4:08 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Luther C. Thompson (Degree or title) Luther C.Thompson,M.D.,
23b. ADDRESS % Med. Arts Bldg. Twin Falls, Idaho
23c. DATE SIGNED 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-5-52
24c. NAME OF CEMETERY OR CREMATORY Heyburn Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn Idaho

DATE REC'D BY LOCAL REG. 11-7-52
REGISTRAR'S SIGNATURE Donna Reach
25. FUNERAL DIRECTOR Rodney Gordman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 255
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 20, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Swanville, Minn.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Rollie Buelow — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary E. Gallagher — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Everett Jones — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - colon at hepatic flexure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Carcinomatosis — 3 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma colon at hepatic flexure 1950
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1945, *to* 11-3, 1952, *that I last saw the deceased alive on* 11-3, 1952, *and that death occurred at* 11:57P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A A Boston MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-5-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4241
Local Reg. No. 260
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 200 block Shoshone St. No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 156 3rd Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): J.
c. (Last): TRENTOWSKY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Busness
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Florence Trentowsky — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Acute Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *19__, to _____, 19__, that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, md. 075
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 266
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 1019 - 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Jo Ann
b. (Middle) Oeck
c. (Last)

4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Student Single
8. DATE OF BIRTH: 7-28-1938
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Emil A. Oeck. BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Alene Mary Nixon. BIRTHPLACE: Washington.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E A Oeck. ADDRESS: Rupert Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bulbar Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

080.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2, 1952, *to* Nov 5, 1952, *that I last saw the deceased alive on* Nov 5, 1952, *and that death occurred at* 5 45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn Q Voyles M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-5-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-11-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Rodney J Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 961
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1101 7th Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) MRS. MARTHA b. (Middle) LOUISE c. (Last) KEATING

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 6, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1885

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.: 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Madison, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Hans Larsen
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Clara Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Mitral Stenosis
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
① Chr. Interstitial Nephritis — Unknown
② Pneumonia Rt. Lobe — 2 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Oct *, 1952, to* 6 Nov. *, 1952, that I last saw the deceased alive on* 6 Nov. *, 1952, and that death occurred at* 4:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer, M.D.
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 7 Nov. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/8/52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

State File No. 244
Local Reg. No. 267
Reg. Dist. No. 460

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): FERN
c. (Last): NEBEKER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 25, 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cimarron, New Mexico
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Leslie O. Vinsant — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Agnes Marie Burns — BIRTHPLACE: New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth J. Nebeker — ADDRESS: Hagerman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 550.1 Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated appendix c̄ Abscess Formation — 6 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 Nov. 1952
19b. MAJOR FINDINGS OF OPERATION: Perforated appendix c̄ Abscess & Bowel Obstruction
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Nov. 1952, *to* 7 Nov. 1952, *that I last saw the deceased alive on* 7 Nov. 1952, *and that death occurred at* 6:40 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D. 024
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 10 Nov. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 11/11/52 01
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 765
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Minidoka - Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert - Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Connie
b. (Middle) Mae
c. (Last) Wodskow

4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1952

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH Sept 30 1950

9. AGE (In years last birthday) 2 — IF UNDER 1 YEAR: Months 1, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Heyburn Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter Wodskow — BIRTHPLACE Declo Idaho

14. MOTHER'S MAIDEN NAME Emma Faulkner — BIRTHPLACE Heyburn Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Walter Wodskow — ADDRESS Heyburn Idaho

18. CAUSE OF DEATH 780.0

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute anterior poliomyelitis, bulbo-spinal type with circulatory center collapse.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/4/52, 19___, *to* 11/8/52, 19___, *that I last saw the deceased alive on* 11/8/52, 19___, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Luther C. Thompson, M.D.

23b. ADDRESS % Med. Arts Bldg. Twin Falls, Idaho

23c. DATE SIGNED 11/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-8-52

24c. NAME OF CEMETERY OR CREMATORY Heyburn Cemetery

24d. LOCATION (City, town, or county) (State) Heyburn Idaho

DATE REC'D BY LOCAL REG. 11-17-52

REGISTRAR'S SIGNATURE Emma Faulkner

25. FUNERAL DIRECTOR Rodney G. Gardner — ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 264
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 156 Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) MAGGIE J. c. (Last) SINGER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 23, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironton, W. Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. M. Watkins — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Sally Marquest — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Chas. Casey — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9-52 *19*___, *to* 11-11-52 *19*___, *that I last saw the deceased alive on* 11-11-52 *19*___, *and that death occurred at* 6:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harwood L Stowe — (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: Donna Frack
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 21 1952

Certificate of Death

STATE OF IDAHO

State File No. 1947
Local Reg. No. 272
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 179 Filer Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Lynn
c. (Last): Griffith

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 3, 1948
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elmer Griffith — BIRTHPLACE: Twin Falls, Ida.
14. MOTHER'S MAIDEN NAME: Kathryn Sutterfield-Landis, Ark. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elmer Griffith — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH 550.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute right heart failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Overwhelming toxic peritonitis
DUE TO (c): Ruptured appendix

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/12, 1952, *to* 11/12/, 1952, *that I last saw the deceased alive on* 11/12/, 1952, *and that death occurred at* 10:35P, *from the causes and on the date stated above.*

23a. SIGNATURE 168 [signature] (Degree or title): M.D.
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 11/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/15/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-20-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 271
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 344 Seventh Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Esther
c. (Last): Rittler

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 31, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Cherokee County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Dudley G. Crippen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Sarah Baldwin — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lucie A. Grooter — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Disease —
DUE TO (c) Diabetes Mellitus — Many years —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Virus Infection & Mild Arterial — 2-3 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: accident.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1947, *to* 11-15, 1952, *that I last saw the deceased alive on* 11-15, 1952, *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.A. McCrisky MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-12-52
REGISTRAR'S SIGNATURE: Leonne Kraik
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1040
Local Reg. No. 273
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. NOV 21 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on arrival at Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EDWARD
c. (Last): BOWARD

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Beatrice, Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: F. U. Boward — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Emma Vera Rutherford — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): wwl
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Donald R. Whitehead — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Right heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chronic myocaritis; arteriosclerusis generalized.
DUE TO (c): senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1951, 19___, *to* Nov., 1952 *that I last saw the deceased alive on* _____, 1952, *and that death occurred at* 8:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Ellis Knight M.D. 567
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11.18.52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-20-52
REGISTRAR'S SIGNATURE: Clarence Rich
25. FUNERAL DIRECTOR: Guy H. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4250
Local Reg. No. 269
Reg. Dist. No. 463

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 410 Fourth Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): Dale
c. (Last): Worthington

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John P. Worthington — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Emma Sanders — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 519-05-3068
17. INFORMANT'S OWN SIGNATURE: Lyle P. Worthington — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

86611

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cremation - resulting from being trapped in burning airplane

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE X (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 5 mi [illegible] + 1½ mi W. of
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 16 1952 6:15 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? See above 18

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Did not see alive *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/21/52
24c. NAME OF CEMETERY OR CREMATORY: Burley Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho.

DATE REC'D BY LOCAL REG.: 11-19-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4251
Local Reg. No. 275
Reg. Dist. No. 46

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1721 Borah Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Calhoun
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Sylvatus, Va.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Jones — BIRTHPLACE: N. Carolina
14. MOTHER'S MAIDEN NAME: Betty Gardner — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 518-10-7506
17. INFORMANT'S OWN SIGNATURE: Andrew J. Jones — ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cremation - resulting from being trapped in burning airplane

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm - 5 mi S + 1½ mi W of
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 16, 52 6:15 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? See 18

22. *I hereby certify that I attended the deceased from* alive *, 19__, to _____, 19__, that I last saw the deceased alive on* Did not see *, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Nov. 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-20-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: Donna Clark
25. FUNERAL DIRECTOR: S. L. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 774
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 176 Alexander

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 176 Alexander

3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) c. (Last) Hanson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 30, 1859

9. AGE (In years last birthday) 93
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hans Saastad
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Martha Larsen
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs W. L. Craig
ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1947, *to* Nov 17, 1952, *that I last saw the deceased alive on* 11/6, 1952, *and that death occurred at* 1:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A A Boston M.D.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/19/52

24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 11-25-52

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Hugh Phillips

ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 377
Reg. Dist. No. 460

BIRTH NO. 111-52-1486

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 358 Pierce Street

3. NAME OF DECEASED (Type or Print): a. (First) LARRY b. (Middle) DEAN c. (Last) ROBBINS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 16, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Verdus Robbins — BIRTHPLACE: Moreland, Idaho

14. MOTHER'S MAIDEN NAME: Beth Carter — BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Verdus Robbins — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following delivery
DUE TO (c) Prematurity 1 month early

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16, 1952, *to* 11/19, 1952, *that I last saw the deceased alive on* 11/19, 1952, *and that death occurred at* 7:20A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck M.D.

23b. ADDRESS: Twin Falls. Idaho

23c. DATE SIGNED: 11/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/20/52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 11-25-52

REGISTRAR'S SIGNATURE: Donna Finch

25. FUNERAL DIRECTOR ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1954
Local Reg. No. 278
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle):
c. (Last): Fairchild

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 11, 1949
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl Fairchild — BIRTHPLACE: Buhl, Idaho
14. MOTHER'S MAIDEN NAME: Eva Davis ? — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl Fairchild — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

916.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Burns, 2 + 3rd° face, both, arms, + thighs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Acciden
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Oil stove exploded

22. *I hereby certify that I attended the deceased from* Nov. 19, 1952, *to* Nov 20, 1952, *that I last saw the deceased alive on* Nov. 19, 1952, *and that death occurred at* 12:01 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson M D 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 22, 52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Donna Tuck
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

...ant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4255
Local Reg. No. 275
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) COPELAND c. (Last) MALONE

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 23, 1900

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nathan Tannehill
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Rachael Van Ness
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X R. L. Malone ADDRESS Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis

DUE TO (c) Cardiac fatigue

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* Nov. 21, ____, 1952, *that I last saw the deceased alive on* Nov. 21, ____, 1952, *and that death occurred at* 12:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard C. Yuka M.D.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 11/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/24/52

24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cem.

24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 11-25-52

REGISTRAR'S SIGNATURE Donna Ward

25. FUNERAL DIRECTOR WHITE MORTUARY
ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 276
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 330 8th Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 330 8th Ave North

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WESLEY c. (Last) KIRKMAN

4. DATE OF DEATH (Month) (Day) (Year) Nov.22,1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan.25, 1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Summersvillw,Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wesley Kirkman BIRTHPLACE
14. MOTHER'S MAIDEN NAME Henrietta Baskette BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE + Dortha Ragland ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH about 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1952, *to* Nov.22, 1952, *that I last saw the deceased alive on* Nov.22, 1952, *and that death occurred at* 9:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. F. Posser, M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 11.23.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11.23.52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Cabool, Missouri

DATE REC'D BY LOCAL REG. 11-25-52
REGISTRAR'S SIGNATURE Donna Lisch
25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 280
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls (enroute to Hospital)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 509 11th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Douglas
b. (Middle): Clinton
c. (Last): Joa

4. DATE OF DEATH (Month) (Day) (Year): November 22, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: April 28, 1946
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School child #3
10b. KIND OF BUSINESS OR INDUSTRY: School child
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alf Joa — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Vera La Fergy — BIRTHPLACE: Fort Benton, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Alf A. Joa — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: CONGENITAL

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ACUTE GASTRO ENTERITIS — 36 HOURS
ORGANISM NOT FOUND
DUE TO (c) PROBABLY NON-SPECIFIC

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL PALSY — FROM BIRTH

571.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 22, 1952, *to* Nov 22, 1952, *that I last saw the deceased alive on* Nov 22, 1952, *and that death occurred at* 8:15P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 24 E W McBratney M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 11/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 25, '52
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 11-28-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 719
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley MemorialHosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 304 8th Ave East

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) [illegible] (Last) FRASER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 23, 1881
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Primghar, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Fraser BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Mary Bazley BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Melanoma Cheek — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) terminal Bronchopneumonia — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1952, *to* 11-25, 1952, *that I last saw the deceased alive on* 11-25, 1952, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean H. Affleck MD
23b. ADDRESS Twin Falls
23c. DATE SIGNED 26 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/28/52
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 11-29-52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR [illegible] ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 281
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 150 10 th Ave East

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) L. c. (Last) STEPHAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 18, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Andrews, Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Stephan
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Bridget O'Rourke
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 720-03-4290

17. INFORMANT'S OWN SIGNATURE: Robert W. Stephan
ADDRESS: Twin Falls Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor
INTERVAL BETWEEN ONSET AND DEATH: 18 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Aspiration pneumonia — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3.15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/3/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-3-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Hugh W. Phillips
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

1041

RECEIVED
NOV 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 262
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls County Farm

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. REBECCA
b. (Middle): CARTER
c. (Last): ROHKAR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 24, 1855
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. W. Rohkar — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebro vascular arteriosclerosis — yrs
DUE TO (c) Hemiplegia - old — yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Senilety
Cardiac decompensation - days
grade IV

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Oct 30, 1952 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Abra
23b. ADDRESS:
23c. DATE SIGNED: 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/6/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Donna Tract
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4261
Local Reg. No. 268
Reg. Dist. No. 460

RECEIVED NOV 20 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Rural
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Co. Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 806 3rd St. East

3. NAME OF DECEASED (Type or Print)
a. (First): Wendelin
b. (Middle):
c. (Last): Frantz

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 18, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Metzensurfen, Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Frantz — BIRTHPLACE: Saxony, Germany
14. MOTHER'S MAIDEN NAME: Anna Maria Meder — BIRTHPLACE: Saxony, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 528-09-9780A
17. INFORMANT'S OWN SIGNATURE: W. W. Frantz — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 900.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of ribs, fr. clavicle rt. puncture of ribs lung -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell down steps

22. *I hereby certify that I attended the deceased from* 10-15, 1952, *to* 11-18, 1952, *that I last saw the deceased alive on* 11-18, 1952, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 265 [signature] MD
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/18/52
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cem.
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah.

DATE REC'D BY LOCAL REG.: 11-19-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Reynolds Funeral Home — James C. Reynolds
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 25 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 24
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 6hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Wilmar c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1952

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 21, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6 Days; IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Mesa, Arizonia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Jones BIRTHPLACE: So. Dakota
14. MOTHER'S MAIDEN NAME: Alma Wolfe BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: McCall, Ida. ADDRESS: Mrs Alma Wolfe Jones

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

046.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenzal Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b): an amaeb. Dysentery of 2 months duration.
DUE TO (c): Mal-nutrition & possible neglect.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: DAY.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* [illegible], 1952, *and that death occurred at* 5:30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: McCall, Ida.
23c. DATE SIGNED: 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: McCall
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: Nov 18-1952
REGISTRAR'S SIGNATURE: Myrtle H. Gardner
25. FUNERAL DIRECTOR: Beatty Chapel ADDRESS: Glenn W. Beatty Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 25 1952 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 23
Reg. Dist. No. 318

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) G c. (Last) KOSKI

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1952

5. SEX M

6. COLOR OR RACE Cauc

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 14, 1892

9. AGE (In years last birthday) 60-10-5 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alimi, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charlie Koski BIRTHPLACE Finland

14. MOTHER'S MAIDEN NAME Lizzie Kujanpaa BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ray Koski ADDRESS Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Cascade (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3 1952, *to* 11-19, 1952, *that I last saw the deceased alive on* 11-19, 1952, *and that death occurred at* 8 a.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE Stanley E. Parker (Degree or title) MD

23b. ADDRESS Cascade Idaho

23c. DATE SIGNED 19 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-23-52

24c. NAME OF CEMETERY OR CREMATORY Finnish Cemetery

24d. LOCATION (City, town, or county) (State) Lake Fork, Idaho

DATE REC'D BY LOCAL REG. Nov 22 1952

REGISTRAR'S SIGNATURE Myrtle M. Gardner

25. FUNERAL DIRECTOR Clyde E. Dennett ADDRESS Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hancher

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 320

BIRTH NO.

RECEIVED NOV 15 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HIRAM	BENJAMIN	COLLINS	Nov.	1	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Febr. 5 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Macon Co. Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Collins — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Ellen Loughery — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Laura M. Whitney — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Unknown
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracturing Right Wrist obtained when pt. fell at time of Cerebral Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 18 Oct, 1952, *to* 1 Nov, 1952, *that I last saw the deceased alive on* 1 Nov, 1952, *and that death occurred at* 12:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hayden Hancher, M.D.	Weiser, Idaho	11/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/3/52	Kohler Lawn Cemetery	Nampa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/3/52	Marie Hawthorn	C. L. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) c. (Last) KAMERDULA

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Trzemeszno, Poland

12. CITIZEN OF WHAT COUNTRY?: Poland

13. FATHER'S NAME: Don't Know
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Don't know
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): ####
(If yes, give war or dates of service): #######

16. SOCIAL SECURITY NO.: ######

17. INFORMANT'S OWN SIGNATURE: X Henry Kamerdula
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 2nd, 1952 *to* Nov. 3rd, 1952 *that I last saw the deceased alive on* Nov. 3rd, 1952, *and that death occurred at* 10:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. McSmith M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/5/52
REGISTRAR'S SIGNATURE: Marie Santhorn
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4266
Local Reg. No. 30
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 241 W. Main St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 241 W. Main St.

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) O. c. (Last) SUTTON
4. DATE OF DEATH (Month) (Day) (Year) 11-5-52
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-23-1891
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge
10b. KIND OF BUSINESS OR INDUSTRY District Court
11. BIRTHPLACE (State or foreign country) Viola, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary L. Sutton ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 7-8 years
DUE TO (c) Myocardial Degeneration & Hypertension + Chronic Endocarditis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Jan, 1946, *to* 5 Nov, 1952, *that I last saw the deceased alive on* 4 Nov, 1952, *and that death occurred at* 1:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ryden Hancher M.D.
23b. ADDRESS
23c. DATE SIGNED 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-7-52
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 11-7-52
REGISTRAR'S SIGNATURE Marie Hawthorne
25. FUNERAL DIRECTOR C. S. Jones ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Dr. F.A. Schmitz

State File No. 4267
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1209 West Second Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LORENA	ALEXANDER	FRANSHAM	November 8 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 10 1869	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fondulac, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.J. Alexander — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: ??? Brewester — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm. K. Fredericks — ADDRESS: Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aging Process — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1952, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 10:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F A Schmitz M.D.	Weiser, Idaho	11/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-9-1952	Bozeman	Bozeman, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/8/52	Marie Hawthorn	C. S. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) OPAL b. (Middle) I. c. (Last) KNOX

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-23-1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Plains, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. R. Henderson, BIRTHPLACE: West Plains, Mo.

14. MOTHER'S MAIDEN NAME: Nancy Southerd, BIRTHPLACE: West Plains, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edna Knox ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

456X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated Lupus Erythematosus — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. *, 19* 52 *, to* Nov. 18 *, 19* 52 *, that I last saw the deceased alive on* Nov. 18 *, 19* 52 *, and that death occurred at* 6:25 a.m. *, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Van Eaton, M.D. **23b. ADDRESS**: Weiser **23c. DATE SIGNED**: 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-20-52
24c. NAME OF CEMETERY OR CREMATORY: Lohmeyer-Jewel Windle
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 11-19-52
REGISTRAR'S SIGNATURE: Marie Southern
25. FUNERAL DIRECTOR: R. Lee Thomason ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 32
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 155 West Court Street

3. NAME OF DECEASED (Type or Print): a. (First) ALBINA b. (Middle) R. c. (Last) CONKLIN

4. DATE OF DEATH (Month) (Day) (Year): November 25 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bartholomew Burrus
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Guy L. Conklin
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Elarged Heart — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-24 *19*52 *to* 11-25 *19*52 *that I last saw the deceased alive on* Nov 24 *19*52 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T A Johnston MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/29/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 11/28/52
REGISTRAR'S SIGNATURE: Marie Faulkner
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hancher

Certificate of Death

STATE OF IDAHO

State File No. 0
Local Reg. No. 34
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Young Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. #3 Weiser, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): W.
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): November 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Aug. 31 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): East Palestine, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A. Long — BIRTHPLACE: East Palestine, Ohio
14. MOTHER'S MAIDEN NAME: Mary Ann Smart — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clara Bednarek — ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — unknown
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Oct, 1950, *to* 30 Nov, 1952, *that I last saw the deceased alive on* 29 Nov, 1952, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Hancher, M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 12/1/52
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4271
Local Reg. No. 455
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Benjamin c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 2, 1865	87	6	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Cookville, Tenn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Allen	Tenn.	Mary Watson	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X L D. Allen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sub dural hematoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 23 Nov, 1952, *that I last saw the deceased alive on* 22 Nov, 1952, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C R Blackburn M.D.	1320 Vista, Boise Ida	1 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 26, 1952	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-17-52	Myrtle Palmer	Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4272
Local Reg. No. 456
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 821 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4616 Franklin Road

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle): Lonis
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 20, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Enterprise, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charley Hanson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Scott — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-3398
17. INFORMANT'S OWN SIGNATURE: Earl Waggoner — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes, Was setting in Bouquet Cigar Store and fell off of chair dead. Nothing of a Criminal Nature.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* ~~attended~~ saw *the deceased* ~~[illegible]~~ *death occurred at* 2. PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cleyl E. Summers — Coroner of Ada County.
23b. ADDRESS: Boise, Idaho. 1205. Bannock Street.
23c. DATE SIGNED: Dec. 3. 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — McBratney-Alden Chapel
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4273
Local Reg. No. 471
Reg. Dist. No. 370

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1209 Grove Street

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) TURENNE c. (Last) MEYER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 23, 1884

9. AGE (In years last birthday): 68-1-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney-draftsman-metallugist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canton, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clement Turenne Meyer — BIRTHPLACE: Canton, Ohio

14. MOTHER'S MAIDEN NAME: Catharine Shorb — BIRTHPLACE: Canton, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Robert J Meyer — ADDRESS: Carlisle, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes. Was found dead — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in bed. Nothing of a criminal
DUE TO (c) nature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ~~[illegible]~~ 19~~[illegible]~~ to ~~[illegible]~~ 19~~[illegible]~~ that I last saw the deceased ~~[illegible]~~ and that death occurred at 4:p. m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E Summers — (Degree or title): Coroner
23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.
23c. DATE SIGNED: 12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/52
24c. NAME OF CEMETERY OR CREMATORY: St. John's, Morris Hill Cemetery, Boise, Idaho
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4274
Local Reg. No. 457
Reg. Dist. No. 371

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1511 Ponderay Road

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) F.; c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): November 29-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2-1862

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Potato Grower

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Batavia, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: [illegible] — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lavina L. Smith — ADDRESS: Caldwell

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — Interval between onset and death: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — ?

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — ?

420.0

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 12/26, 1947, *to* 11/29, 19 52 *that I last saw the deceased alive on* 11/29, 19 52 *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 12/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: December 2-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12-17-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4275
Local Reg. No. 452
Reg. Dist. No. 270

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1607 Dora St.

3. NAME OF DECEASED (Type or Print): a. (First) Estella b. (Middle) Rebecca c. (Last) Cain

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 5/7/69

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): New Mount Pleasant, Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel E. Munsey
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Jennie Smith
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Marie Cain
ADDRESS: Gorton

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — 420.1
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec. 1, 1952 that I last saw the deceased alive on Dec 1, 1952, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE: C. C. Johnson
(Degree or title): M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell L. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 6 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4276
Local Reg. No. 443
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1035 — 1st Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) Myrtle c. (Last) Wisner

4. DATE OF DEATH: (Month) (Day) (Year): December 1, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: SEPT. 20, 1888

9. AGE (In years last birthday): 64 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home-keeper

11. BIRTHPLACE (State or foreign country): Sumner, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Chadwick — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Eliza Ann Kay — BIRTHPLACE: Park Ridge, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: George H. Wisner — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor with Brain Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Glioma of Right Occipital Lobe.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 193X
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from October 7, 1952 to Dec. 1, 1952, that I last saw the deceased alive on Dec. 1, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Ralph K. Jones (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial
24b. DATE: 12 - 3 - 52
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 12-3-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4277
Local Reg. No. 458
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 519 ½. South 16 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): CAREY
c. (Last): HALL.

4. DATE OF DEATH (Month) (Day) (Year): December.1.1952.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: August. 29.1872.
9. AGE (In years last birthday): 80-3-2. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-8308
17. INFORMANT'S OWN SIGNATURE: Ruth M Farley ADDRESS: Boise Idaho 500 Pinnacle Ave

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes, Was found dead in his Chair at his home.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nothing of a Criminal Nature.
DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ saw the deceased from* December 1.1952., *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E Summers Coroner of Ada County.
23b. ADDRESS: Boise, Idaho. 1205. Bannock Street.
23c. DATE SIGNED: Dec.4.1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: December. 8. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Baxter

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4278
Local Reg. No. 312
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Soldiers Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3625 State St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Mitchell	Andregg	Dec. 3. 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Mar. 7th. 1888	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Boise Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H. Andregg	Ohio	Mary Whickman	Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes.	World War 1	518-09-8898	Mrs. Edna Carturight	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Dec 3, 1952, *that I last saw the deceased alive on* Nov 1, 1952, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Braxton	Boise Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 6th. 1952.	Morris Hill Cemetery.	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
12-9-52	Myrtle Palmer	Schreiber-McCann-Gibson. Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Miner

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4279
Local Reg. No. 448
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1704 No. 14th. St.

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) M. c. (Last) Murphy

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3. 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 10. 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James B. Burke. BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Margaret Hopkins BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John J Murphy ADDRESS 811 Thatcher St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4438

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C.V. disease with auricular fibrillation — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1952, *to* Dec 3, 1952, *that I last saw the deceased alive on* Dec 2, 1952 *and that death occurred at* 12:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner (Degree or title) M.D.
23b. ADDRESS 105 N. 8th St. Boise Idaho
23c. DATE SIGNED 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 4. 1952
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) Boise Idaho (State)

DATE REC'D BY LOCAL REG. 12-9-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25 FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Newcombe

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4280
Local Reg. No. 449
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2414 Pleasanton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2414 Pleasanton

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): McGee
c. (Last): Oldfield

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power
11. BIRTHPLACE (State or foreign country): Summitville Ind.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Margaret Ayres — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI 1919
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Mrs. Dorothea S. Oldfield — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart Disease — —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I did not attend the deceased from* —, 19__, *to* —, 19__, *that I never saw the deceased alive on* _____, 19__, *and that death occurred at* 10:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe M.D.
23b. ADDRESS: 512 N. 16 St. Boise, Idaho
23c. DATE SIGNED: 12.8.52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson Boise
Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4231
Local Reg. No. 459
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1309. Fort Street.

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) NILES c. (Last) WRIGHT.

4. DATE OF DEATH (Month) (Day) (Year): December. 4. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: September. 14. 1882.

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months: - Days: - | IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk on Department of Finance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wayne, Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: State of Idaho. Henry Clay Wright, Mt Vernon, Ohio.

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Addah Williams. Oregon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-07-3918.

17. INFORMANT'S OWN SIGNATURE ADDRESS: Kathryn N. Wright - 1309 Fort Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* Dec 4, 1952, *and that death occurred at* 9.15. P.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Foelsch MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 7. 1952.
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho.

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde Summers. Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4282
Local Reg. No. 277
Reg. Dist. No. 371

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 304 S. Orchard

3. NAME OF DECEASED (Type or Print)
a. (First): EARLE
b. (Middle): B.
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1899
9. AGE (In years last birthday): 53-7-3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Piney Creek, North Carolina USA
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME / BIRTHPLACE: John Henry Williams-North Carolina
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary Pugh Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-28-6804
17. INFORMANT'S OWN SIGNATURE / ADDRESS: 304 S. Orchard Leitha Reeve Williams, Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MULTIPLE MYELOMA — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1952, *to* Dec, 1952, *that I last saw the deceased alive on* Dec. 7, 1952, *and that death occurred at* 6:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinoldes, M.D. 851
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E. Summers Summers Funeral Home Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4283
Local Reg. No. 450
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1501 Hays St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1501 Hays St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Lee c. (Last) Shaffer

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 20. 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W.H.A. Shaffer
BIRTHPLACE: Red Oak Missouri

14. MOTHER'S MAIDEN NAME: Sarah Stoffle
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-28-0672

17. INFORMANT'S OWN SIGNATURE: Mrs Paul Tuneer
ADDRESS: Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 5 yrs.
DUE TO (c) arterio sclerosis — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8-52, 19__, *to* 12-8-52, 19__, *that I last saw the deceased alive on* 12-8-52, 19__ *and that death occurred at* 4 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Shaffer M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 11th 1952.
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 12-10-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J. D. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5284
Local Reg. No. 451
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Allen; c. (Last) Harmon

4. DATE OF DEATH: (Month) Dec. (Day) 8th. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 10, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: Willis Harmon Harrison, So. Dakota

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Hazel Heezen, Armour, So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Hazel Harmon — Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

571.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastroenteritis — 3 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronc[illegible] — 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): [illegible] Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-7, 19 52, *to* 12-8, 19 52, *that I last saw the deceased alive on* 12-8, 19 52, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: 200 E Jarman St

23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/12/52

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 12-11-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: B.C. Robison — Meridian Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 465
Local Reg. No. 460
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1201 No. 22nd St.

3. NAME OF DECEASED (Type or Print): a. (First) Horace b. (Middle) G. c. (Last) Caldwell

4. DATE OF DEATH: (Month) Dec (Day) 10. (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Apr. 5th 1888
9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic.
10b. KIND OF BUSINESS OR INDUSTRY: Boise Bus Co.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Semore Caldwell. BIRTHPLACE: Lewiston Iowa
14. MOTHER'S MAIDEN NAME: Eva Weymire BIRTHPLACE: Garden Grove Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-12-7212
17. INFORMANT'S OWN SIGNATURE: Eugene Caldwell ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchogenic Carcinoma

420.1

19a. DATE OF OPERATION: 11/19/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left lung
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16, 1952, *to* 12/10, 1952, *that I last saw the deceased alive on* 12/10/52, 19___, *and that death occurred at* 1 4. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul R. Shanick, M.D.
23b. ADDRESS: 302 W. Idaho St.
23c. DATE SIGNED: 12/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12. 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4286
Local Reg. No. 453
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2504 Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) WALTER c. (Last) KESSLER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1911

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collection Teller

10b. KIND OF BUSINESS OR INDUSTRY: First Security Bank

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank E. Kessler
BIRTHPLACE: Lyons, Nebraska

14. MOTHER'S MAIDEN NAME: Laura Kemp
BIRTHPLACE: Chicago, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-12-7057

17. INFORMANT'S OWN SIGNATURE: Mrs Nova N Kessler
ADDRESS: 2504 Idaho Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Posterior Wall myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rt. Coronary thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute Ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16/49, 19___, *to* 12/10, 1952, *that I last saw the deceased alive on* 12/10/52, 19___, *and that death occurred at* 8:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Coppard
(Degree or title): M.D.
23b. ADDRESS: 311 Idaho, Boise, Idaho
23c. DATE SIGNED: 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Elden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4287
Local Reg. No. 464
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 57 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 714 Mckinley St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 714 McKinley St.

3. NAME OF DECEASED (Type or Print): a. (First) Ery; b. (Middle) A.; c. (Last) Wilmot

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 14, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Winona, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilbert F. Wilmot
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Emily Raymond
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: + C B. Wilmot
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 52, *to* Dec, 19 52, *that I last saw the deceased alive on* Dec, 19 52, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 536 (Degree or title): [signature illegible]
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/13/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-19-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Kelyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY
Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4288
Local Reg. No. 466
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): W
c. (Last): SCOTT

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 11, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: APRIL 27, 1940
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LIBERTY, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ROY F. SCOTT — BIRTHPLACE: BLUE SPRINGS, NEBRASKA
14. MOTHER'S MAIDEN NAME: JEWELL WHEATLEY — BIRTHPLACE: FALLS CITY, NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Roy F. Scott — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Bulbar poliomyelitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. bilateral broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8, 1952 *to* 12/11, 1952, *that I last saw the deceased alive on* 12/11, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Ellerichmal
23b. ADDRESS: 218 N 1st Boise Ida
23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/11/52
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Felix Bey Mortuary — ADDRESS: Mt Home
by D.A. Lyberisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4289
Local Reg. No. 454
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 1103 O'Farrell St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1103 O'Farrell St

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Henry
c. (Last): Hodge

4. DATE OF DEATH (Month) (Day) (Year): Dec 11th 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE: June 21. 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker Retired
10b. KIND OF BUSINESS OR INDUSTRY: Todd Shipyard
11. BIRTHPLACE (State or foreign country): Travers City Michigan
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: James Hodge 67 — BIRTHPLACE: N.Y. State
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: U.SA.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Kenneth A Hodge — ADDRESS: Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* _____, 1952, *that I last saw the deceased alive on* Dec, 1952, *and that death occurred at* 2:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max F. Bell, MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec 12.1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Tacoma Washington

DATE REC'D BY LOCAL REG.: 12-12-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1890
Local Reg. No. 467
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 10 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1604. North 16 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE b. (Middle): ELLA c. (Last): MARTIN.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13.1952.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: April. 28.1867.
9. AGE (In years last birthday): 85-7-15. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Deseret, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. Dayton BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: William C. Martin ADDRESS: 1507 State

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized athero sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Vascular Accident
DUE TO (c) arterio sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
auricular fibrillation. Congestive Heart failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/3, 1952, *to* 12/13, 1952, *that I last saw the deceased alive on* 12/13, 1952, *and that death occurred at* 9.45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Cuffard (Degree or title) M.D.
23b. ADDRESS: 311 Idaho - Boise, Idaho
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Dec. 16. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery, Boise, Idaho.
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4291
Local Reg. No. 461
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2918 Madison St.

3. NAME OF DECEASED (Type or Print): a. (First) Patrick b. (Middle) McGuire c. (Last) Dorsey

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13. 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27. 1915

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Broker. 47

10b. KIND OF BUSINESS OR INDUSTRY: Wegner-Daly.

11. BIRTHPLACE (State or foreign country): Weeping Water Neb.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Jack Dorsey — BIRTHPLACE: York Neb.

14. MOTHER'S MAIDEN NAME: Frances McGuire — BIRTHPLACE: Greeley Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 519-07-1955

17. INFORMANT'S OWN SIGNATURE: Mrs Pat Dorsey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal Hemorrhages and Hypoprotenemia — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extensive Diverticulosis Type Hemangioma of Small Intestine

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/15/51

19b. MAJOR FINDINGS OF OPERATION: Hemangioma of Small Intestine

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1951, *to* December 13, 1952, *that I last saw the deceased alive on* Dec 13, 1952, *and that death occurred at* 10:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R Jones M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 16th. 52.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG: 12-17-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1292
Local Reg. No. 224
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of D.H. Russell, Rt.2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rio Linda, California
d. STREET ADDRESS (If rural, give location): Route 2, Box 680

3. NAME OF DECEASED (Type or Print)
a. (First): Sidney
b. (Middle):
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): December 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 20-1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months: 5 Days: 23
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer & miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Springville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Henry Walker, Council Bluffs, Iowa
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Lydia N. Horn,
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Carrie M Walker
ADDRESS: Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 19 52, *to* Dec, 19 52, *that I last saw the deceased alive on* 13 Dec, 19 52, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart A Merrill MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: E. V. Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 462
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): 2½ miles east

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): ELIZABETH
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 17, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glenwood, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Riland L. Bissell — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mattie Walker — BIRTHPLACE: Macon, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. W. Bissell — ADDRESS: 818½ Washington, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

42211

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Myocarditis — 2 years,
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Dec 15, 1952, *that I last saw the deceased alive on* Dec 12, 1952, *and that death occurred at* 3 11 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Weiser
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1294
Local Reg. No. 472
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rest Heaven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 818 State Street

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) c. (Last) HAMMING

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 1, 1867

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 85-8-15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Derk L. Hamming — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Maria DeGroot — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Wm J Hamming Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized & cerebral arteriosclerosis — 5-10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec 15, 1952, *and that death occurred at* 9:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/19/52

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — **ADDRESS**: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 295
Local Reg. No. 463
Reg. Dist. No. 370

BIRTH NO. DEC 23 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1108 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1108 Washington

3. NAME OF DECEASED (Type or Print): a. (First) EARL; b. (Middle) WYATT; c. (Last) RUMMERFIELD

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 12, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Benjamin F. Rummerfield
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Lucy Ross
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Benita Lansing
ADDRESS: 2041 42nd North Seattle 2, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of pancreas
INTERVAL BETWEEN ONSET AND DEATH: 6 mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-19-52
19b. MAJOR FINDINGS OF OPERATION: see 1.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13-52 *to* 11-16-52, *that I last saw the deceased alive on* 11-15-52, *and that death occurred at* 2-13 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4296
Local Reg. No. 231
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3200 Fairview Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3200 Fairview Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Cornelius c. (Last) Ekstrand

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 4, 1893

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Implement Co.

11. BIRTHPLACE (State or foreign country): Marquette, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels S. Ekstrand
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Clara L. Kramer
BIRTHPLACE: Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.1 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 562-10-0445

17. INFORMANT'S OWN SIGNATURE: A. E. Ekstrand ADDRESS: 4491 Irving - Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

914.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution. He was leaning against truck on which there was

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) a crane. The crane hit a high-tension wire and the electric

DUE TO (c) current electrocuted him.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boise Imp. Co. Warehouse

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 17, 1952 - 2pm m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Electrocution

22. *I hereby certify that I attended the deceased from* ~~Dec. 10, 19xx~~ *to* ~~Dec. 19, 19xx~~ *that I last saw the deceased alive on* ~~Dec. 19, 19xx~~ *and that death occurred at* 1:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde E. Summers (Degree or title): Coroner

23b. ADDRESS: 1205 Bannock St. of Ada County, Boise, Ida.

23c. DATE SIGNED: 12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Certificate of Death

STATE OF IDAHO

State File No. 4297
Local Reg. No. 468
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1009 O'Farrell

3. NAME OF DECEASED (Type or Print): a. (First) ELMER b. (Middle) c. (Last) SUNDELL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1883

9. AGE (In years last birthday): 69-6-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Sund
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Catherine Hagstrom
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Emma Sundell ADDRESS: Boise, Ida. 1009 O'Farrell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4437

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vascular Disease — 2 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19**50**, *to* 12-17, 19**52**, *that I last saw the deceased alive on* 12-17, 19**52**, *and that death occurred at* 4:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: O.F. Swindell (Degree or title): M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 19, 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of ELMER SUNDELL

now lying buried in MORRIS HILL Cemetery, in the City or Town of BOISE

County of ADA State of Idaho, who died on the 17 day of DECEMBER 1952 Aged 69 years 6 months

6 days, the cause of death being CEREBRAL HEMORRHAGE and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

DR. O. F. SWINDELL attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by PRIVATE CONVEYANCE
private or railway conveyance

to MORRIS HILL Cemetery in the City or Town of BOISE County of ADA

State of IDAHO to take effect upon the approval by the local board of health of the City, Town, or County of

ADA it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

Permit issued to:

this _____ day of MAY, A.D. 1953.

W. W. Benson by
Joyce B Falk, Dep. Registrar
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ADA State of Idaho, this 28 day of MAY 1953.

Terrell O. Carr, M. D.
Health Officer

Form DPH-48019

7-15-53

State File No. 4298
Local Reg. No. 473
Reg. Dist. No. 370

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1708 North 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): L.
c. (Last): ENSIGN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 23, 1877
9. AGE (In years last birthday): 75-6-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Robinson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Cascade Idaho Lovina E Mosman Ao Bo 507

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia + Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis + Arteriosclerotic Heart Disease — 2 mos
(c) Pulmonary Embolism (2) — 2 mos.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of rt. femur — 2½ mo

19a. DATE OF OPERATION: Oct 1952
19b. MAJOR FINDINGS OF OPERATION: Fractured right hip nailed
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boise City
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 30, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck by Auto

22. *I hereby certify that I attended the deceased from* Sept 30, 1952 *to* Dec 18, 1952 *that I last saw the deceased alive on* Dec 18, 1952 *and that death occurred at* 6:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Crosby M.D.
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/20/52 01
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4299
Local Reg. No. 4499
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) MARLATT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9, 1903
9. AGE (In years last birthday): 49-6-10 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Marlatt — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Lucy Daly — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harold Marlatt ADDRESS: R D No 9

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver and Bile Ducts — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/19/52
19b. MAJOR FINDINGS OF OPERATION: Cancer of Liver and Bile Ducts
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 1951, *to* Dec. 19, 1952, *that I last saw the deceased alive on* Dec. 19, 1952, *and that death occurred at* 10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Dunn MD
23b. ADDRESS: 105 No. 8th Street, Boise, Ida
23c. DATE SIGNED: Dec. 22, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/52
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Dunn
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4300
Local Reg. No. 465
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1022 Chamberlain St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1022 Chamberlain

3. NAME OF DECEASED (Type or Print): a. (First) Francis; b. (Middle) Marion; c. (Last) Gish

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 22, 1853

9. AGE (In years last birthday): 99
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Van Buren Co Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel Gish
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Jane McPick,
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Helen Garoutte
ADDRESS: Boise Idu

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

783.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:30 P M, *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Johnson (Degree or title) D.S.
23b. ADDRESS: 218 Yates Bldg.
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/24/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian,
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.W. Robison
ADDRESS: Meridian, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52-14

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 475
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 311 Picardy Place

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) SANFORD
c. (Last) ANNIS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 18, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alan R. Annis BIRTHPLACE Merkel, Texas
14. MOTHER'S MAIDEN NAME Esther Frey BIRTHPLACE Phoenix, Arizona

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Alan R. Annis ADDRESS 311 Picardy Pl.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

760.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth *19___, to _____, 19___, that I last saw the deceased alive on* 12/20, 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE George Clerick MD (Degree or title) 459
23b. ADDRESS 218 N 1st Boise
23c. DATE SIGNED 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE December. 22. 1952.
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Cemetery, Boise, Idaho.

DATE REC'D BY LOCAL REG. 12-31-52
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

BIRTH NO.

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4302
Local Reg. No. 227
Reg. Dist. No. 271

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6010 Fairview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6010 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) LENA b. (Middle) DELTA c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year): Dec 20, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 25, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hartford, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. H. Robertson
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Belle
BIRTHPLACE: Warren County, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Ralph A Wilson
ADDRESS: 6008 Fairview

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of Lung (Metastatic)
INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of Uterus
9/28/48

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/28/48

19b. MAJOR FINDINGS OF OPERATION: Cancer of Uterus

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/24, 1948, *to* 12/20, 1952, *that I last saw the deceased alive on* 12/19, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emmett D Jones M D

23b. ADDRESS: Boise, Idaho.

23c. DATE SIGNED: 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1003
Local Reg. No. 469
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Idaho) Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Beeson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unk
8. DATE OF BIRTH: April 23, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unk — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 483-05-5817
17. INFORMANT'S OWN SIGNATURE: Nice Crowley — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 12-6-52
19b. MAJOR FINDINGS OF OPERATION: Ca. Pancreas - Metastasis intestines
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1952, *to* 12-21-52, 19__, *that I last saw the deceased alive on* 12-[illegible], 1952, *and that death occurred at* 1:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. [illegible] M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1004
Local Reg. No. 228
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hance b. (Middle) R. c. (Last) Terry

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-11-74

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 3 Days: 11
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Knowville, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis S. Terry
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Maggie McGee
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S OWN SIGNATURE: Records, VA Hospital, Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1952, *to* Dec. 22, 1952, *that I last saw the deceased alive on* Dec. 22, 1952, *and that death occurred at* 12:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stevenson Chief, Medical
C. P. STEVENSON, M. D. Service
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 24. 1952
24c. NAME OF CEMETERY OR CREMATORY: Rupert
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS: J S McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4305
Local Reg. No. 476
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1421 E. Bannock Street

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE b. (Middle) S. c. (Last) LUCAS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1886

9. AGE (In years last birthday): 66-4-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert S. Shaw — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Proctor — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs W. G. Lucas — ADDRESS: 1421 E. Bannock

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug ____, 1952, *to* Dec. 22, 1952, *that I last saw the deceased alive on* Dec. 21, 1952, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Munson (Degree or title) M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/26/52
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Koelsch

2-8221

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4306
Local Reg. No. 470
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 60 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ADa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 815 Hays St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Goreczczky

4. DATE OF DEATH (Month) (Day) (Year): Dec, 23. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 2nd. 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schuty — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: O. J. Goreczky — ADDRESS: San Francisco Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 22 2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 12-23, 1952, that I last saw the deceased alive on 12-23, 1952, and that death occurred at 11:30 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Koelsch (Degree or title): MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buril
24b. DATE: Dec. 27th. 1952.
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cathedral
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise
J S McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 480
Reg. Dist. No. 370

RECEIVED JAN 10 1953 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 145 Eastern Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Gwyneth	Anna	Leavitt	12	23	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	Oct. 3, 1908	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Arthur — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Margaret Sheeley — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: + William C Leavitt — ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural & Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head Injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Tibial Fractures

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): ada (STATE): Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 20 1952 7:30 pm
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I attended the deceased from 12/20, 1952, to 12/23, 1952, that I last saw the deceased alive on 12/23, 1952, and that death occurred at 11:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE: Mark F Bell, MD (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell C. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY - BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4308
Local Reg. No. 488
Reg. Dist. No. 270

BIRTH NO.

RECEIVED
JAN 10 1953
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 3.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): GEORGE THEODORE SCHUMAKER.

4. DATE OF DEATH (Month) (Day) (Year): December. 25. 1952.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: February. 15. 1881.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 71-10-13.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook.

10b. KIND OF BUSINESS OR INDUSTRY: Hill House.

11. BIRTHPLACE (State or foreign country): Formosa, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Martin Schumaker-Formosa, Ontario, Canada

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Mary Charlotte Wokeford-Formosa, Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 519-36-2260

17. INFORMANT'S OWN SIGNATURE | ADDRESS: John R. Schumaker R.D. Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Myxedema — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Dec, 1952, *that I last saw the deceased alive on* Dec. 25, 1952, *and that death occurred at* 5:12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinstein, M.D.

23b. ADDRESS: 401 Idaho St., Boise, Idaho

23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Dec. 29. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 1-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 477
Reg. Dist. No. 370

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 Pearl Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 315 Pearl Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): CARROLL
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 31, 1887
9. AGE (In years last birthday): 65-10-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Army Capt. Air Force
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Libertyville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Carroll Williams — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Jennie Price Watts — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1 & #2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph S. Williams — ADDRESS: Boise, Idaho Box 2087

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1952, *to* Dec 25, 1952, *that I last saw the deceased alive on* Nov. 30, 1952, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max L. Bell, M.D. (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/27/52
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Dummers — ADDRESS: Boise, Ida
~~SUMMERS FUNERAL HOME~~

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 479
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Boise~~
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2308 N. 25th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2308 No. 25th

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Danville c. (Last) Delano

4. DATE OF DEATH: (Month) dec (Day) 27 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct.16,1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic

10b. KIND OF BUSINESS OR INDUSTRY: automotive

11. BIRTHPLACE (State or foreign country): Peshtigo, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Danville J. Delano
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Louisa S. Marsh
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: X June Schrock
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 24 IX Pulmonary emphysema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952 *to* Dec. 27, 1952 *that I last saw the deceased alive on* Dec 26, 1952 *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (197): C C Munson (Degree or title): M.D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 1-1-53

24a. BURIAL / CREMATION / REMOVAL (Specify): Burial

24b. DATE: Dec 30, '52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 1-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A Relyea

ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1011
Local Reg. No. 482
Reg. Dist. No. 370

RECEIVED JAN 10 1953 DIVISION OF VITAL

BIRTH NO. 111-52-15062

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #5, Park Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) KAREN b. (Middle) ALICE c. (Last) GUTHRIE

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 28, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gene Zuck
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Geraldine Guthrie
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ellen Guthrie
ADDRESS: R.D.#5, Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 776X Premature Baby — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* birth, 19___, *to* death, 19___, *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 4:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray T Swinehart (Degree or title): MD
23b. ADDRESS: 200 E Bannock St
23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4812
Local Reg. No. 48812
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Lukes

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Newbit c. (Last) DeChambeau

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 52

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH mar. 8, 1893

9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor 73

10b. KIND OF BUSINESS OR INDUSTRY logging

11. BIRTHPLACE (State or foreign country) Garden Valley, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James DeChambeau BIRTHPLACE Montreal, Canada

14. MOTHER'S MAIDEN NAME ElsieMcBride BIRTHPLACE Garden Valley, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no record

17. INFORMANT'S OWN SIGNATURE Newbit DeChambeau ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cardiac decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cirhosis of liver

INTERVAL BETWEEN ONSET AND DEATH
(a) days
(b) 2 weeks
2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 12-29, 1952, *that I last saw the deceased alive on* 12-29, 1952 *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. R. Spencer MD

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 2, '53

24c. NAME OF CEMETERY OR CREMATORY Cloverdale

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 1-12-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Russell C. Relyea

ADDRESS Latah RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4313
Local Reg. No. 483
Reg. Dist. No. 370

BIRTH NO. 111-52-1506

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #5, Park Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) SHARON b. (Middle) DENISE c. (Last) GUTHRIE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 28, 1952
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gene Zuck — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Geraldine Guthrie — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Ellen Guthrie — ADDRESS: R. D. #5 Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown cause
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth, 19___, *to* death, 19___, *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 6:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Jerry F Summerhart 494 (Degree or title): MD
23b. ADDRESS: 200 E. Bannock St
23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1314
Local Reg. No. 484
Reg. Dist. No. 370

111-52-15023
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 216 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) DENNIS
b. (Middle) LEON
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Dec. 20, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Doris Miller
BIRTHPLACE Lakeview, South Dako

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Doris Miller ADDRESS Nampa, Idaho 216-12th ave. no.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atresia (Congenital) of Esophagus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) + Tracheo-esophageal festula — Congital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia + Congenital Atelectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1952 *to* 12-29, 1952 *that I last saw the deceased alive on* 12-29, 1952 *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Ray T Burnham (Degree or title) M D
23b. ADDRESS 200 E Bannock St
23c. DATE SIGNED 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/2/53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-8-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. Dale McMurtrey
ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Amended Jan. 16, 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1215
Local Reg. No. 486
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overland Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2517 Fifth Street

3. NAME OF DECEASED (Type or Print): a. (First) LEONARD; b. (Middle) EUGENE; c. (Last) EDGE

4. DATE OF DEATH: (Month) 12; (Day) 30; (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 25, 1920

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months 6; Days 5
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman-Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baker, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Edge
BIRTHPLACE: Norfolk, England

14. MOTHER'S MAIDEN NAME: Ruth Tuttle
BIRTHPLACE: New Plymouth, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 544-10-4524

17. INFORMANT'S OWN SIGNATURE: Archie P. Edge
ADDRESS: Portland, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Placed stick of dynamite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) beneath head and ignited it.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 213 S. 9 St.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 30, 1952 - 12:30 pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Placed stick dynamite beneath head and ignited it

22. *I hereby certify that I [illegible] from [illegible] to [illegible] that I last saw the deceased [illegible] and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers Coroner of Ada County

23b. ADDRESS: 1205 Bannock St. Boise, Idaho

23c. DATE SIGNED: 1/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 12/31/52

24c. NAME OF CEMETERY OR CREMATORY: Mount Hope

24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 1-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Leonard Eugene Edge (Name on Original Certificate) who died (Was Born or Died) on December 30, 1952 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	June 25, 1919	June 25, 1920
Age	33	32
Residence	2409 19th Street	2517 Fifth Street

Subscribed and sworn to before me this 16 day of January, 19 53

Mabel Fields
Notary Public, residing at Boise
My commission expires May 7, 1953
(Seal)

Signed Irene G. Edge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2517 5th E Baker, Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Jan, 1953

Mabel Fields
Notary Public, residing at Boise
My commission expires .....
(Seal)

Signed Mrs. J. E. Shroyer
(Signature of Any Credible Person)

Rt #1 Boise, Idaho
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 486
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overland Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2409 19th Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): EUGENE
c. (Last): EDGE

4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1919
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman-Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Baker, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Edge — BIRTHPLACE: Norfolk, England
14. MOTHER'S MAIDEN NAME: Ruth Tuttle — BIRTHPLACE: New Plymouth, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 544-10-4524
17. INFORMANT'S OWN SIGNATURE: Archie R. Edge — ADDRESS: Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Placed stick of dynamite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) beneath head and ignited it.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from xxxxxxxxxx, 19xx, to xxxxxxxxxx, 19xx, that I last~~ saw the deceased ~~alive on xxxxxxxxxx, 19xx~~, and that death occurred at 12:30 pm, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde E. Summers, Coroner of Ada County, Boise, Idaho
23b. ADDRESS: 1205 Bannock St.
23c. DATE SIGNED: 1/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/31/52
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4216
Local Reg. No. 485
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 706½ Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) JOHN; c. (Last) CORLETT, SR.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 6, 1868
9. AGE (In years last birthday): 84-4-24 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Owosso, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: John Corlett, ADDRESS: 1508 Boise Ave, Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastro - Enteritis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/20, 1952, *to* 12/30, 1952, *that I last saw the deceased alive on* 12/30, 1952, *and that death occurred at* 1:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maj F. Bell, M.D. (Degree or title): 046
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/53 01
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. [illegible]
Local Reg. No. 478
Reg. Dist. No. 370

RECEIVED
JAN 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 120 W. Jefferson St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 120 W. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Isadore
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19th. 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman. Dept. Manager.
10b. KIND OF BUSINESS OR INDUSTRY: Genl. Mdse. Store.
11. BIRTHPLACE (State or foreign country): Weiser Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac F. Smith. Tru — BIRTHPLACE: Nevada
14. MOTHER'S MAIDEN NAME: Harriet Hunt — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert L Bonhard — ADDRESS: Boise Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic, heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis
DUE TO (c) —
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend him *, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. M. Thomas
23b. ADDRESS: 305 Foot St. Boise Ida.
23c. DATE SIGNED: 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 2nd 1953.
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery.
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J D McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4318
Local Reg. No. 487
Reg. Dist. No. 370

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 902 Pueblo Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ALMUS
c. (Last): REED

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6, 1870
9. AGE (In years last birthday): 82-1-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Remington Arms Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rockford, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Reed — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth McGee — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Agnes L. Reed — ADDRESS: 902 Pueblo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelo-nephritis with Uraemia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Methral Stricture — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-26, 1951, *to* 12-31, 1952, *that I last saw the deceased alive on* 12-31, 1952, *and that death occurred at* 8:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Swindell M.D. 393
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/3/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers Boise Idaho — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 216
Reg. Dist. No. 371

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 Year.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): Hawthorne Drive. R.D. # 9.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CORA	INEZ	WHEELER.	November. 25.52.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female.	White.	Widow.	September. 19.	1876.	76-2-7.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Everton, Missouri.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren. L. Traller.	Unknown.	Unknown.	Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	None.	[illegible] Wheeler	Hawthorne Dr. Rt 9, Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis generalized — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Spine — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 24, 1952, *to* Nov 25, 1952, *that I last saw the deceased alive on* Nov 24, 1952, *and that death occurred at* 6.15 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Crusty M.D.	Meridian Ida	12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial.	November. 28. 1952.	Cloverdale Memorial Park.	Boise, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-17-52	Myrtle Palmer	Clyde E Summers	Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 4229
Local Reg. No. 210
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 79 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Route #9

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) C.; c (Last) Ralls

4. DATE OF DEATH (Month) (Day) (Year): December 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1-29-86

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 10; Days 2
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 48

10b. KIND OF BUSINESS OR INDUSTRY: Retail Liquor

11. BIRTHPLACE (State or foreign country): Kerksville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Ralls, BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Mary Kelckner BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519269415

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric artery thrombosis with intestinal obstruction. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial infarction and arteriosclerosis. — 5 years plus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1952, *to* Dec. 1, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 8:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 4. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-9-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. A-21
Local Reg. No. 211
Reg. Dist. No. 371

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 57 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 711 Washington St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ivor	O.	Wallberg	December 3, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-5-90	62	3	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Waterville, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edmund Wallberg	Sweden	Ella Owens	Willamette Valley, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	545268005	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Papillary CA of bladder with recto-vesical fistual, pyelonephritis and — 1½ years plus
DUE TO (c) anemia.

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Oct. 7, 1952, *to* Dec. 5, 1952, *that I last saw the deceased alive on* Dec 5, 1952, *and that death occurred at* 6:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	12-5-52

24a. BURIAL (CREMATION, REMOVAL) (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 5. 1952	St. John's Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-9-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

5 RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1282
Local Reg. No. 209
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 2
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elizabeth	Jane	Griffith	Dec. 4th 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	July 22, 1867	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Woodsfield, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph W. Brown	Woodsfield, Ohio	Jane McCammon	Woodsfield Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elfrieda J. Griffith ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	5 Min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Dec 2, 19___, *and that death occurred at* 9:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Meridian Idaho	12-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/6/52	Cloverdale	Ada Co. Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-5-52	Myrtle Palmer	Blue Robinson	Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3
Local Reg. No. 213
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1203 North 13th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Horatio
b. (Middle): H.
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): December 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10-4-96
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Writer
10b. KIND OF BUSINESS OR INDUSTRY: 61
11. BIRTHPLACE (State or foreign country): Clayville, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Horatio H. Miller — BIRTHPLACE: West Middleton, Pa.
14. MOTHER'S MAIDEN NAME: Jane Baird — BIRTHPLACE: Washington, Pa.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518079408
17. INFORMANT'S OWN SIGNATURE: Wm. R. Lewis — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~[illegible]~~ 5510 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Terminal bronchopneumonia — Terminal
Hepatic cirrhosis — 6 yrs plus

DUE TO (c) Chronic ascites — 6 yrs plus

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1952, *to* Dec. 5, 1952, *that I last saw the deceased alive on* Dec. 5, 1952, *and that death occurred at* 4:40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Beeman — (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Ed McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

L. Taylor

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52-A
Local Reg. No. 215
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 - 2 miles N. Cloverdale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): School Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) c. (Last) McDONALD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 5, 1871

9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Thurso, Caithness, Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Mackenzie BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Janet Mowat BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bruce W. Dain ADDRESS: Rt. 2 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Dec 5, 1952, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. M. Bradshaw
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Dec 7 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4225
Local Reg. No. 214
Reg. Dist. No. 371

RECEIVED DEC 16 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 3 yrs 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 815 W. State St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bertrand
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-5-80

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 3 | Days 0
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Shipping

11. BIRTHPLACE (State or foreign country): Portland, Maine

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Smith
BIRTHPLACE: Province Town, Mass.

14. MOTHER'S MAIDEN NAME: Martha Mac Donald
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 5 years

DUE TO (c) Arteriosclerotic Heart Disease — 10 years

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 12, 1949, *to* Dec. 5, 1952, *that I last saw the deceased alive on* Dec. 5, 1952, *and that death occurred at* 4:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stevenson, M.D. Chief, Medical Service

23b. ADDRESS: VA HOSPITAL, Boise, Idaho

23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec 9th. 1952.

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Tacoma Washington

DATE REC'D BY LOCAL REG.: 12-9-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise.

F. C. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 1125
Local Reg. No. 223
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2720 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): GRANVILLE
b. (Middle): W.
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 15, 1869
9. AGE (In years last birthday): 83-6-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fitchburg, Mass.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Joseph C. Moore-Lambornton, N.H.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Abbie Elizabeth Waterhouse-Woonsockett, R.I.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: J. Moore 3300 Kootenai Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arterio-sclerosis — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* 12-10, 1952, *that I last saw the deceased alive on* 12-9, 1952, *and that death occurred at* 3:54 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/12/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 218
Reg. Dist. No. 371

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JoEtta
b. (Middle): ----
c. (Last): Meyers

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mason Co. Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME / BIRTHPLACE: Afred Wagoner Madison, Ill.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Arminda Updike Madison, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs Martha Keller, Meridian Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Decompensation — yrs

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Dec 10, 1952, *that I last saw the deceased alive on* Dec 10, 1952, *and that death occurred at* 10:40 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Munn MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/12/52
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: B W Robison Meridian, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4328
Local Reg. No. 219
Reg Dist. No. 371

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1312 Michigan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle):
c. (Last): Sailor

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-24-80

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR — Months: 5 Days: 21
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Sailor
BIRTHPLACE: Tifton, Ohio

14. MOTHER'S MAIDEN NAME: Lizzie Smith
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): S.A.W.

16. SOCIAL SECURITY NO.: 518240825

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — Interval between onset and death: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple cerebral infarcts — 8 days
DUE TO (c): Arteroclerosis — 7 years plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Old rignt coronary occlusion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 1952, *to* Dec. 15, 1952, *that I last saw the deceased alive on* Dec. 15, 1952, *and that death occurred at* 3:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17th 1952.
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR / ADDRESS: Schreiber-McCann-Gibson. Boise

F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1220
Local Reg. No. 220
Reg. Dist. No. 37

BIRTH NO. DEC 23 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 188 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucile
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Melvin; b. (Middle) E.; c. (Last) Sewell

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 10-12-86

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 2 Days 6
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pullman, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Addison D. Sewell, BIRTHPLACE: Willammette Valley, Oregon

14. MOTHER'S MAIDEN NAME: Sarah Scott, BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of spine with cerebral metastases — INTERVAL BETWEEN ONSET AND DEATH: 18 mos plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ruptured gastric ulcer with peritonitis massive right pulmonary embolism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 13, 1952, *to* Dec. 18, 1952, *that I last saw the deceased alive on* Dec. 18, 1952, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 19th. 1952.
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 12-19-52
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Schreiber-McCann-Gibson. Boise

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1230
Local Reg. No. 225
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 421 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admn. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #3, Boise, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	E.	Delp	December 19, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	WHITE	MARRIED	3-24-77	85	8	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Independence, Va.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John M. Delp	Inuependence, Va.	Dellie Helsey	Inuependence, Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I		Wm. E. Delp	Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute peritonitis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Ileitis, Terminal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 24, 1951, *to* Dec 19, 1952, *that I last saw the deceased alive on* Dec 19, 1952, *and that death occurred at* 1:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 24, 1952	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
12-24-52	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 21
Local Reg. No. 226
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 136 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): State Soldier's Home

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle); c. (Last) Connor

4. DATE OF DEATH (Month) (Day) (Year): December 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11-18-87

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 1; Days 1
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Franklin County, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James P. Connor
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Nancy R. Thomas
BIRTHPLACE: Glascow, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Wm. R. Miller
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the Splenic flexure of colon with abdominal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 years plus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, *19*52, *to* Dec 19, *19*52, *that I last saw the deceased alive on* Dec. 19, *19*52, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. STEVENSON, M. D. Chief, Medical Service

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 24. 1952

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-24-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

F S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4332
Local Reg. No. 232
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) MRS. EMMA b. (Middle) GILLELAND c. (Last) GREENE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1873
9. AGE (In years last birthday): 79-9-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Olean, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel W. Gilleland — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Rachel Procter — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Rae Procter — ADDRESS: RD-#1 Eagle-Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral & Coronary Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1952, *to* Dec. 19, 1952, *that I last saw the deceased alive on* Dec 17, 1952, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Johnson MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: Dec. 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/22/52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 222
Reg. Dist. No. 271

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 54 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle); c. (Last) Cubit

4. DATE OF DEATH: (Month) (Day) (Year) December 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-10-87

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 9 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundryman

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): River Falls, Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyle Cubit
BIRTHPLACE: Antrum Ireland

14. MOTHER'S MAIDEN NAME: Hester Morrow
BIRTHPLACE: Edenborough, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519051641

17. INFORMANT'S SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent lumbar sympathectomy
Old ruptured gastric ulcer

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 27, 1952, *to* Dec. 20, 1952, *that I last saw the deceased alive on* Dec. 20, 1952, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec. 22. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-22-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson, Boise

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1224
Local Reg. No. 221
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada Co. hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Eldora
b. (Middle): ------
c. (Last): Daly

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 21, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Putnam Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Daly
BIRTHPLACE: Powersville, Mo.

14. MOTHER'S MAIDEN NAME: Sarah Ellis,
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Orpha Baldwin
ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Rheumatoid Arthritis — 10 yrs

491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* 12-20, 1952 *that I last saw the deceased alive on* 12-19, 1952, *and that death occurred at* 11:30 Am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/52
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison
ADDRESS: Meridian, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 229
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) F. c. (Last) Mathews

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1-15-87

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months: 11 Days: 8
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Section Oper.

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Burnside, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phinas Mathews
BIRTHPLACE: Galapolia Co. Ohio

14. MOTHER'S MAIDEN NAME: Alice O. Ewing
BIRTHPLACE: Galapolia Co., Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO: 518122460

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

4 20 0

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 years / 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 21, *19* 52, *to* Dec. 23, *19* 52, *that I last saw the deceased alive on* Dec. 23, *19* 52, *and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. STEVENSON, M. D. Chief, Medical Service
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 371

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~State~~ Idaho b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1914 N. 20th. St.

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) ORSON c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 22, 1859
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Potsdam, New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Miller BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Experience Truesdell BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Nellie M. Ames Boise ADDRESS 1914 N 20th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1952, *to* Dec 24, 1952, *that I last saw the deceased alive on* Dec 23, 1952, *and that death occurred at* 5 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl D Lusty (Degree or title) MD
23b. ADDRESS Meridian
23c. DATE SIGNED 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-6-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25 FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

State File No. .....
Local Reg. No. 220
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) D.; c (Last) Zollinger

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-17-75

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: 11 Days: 10 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Providence, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob R. Zollinger — BIRTHPLACE: Geneva Switzerland

14. MOTHER'S MAIDEN NAME: Rosetta Coslie — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): S.A.W.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive right pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 week plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) Thrombosis of prostate venous plexus — Unkown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1952, *to* Dec. 27, 1952, *that I last saw the deceased alive on* Dec. 27, 1952, *and that death occurred at* 12:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): Joseph Beeman, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Dec. 29th. 1952.

24c. NAME OF CEMETERY OR CREMATORY: Wendel

24d. LOCATION (City, town, or county) (State): Wendel Idaho

DATE REC'D BY LOCAL REG.: 12-29-52

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibbon. — ADDRESS: Boise

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4178
Local Reg. No. 233
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 60 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 103 North State Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	A.	Lamb	December 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	3-5-86	66	9	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Davenport, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James H. Lamb	Hilesburg, Calif.	Felitha E. Phar	Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S SIGNATURE ADDRESS
Yes WW I	None	Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Adenomatosis with metastases to brain.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 29, *19*52, *to* Dec. 28, *19*52, *that I last saw the deceased alive on* Dec. 28, *19*52, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M. D. Pathologist	VA Hospital, Boise, Idaho	12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 31. 1952.	Kooskia	Kooskia Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
12-31-52	Myrtle Palmer	Schreiber-McCann-Gibson. Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1339
Local Reg. No. 18
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital, Inc.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Dale
c. (Last): Romine

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Nov 5th, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 18; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho - Village of Council
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Romine — BIRTHPLACE: Warren, Idaho
14. MOTHER'S MAIDEN NAME: Rita Irwin — BIRTHPLACE: Warren, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert Romine — ADDRESS: Warren.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 5, 1952, *to* Nov 23, 1952, *that I last saw the deceased alive on* Nov 23, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Edwards (Degree or title): 113
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: Nov. 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: Nov 24, 1952
REGISTRAR'S SIGNATURE: J. E. Edwards
25. FUNERAL DIRECTOR: Albert Romine — ADDRESS: Warren, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Commu nity Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): WILLIAM
c. (Last): MC MAHAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Nov. 29 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Durkee Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathon McMahan — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Caroline ~~[illegible]~~ Major. — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Albert McMahan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1952, *to* Dec. 3, 1952, *that I last saw the deceased alive on* Dec. 3, 1952, *and that death occurred at* 11:45 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Sreauth, MD
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-52
24c. NAME OF CEMETERY OR CREMATORY: Meadows Cemetery
24d. LOCATION (City, town, or county) (State): New Meadows Idaho.

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 21
Local Reg. No. 20
Reg. Dist. No. 302

BIRTH NO.

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROY		MILTON	Dec. 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Feb. 22, 1878	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepherder	sheep industry	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray Milton	don't know	don't know	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. 1		Alvin Roy Milton	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1774 Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 3, *19* 52, *to* Dec. 16, *19* 52, *that I last saw the deceased alive on* Dec. 16, *19* 52, *and that death occurred at* 12 Noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. C. Edwards M.D.	Council, Idaho	12-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-21-52	Meadows, Idaho	Meadows, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-20-52	J. C. Edwards	R. Dale Thomson	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 12
Local Reg. No. 21
Reg. Dist. No. 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ABNER b. (Middle) CLARENCE c. (Last) WITCHEY

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 21 1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farmer

11. BIRTHPLACE (State or foreign country): Duncan, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't know — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Dec. 23, 19 52, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 113

23b. ADDRESS: Council [redacted] Idaho

23c. DATE SIGNED: 12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/27/52

24c. NAME OF CEMETERY OR CREMATORY: New Meadows Cemetery

24d. LOCATION (City, town, or county) (State): New Meadows, Idaho.

DATE REC'D BY LOCAL REG.: 12/24/52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: A. D. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4343
Local Reg. No. 22
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alma	Lea	Ross	December 29-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	August 30-1900	52	3	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Platte City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cal Ward	Not Known	Ida Thomason,	Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Frank J. Ross	New Meadows

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

252.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Thyroid Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 28, 19 52, *to* Dec. 29, 1952, *that I last saw the deceased alive on* Dec. 29, 19 52, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Edwards M.D.	Council, Idaho	Jan. 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 2, 1952	J. Edwards	E. V. Peckham	Peckham-Dalkan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4244
Local Reg. No. 378
Reg. Dist. No. 519

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 15 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 615 South Third Avenue

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle); c. (Last) DASKALOS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Greek

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 23, 1888

9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Common

11. BIRTHPLACE (State or foreign country): Jasareka of Argos, Greece

12. CITIZEN OF WHAT COUNTRY?: Greece

13. FATHER'S NAME: No data — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Data — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 721-14-3186

17. INFORMANT'S OWN SIGNATURE: Personal records. — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cardio-renal — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 3, *1952, to* August 17, *1952, that I last saw the deceased alive on* Aug. 17, *1952, and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Hughart — (Degree or Title): M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 27, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas. Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1245
Local Reg. No. 358
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1345 N. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1345 N. Arthur

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) T. c. (Last) FAGAN

4. DATE OF DEATH: (Month) Dec., (Day) 1, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 10, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Wood River, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Anthony Moore
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary Collins
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Walter A. Fagan
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4477

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerotic Vascular disease — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertension — yrs -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1951, 19__, *to* Dec. 1, 1952, *that I last saw the deceased alive on* 12-1, 1952, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 8 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Dawson
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

By Courtesy

RECEIVED DEC 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 360
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): 555 NO. 10 TH. STREET

3. NAME OF DECEASED (Type or Print): a. (First) JESSE; b. (Middle) JOHN; c. (Last) McCAMMON

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 8, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 18, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days: 8 | 13
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: INDUSTRIAL

11. BIRTHPLACE (State or foreign country): GEORGETOWN, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WILLIAM McCAMMON
BIRTHPLACE: COLE COUNTY, PENN.

14. MOTHER'S MAIDEN NAME: EFFIE MANFULL
BIRTHPLACE: FARMINGTON, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 558-34-2019

17. INFORMANT'S OWN SIGNATURE: X Leo B. Bartschi
ADDRESS: 764 Birch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Kidney — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 17, 1952, *to* Dec 1, 1952, *that I last saw the deceased alive on* Dec 1, 1952 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Overturf M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-4-52
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: Dec. 12, 1952
REGISTRAR'S SIGNATURE: Eva M Wallin

25. FUNERAL DIRECTOR: Elsie M Edwards
ADDRESS: HALL-GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1647
Local Reg. No. 363
Reg Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 52-13944

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital	d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)	a. (First): KIM	b. (Middle): ***	c. (Last): WHITWORTH	4. DATE OF DEATH (Month) (Day) (Year): Dec. 1 1952
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: November 27, 1952	9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----	10b. KIND OF BUSINESS OR INDUSTRY: ----	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Virgil W. Whitworth	BIRTHPLACE: Inkom, Idaho	14. MOTHER'S MAIDEN NAME: Ina Madden	BIRTHPLACE: Belfast, Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S OWN SIGNATURE: V. W. Whitworth	ADDRESS: Inkom, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 20 Min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 27, 1952, *to* Dec. 1, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 5:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth G. McInnes M.D.	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: Dec. 2, 195	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY: Inkom Cemetery	24d. LOCATION (City, town, or county) (State): Inkom, Idaho
DATE REC'D BY LOCAL REG.: DEC 16 1952	REGISTRAR'S SIGNATURE: Eva M. Wallis	25. FUNERAL DIRECTOR: Jack Henderson	ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 361
Reg. Dist. No. 510

111-52-15092
BIRTH NO.

RECEIVED
DEC 15 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 653 Jefferson Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JERRY b. (Middle) ** c. (Last) KELLY

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 2, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours 0 Min. 5 live

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Clarence Leon Kelly
BIRTHPLACE: Lava Hot Springs, Ida

14. MOTHER'S MAIDEN NAME: Iris LaVon Call
BIRTHPLACE: Soda Springs, Ida

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: C. L. Kelly
ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 2, 1952, *to* Dec. 2, 1952, *that I last saw the deceased alive on* Dec. 2, 1952, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Morrell M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 4, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Dec. 12, 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 368
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 455 North 5th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 455 North 5th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) H.; c. (Last) MORRIS

4. DATE OF DEATH: (Month) (Day) (Year) December 4, 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper 7o

10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad Co.

11. BIRTHPLACE (State or foreign country): Greensburough, Georgia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles H. Morris
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 712-05-1458

17. INFORMANT'S OWN SIGNATURE: Willie D. Morris, ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tumor of Rt. Lung — operated April 1952 (Bronchogenic Carcinoma)

19a. DATE OF OPERATION: 4201
19b. MAJOR FINDINGS OF OPERATION: (Bronchogenic Carcinoma)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 19 52, *to* Dec. 4, 19 52, *that I last saw the deceased alive on* Dec. 4, 19 52, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

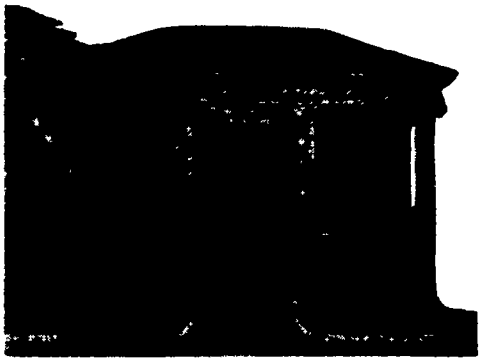
23a. SIGNATURE: David C. Miller, M.D. (Degree or Title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 6, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: James Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO



JACK HENDERSON, FUNERAL DIRECTOR

McHan-Henderson Funeral Home
217 SOUTH ARTHUR AVENUE
POCATELLO, IDAHO

January 8, 1953

RECEIVED
JAN 13 1953
DIVISION OF VITAL STATISTICS

Bureau of Vital Statistics,
State of Idaho,
Boise, Idaho.

Gentlemen:

The death certificate of Mr. Charles H. Morris, who died in Pocatello, Idaho, December 4, 1952, shows his color as "White", whereas, it should show as "Colored". Would you please make this correction on the original copy of the death certificate.

I am sending a copy of this letter to Miss Eva M. Wallin, local Registrar, so that she may change her copy.

Thanking you for this courtesy.

Yours very truly,

Jack Henderson.

Certificate of Death

State File No. 550
Local Reg. No. 369
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1816 South Third Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1816 South Third Avenue

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) BIXLER c. (Last) WILHITE

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 17, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Rowville Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Simon S. Bixler
BIRTHPLACE: Rogerville, Ohio

14. MOTHER'S MAIDEN NAME: Frances Humerickhouse
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mabel M. Lee
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — several years
DUE TO (c) Hardening of Arteries of long Standing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19 52 *to* December 16 52 *that I last saw the deceased alive on* Dec. 17, 19 52, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Kay 327 (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 18, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Anderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 380
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route One South

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) ***; c. (Last) SMITH

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 20, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 47

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: Jane Henderson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7944

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — Probably

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1952, *to* Dec. 8, 1952, *that I last saw the deceased alive on* Dec. 8, 1952, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. M. Hughart (Degree or title): M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jane Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 370
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 251 Fairbanks Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 251 Fairbanks Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): GAYLE
b. (Middle): RUTH
c. (Last): HORTON

4. DATE OF DEATH (Month) (Day) (Year): December 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 11, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Samuel G. Horton — BIRTHPLACE: Honeyville, Utah
14. MOTHER'S MAIDEN NAME: Wilma B. Smith — BIRTHPLACE: Glenns Ferry, Ida
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Samuel G. Horton — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found Dead in Crib in Morning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Not Known.

DUE TO (c) Not Known.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* no, 19__, *to* Dec. 9, 19 52 *that I last saw the deceased alive on* no, 19__, *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 152 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1253
Local Reg. No. 365
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1326 S. 4th

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) CLARK c. (Last) MUNGER

4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 21, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.Co.
11. BIRTHPLACE (State or foreign country): Mendota Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nelson Munger — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Ella unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 712-05-1607
17. INFORMANT'S OWN SIGNATURE: Earl Fairchild — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	15 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Vascular Disease	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec. 9, 1952, that I last saw the deceased alive on 12-9, 1952; and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: David C. Muller 276 (Degree or title): MD
23b. ADDRESS: Pocatello, Ida.
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-52
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 16 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Durnard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 364
Reg. Dist. No. 510

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 641 W. Bonneville

3. NAME OF DECEASED (Type or Print): a. (First) NATE b. (Middle) [illegible] c. (Last) MORGAN

4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 25, 1886

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Nate Morgan Jewelry

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Melvin Morgan
ADDRESS: Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis & pancreatitis — 3 days
DUE TO (c) Adenocarcinoma of head of pancreas — 6 mos. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thromboangiitis obliterans of legs — sev. years

19a. DATE OF OPERATION: 12-[illegible]-5[illegible]

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29-52X, *to* 12-9-52X, *that I last saw the deceased alive on* 12-9-52X, *and that death occurred at* 12[illegible] p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves, M.D.

23b. ADDRESS: 111 N. Main Pocatello Idaho

23c. DATE SIGNED: 12-11-52X

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-11-52

24c. NAME OF CEMETERY OR CREMATORY: B'nai Israel

24d. LOCATION (City, town, or county) (State): Salt Lake Utah

DATE REC'D BY LOCAL REG.: DEC 16 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Dawnard
ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 371
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1138 East Poplar Street

3. NAME OF DECEASED (Type or Print): a. (First) MILDRED; b. (Middle) JOHNSON; c. (Last) BOHNEY

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 30, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Dony, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Joe Johnson
BIRTHPLACE: Carter, Kentucky

14. MOTHER'S MAIDEN NAME: Lou Little
BIRTHPLACE: Floyd County, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jesse A Bohney.
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — 4 yrs.
DUE TO (c): Childhood Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pregnancy.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Dec. 10, 1952, *that I last saw the deceased alive on* Dec. 10, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Merrell MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 15, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 20 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Lindsay

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 5-10

BIRTH NO. JAN 22 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 6 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 729 NO. MAIN STREET

3. NAME OF DECEASED (Type or Print): a. (First) DANIAL b. (Middle) RAYMOND c. (Last) JOHNSON

4. DATE OF DEATH: (Month) DECEMBER (Day) 11, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 14, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DANIAL CARLOS JOHNSON — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: JANE FREESTONE — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ** — (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Rachel Johnson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1797X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH: approx.2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Cardio-Renal

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-11, 19 52, *to* Dec. 11, 19 52, *that I last saw the deceased alive on* Dec. 11, 19 52, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.H. Hughart — (Degree or title): M.D. — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: Jan. 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: 12/15/52 — **24c. NAME OF CEMETERY OR CREMATORY**: BASALT CEMETERY — **24d. LOCATION** (City, town, or county) (State): BASALT, IDAHO — 1/14/53

DATE REC'D BY LOCAL REG.: JAN 19 1953 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin

25. FUNERAL DIRECTOR: HALL-GRANT MORTUARY — **ADDRESS**: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 372
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 636 East Clark Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNE; b. (Middle) ***; c. (Last) GAILLARD

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 16, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Spring City, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: (no data) Petersen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Hannah (no data) — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joseph Gaillard — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9/14/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/14, 1952, *to* Dec. 11, 1952, *that I last saw the deceased alive on* Dec. 11, 1952, *and that death occurred at* 10:40 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. C. Roberts M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 13, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-15217 RECEIVED DEC 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 375
Reg Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 38 Kirby St.

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) B. c. (Last) LEE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 2, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 10 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert E. Lee — BIRTHPLACE: Brigham City, Utah.

14. MOTHER'S MAIDEN NAME: Alice Hansen — BIRTHPLACE: Teton, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Robert E Lee — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1952, *to* Dec. 12, 1952, *that I last saw the deceased alive on* Dec. 12, 1952, *and that death occurred at* 10:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis G Bush (Degree or title) M. D.

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED: 12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: 12-14-52

24c. NAME OF CEMETERY OR CREMATORY: Brigham City

24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG: DEC 26 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 373
Reg. Dist. No. 510

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 325 South Sixth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) JOSEPHINE; c. (Last) MAIO

4. DATE OF DEATH: (Month) December (Day) 13, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 29, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Algonac Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin Planzer — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Josephine Troxell — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. R. E. Shaw — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aleukemic Leucemia — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952 *to* Dec. 13, 1952, *that I last saw the deceased alive on* Dec. 13, 1952, *and that death occurred at* 7:14 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. C. Howard M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 15, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 19 1952
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C-
Local Reg. No. 366
Reg. Dist. No. 510

111-52-15126
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Tonya
b. (Middle): Kaye
c. (Last): Rawson

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 10 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3½ days; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello Idaho.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Merlyn Rawson BIRTHPLACE: Egin, Ida.

14. MOTHER'S MAIDEN NAME: Mabel Deal BIRTHPLACE: Spartanburg S.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Merlyn E. Rawson ADDRESS: Rockland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tc Cerebral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Nasopharyngeal hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-12, 19 52, *to* 12-14, 19 52 *that I last saw the deceased alive on* 12-14, 19 52, *and that death occurred at* 6 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Jay E. Cutler M.D.

23b. ADDRESS: 109 Kasiska Bldg.

23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 17 1952

24c. NAME OF CEMETERY OR CREMATORY: Fallenleaf

24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: DEC 16 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: K. L. Dami ADDRESS: Am Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4361
Local Reg. No. 382
Reg. Dist. No. 510

JAN 12 1953

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
c. LENGTH OF STAY (in this place): 39 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 634 WEST YOUNG ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): 634 WEST YOUNG STREET

3. NAME OF DECEASED (Type or Print)
a. (First): BENJIMAN LEROY
b. (Middle): MC LAUGHLIN
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 14, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 26, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 1, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: SPORTING GOODS
11. BIRTHPLACE (State or foreign country): SIJAUCKE, COLORADO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJIMAN FRANKLIN MCLAUGHLIN — BIRTHPLACE: BELFAST, MAINE
14. MOTHER'S MAIDEN NAME: IDA JANE STIEWIG — BIRTHPLACE: TEXAS

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pernicious anemia — 10 years ago

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1st Cerebral Hemorrhage Mar. 1951

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* 12/14, 1952, *that I last saw the deceased alive on* 12/13/52, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 327 [signature] (Degree or title)
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1
24b. DATE: 12-17-52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Peter M. Edward — ADDRESS: HALL GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 383
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORT HALLL INDIAN RESERVATION
d. STREET ADDRESS (If rural, give location): ****

3. NAME OF DECEASED (Type or Print): a. (First) THURMAN b. (Middle) ROSS c. (Last) PONGAH

4. DATE OF DEATH: (Month) DECEMBER (Day) 15, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: SHOSHONE INDIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: JUNE 5, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6 Days: 10; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ****
10b. KIND OF BUSINESS OR INDUSTRY: *****
11. BIRTHPLACE (State or foreign country): OWYHEE NEVADA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DIETZ PONGAH — BIRTHPLACE: FORT HALL, IDAHO
14. MOTHER'S MAIDEN NAME: FLORINE MARSH — BIRTHPLACE: OWYHEE, NEVADA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **** (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: ****
17. INFORMANT'S OWN SIGNATURE: Florine Pongah — ADDRESS: FORT HALL, IDAHO

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral edema — 3 days

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Dec, 1952, *to* 15 Dec, 1952, *that I last saw the deceased alive on* 15 Dec, 1952, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D. — F.M. HOWARD M.D.
23b. ADDRESS: 421 West Center
23c. DATE SIGNED: 23 Dec

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/18/52
24c. NAME OF CEMETERY OR CREMATORY: FORT HALL RESERVATION
24d. LOCATION (City, town, or county) (State): FORT HALL IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: HALL GRANT MORTUARY — ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 384
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LORENZO
b. (Middle):
c. (Last): BENABIDES

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 18, 1952

5. SEX: MALE
6. COLOR OR RACE: MEXICAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NOT MARRIED
8. DATE OF BIRTH: APRIL 19, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEEPHERDER
10b. KIND OF BUSINESS OR INDUSTRY: SHEEP
11. BIRTHPLACE (State or foreign country): OLD MEXICO
12. CITIZEN OF WHAT COUNTRY?: MEXICO

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **
(If yes, give war or dates of service) ***
16. SOCIAL SECURITY NO. *********
17. INFORMANT'S OWN SIGNATURE: County Coroner — ADDRESS: Poc.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Glomerular — ?
DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1952, *to* 12 18, 1952, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE H. J. Hartvigsen, M.D. (Degree or title): H. J. HARTVIGSEN M.D.
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/23/52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Edwin M. Edwards — HALL GRANT MORTUARY — ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 385
Local Reg. No. 385
Reg. Dist. No. 510

BIRTH NO. 111-52-15144 JAN 12 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): 830 EAST LANDER

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): PATRICK
c. (Last): BLANTON JR.

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 18, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: DECEMBER 16, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **
10b. KIND OF BUSINESS OR INDUSTRY: **
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JAMES PATRICK Blanton — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: ANNA Loppie — BIRTHPLACE: Tendoy, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ** (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: ***
17. INFORMANT'S OWN SIGNATURE: X Mrs. Emaline A. Loppie — ADDRESS: POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity, 2# 12 z. birth wt. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature onset of labor at 31 weeks gestation, cause
DUE TO (c) unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 16, 1952, *to* December 18, 1952, *that I last saw the deceased alive on* December 18 1952, *and that death occurred at* 12:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Hearne M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 19 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-22-52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR ADDRESS: Elmer M. Edward — HALL GRANT MORTUARY POCATELLO, IDA.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 27 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 376
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 334 South 11th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 334 South 11th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHERYL b. (Middle) MAE c. (Last) FRASURE

4. DATE OF DEATH: (Month) December (Day) 18 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: September 8, 1952

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 3 Days: 10 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Billy D. Frasure BIRTHPLACE: Pocatello, Ida

14. MOTHER'S MAIDEN NAME: Joyce Wright BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Billy D Frasure ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 050 X Scarlet Fever — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 17, 1952 *to* Dec. 18, 1952, *that I last saw the deceased alive on* Dec. 18, 1952, *and that death occurred at* between 12 midnight and 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John K. McMahon (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 18, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery

24d. LOCATION (City, town, or county) (State): Moreland Idaho

DATE REC'D BY LOCAL REG.: DEC 26 1952

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson ADDRESS: Jack Henderson Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 377
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 935 N. Fremont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 935 N. Fremont

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) ANIDA B. ROGERS

4. DATE OF DEATH (Month) (Day) (Year) Dec., 20, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan., 22, 1890

9. AGE (In years last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY State Hdwr. Co.

11. BIRTHPLACE (State or foreign country) Montpelier Ida.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Brigham Harris Bowen BIRTHPLACE Wales

14. MOTHER'S MAIDEN NAME Emma Vilate Lee BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-32-4080

17. INFORMANT'S OWN SIGNATURE Harry Rogers ADDRESS Pocatello Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovarian Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Sept. 9, 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) inanition and debility — Dec. 20, 52
DUE TO (c) Circulatory failure (12 hrs.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 24 X-ray treatments

175X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Sept. 9, 1952 Carcinoma of the ovarys.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5-52, 19___, *to* 12-20-52 19___, *that I last saw the deceased alive on* 12-20-52, 19___, *and that death occurred at* 5:40 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John W. Winder M.D.

23b. ADDRESS 101 North Main, Pocatello

23c. DATE SIGNED 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-23-52

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. Dec. 27, 1952

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Daynard ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 386
Reg. Dist. No. 510

BIRTH NO. 111-52-15157

JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 508 RIVERSIDE DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): PEARSON
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 20, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ****
8. DATE OF BIRTH: DECEMBER 20, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 0 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOE D. PEARSON
BIRTHPLACE: POCATELLO, IDAHO
14. MOTHER'S MAIDEN NAME: PEGGY DARLENE BLOXHAM
BIRTHPLACE: LAVA HOT SPRINGS, IDAHO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ****
(If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: ********
17. INFORMANT'S OWN SIGNATURE: + Joe D. Pearson
ADDRESS: POCATELLO,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature infant — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1952, *to* Dec. 20, 1952, *that I last saw the deceased alive on* Dec. 20, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon — JOHN R. McMAHON M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DECEMBER 22/52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — HALL, GRANT & MORTHAM, POCATELLO, IDAHO
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 389
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3335 Poleline

3. NAME OF DECEASED (Type or Print): a. (First) Louis; b. (Middle) Fred; c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 19, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill operator 44

10b. KIND OF BUSINESS OR INDUSTRY: UPTiePlant

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick Long — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katherine Cameron — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Glenn A. Long — ADDRESS: Salt Lake City Utah

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerotic Ht. Disease — 5 Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Dec 28 1952, *that I last saw the deceased alive on* Dec 27 1952, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 169 R. L. Howard M.D.

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-31-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1953

REGISTRAR'S SIGNATURE: Eva N. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Ida.
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 388
Reg. Dist. No. 510

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 354 South Arthur Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 354 South Arthur Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): GEORGE
c. (Last): FOREMAN

4. DATE OF DEATH (Month) (Day) (Year): December 28 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery
11. BIRTHPLACE (State or foreign country): Chicago Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George E. Foreman — BIRTHPLACE: Pennsyvania
14. MOTHER'S MAIDEN NAME: Charlotte Ellen West — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: 519-09-9573
17. INFORMANT'S OWN SIGNATURE: Mrs. C. G. Foreman — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — About one week.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease — 4 Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Dec. 28, 19 52, *that I last saw the deceased alive on* Dec. 28, 1952, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Hartvigsen, M.D. 152 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 30, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1952 05
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 390
Reg. Dist. No. 510

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 722 West Cedar Street

3. NAME OF DECEASED (Type or Print): a. (First) ROSE b. (Middle) MAUDE c. (Last) ROBERTS

4. DATE OF DEATH: (Month) (Day) (Year): December 29 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 4, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Retired - Public

11. BIRTHPLACE (State or foreign country): S. Lyon County, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Daniel Webster Eastman
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Wood
BIRTHPLACE: Woodville, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Robert C. Sturms
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4433X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypertensive cardio - — several
DUE TO (c): vascular disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 29, 1952 *to* Dec. 29, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. R. Keaney (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 31, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Roberts-Blue Funeral Home
24d. LOCATION (City, town, or county) (State): Emporia, Kansas

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink for BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4371
Local Reg. No. 6
Reg. Dist. No. 510

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 121 So. GARFIELD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 121 So. GARFIELD

3. NAME OF DECEASED (Type or Print): a. (First) RUTH b. (Middle) M. c. (Last) HARRIS STACKHAUS

4. DATE OF DEATH (Month) (Day) (Year): 12-29-52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: FEB. 20, 1897

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): JOPLIN, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN HARRIS
BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: EFFIE HIGHT
BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): **

16. SOCIAL SECURITY NO.: 552-31-3130

17. INFORMANT'S OWN SIGNATURE: Mrs. Norma Leighton
ADDRESS: POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophebitis — few days
DUE TO (c) Lymphosarcoma of mesentery of ileum — sev. mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. as above

19a. DATE OF OPERATION: 12-15-52
19b. MAJOR FINDINGS OF OPERATION: Lymphosarcoma of mesentery of ileum
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-20, *19* 52, *to* 12-29, *19* 52, *that I last saw the deceased alive on* 12-27, *19* 52, *and that death occurred at* 7 am ?*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves M.D.
23b. ADDRESS: 111 North Main, Pocatello
23c. DATE SIGNED: 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-31-52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: JAN 15 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: HALL GRANT MORTUARY
ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 391
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 334 Franklin Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 334 Franklin Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): Z.
c. (Last): KUMP

4. DATE OF DEATH (Month) (Day) (Year): December 29 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Retail - Furniture
11. BIRTHPLACE (State or foreign country): Moroni Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Edward Kump — BIRTHPLACE: Moroni, Utah
14. MOTHER'S MAIDEN NAME: Eliza C. Neilson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 519-09-8402
17. INFORMANT'S OWN SIGNATURE: M J Allen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death probably precipitated by carbon monoxide poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c) Diffuse Pulmonary fibrosis and emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fibrous pleural adhesions, Stroke

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Acute & chronic passive congestion Viscera
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Dec. 29, 1952, *that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E B Webb MD Pathologist 521
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 30, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1953 10
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 12 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 392
Reg. Dist. No. 510

REC'D JAN 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 324

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 North Sixth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 720 North Sixth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) YOSHIKATSU c. (Last) YOKOTA

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1952

5. SEX: Male

6. COLOR OR RACE: Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 7, 1888

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Morogi Mura, Kochi Ken, Japan

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: Sanjiro Yokota — BIRTHPLACE: Kochi, Japan

14. MOTHER'S MAIDEN NAME: Fami Yokota — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 519-36-5498

17. INFORMANT'S OWN SIGNATURE: Yoshi R. Yokota — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 26, 1952, *to* Dec. 31, 1952, *that I last saw the deceased alive on* Dec. 28, 1952, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.* 1/3/53

23a. SIGNATURE: 327 F. M. Fay, M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 2, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 12 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek (rural)

c. LENGTH OF STAY (in this place): 76

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Creek, Fort Hall Res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho, Star Route

d. STREET ADDRESS (If rural, give location): Pocatello, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Phoebe b. (Middle) c. (Last) Hootchew

4. DATE OF DEATH: (Month) (Day) (Year) November 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	Indian	Widowed	1876	76	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Washakie Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hootchew — BIRTHPLACE: Nevada

14. MOTHER'S MAIDEN NAME: Julia Hootchew — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: Martha Shay — ADDRESS: Martha Shay, Pingree, Idaho c/o Butler Leeland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): no medical care given at time of death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 11/26/52

24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek

24d. LOCATION (City, town, or county) (State): Star Route, Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 11/24/52

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 387
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BNANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
c. LENGTH OF STAY (in this place): 5 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VALLEY VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAVA HOT SPRINGS
d. STREET ADDRESS (If rural, give location): *****

3. NAME OF DECEASED (Type or Print)
a. (First): FRANKIE
b. (Middle): MARGARET BAILEY
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 22, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 11, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: *****
11. BIRTHPLACE (State or foreign country): NEW YORK STATE
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Robert C. Donicht — ADDRESS: GRACE, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	1950
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Interstitial Nephritis	1951
DUE TO (c)	Hematemesis -	4 Hrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Ulcers of Stomach	1952

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 17, 1952, *to* DEC. 22, 1952, *that I last saw the deceased alive on* DEC. 22, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Harris, M.D.
23b. ADDRESS: 303 Kane Bldg., Pocatello Idaho
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/26/52
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: John M. Edward Poc.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 552
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO. DEC 31 1952

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Grager
c. (Last): Sorenson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23 1878
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Jetsmark Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Christian Sorenson
BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mette Anderson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-2649
17. INFORMANT'S OWN SIGNATURE: Sarah Jane Sorenson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic heart disease — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Nephritis acute — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5, 1951, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 2.9 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R B Lindsay
(Degree or title): M.D.
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10 1952
NAME OF CEMETERY OR CREMATORY: Dingle Cemetery
24d. LOCATION (City, town, or county) (State): Dingle Idaho

DATE REC'D BY LOCAL REG.: 1/24/53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Vile Matthews
ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 552

BIRTH NO. DEC 31 1952

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kitty b. (Middle) Deana c. (Last) Hoff

4. DATE OF DEATH (Month) (Day) (Year): Dec 4 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	Sept 3 1952		3 / 1 day	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Logan Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Welden Hoff	Georgetown Idaho	Carmena Stewart	St Charles Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Welden Hoff	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premsturity of birth — 3 mo.
DUE TO (c) Spinafida — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-4, 1952 *to* 12-4, 1952, *that I last saw the deceased alive on* 12-4, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G B Linder M.D.	Montpelier Idaho	12-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 6 1952	Georgetown Cemetery	Georgetown Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/24/52	[illegible]	Ole Matthews	Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 60
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): -----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warnecke's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Milltown Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Hollis
b. (Middle): Charles
c. (Last): Densmore

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): not known
8. DATE OF BIRTH: 10-19-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger-Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Novia Scotia
12. CITIZEN OF WHAT COUNTRY? ----

13. FATHER'S NAME: no data — BIRTHPLACE: - - -
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no data — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 518-03-9298
17. INFORMANT'S OWN SIGNATURE: Edward G. Grindrod — Dept Public Asst — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* 18 Dec, 1952, *that I last saw the deceased alive on* 17 Dec, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. M. Sullivan M.D. (Degree or title)
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 22 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Esper D. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): - - - - -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Allen	Van Hise	December 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Marries	11-17-1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Saw Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sullivan, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Van Hise — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Anna Jeffers — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518-01-8824
17. INFORMANT'S OWN SIGNATURE: Johanna J. Van Hise — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 min -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952, *to* Dec 24, 1952, *that I last saw the deceased alive on* Dec 24, 1952, *and that death occurred at* 12 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp M.D.	St. Maries, Idaho	12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-27-52	Woodlawn Cemetery	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-26-52	Esper D. Erdmann	Gerald E. Browning	St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

State File No. 53
Local Reg. No. 63
Reg. Dist. No. 130
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 411 14th Street.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	Joseph	Elgee	12	30	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-28-1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging	Lumbering	Erin, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Elgee	- - -	Sarah Joyce	- - - -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-03-8099	Ruth Elgee	St. Maries

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-13, 1952, *to* 12-30, 1953, *that I last saw the deceased alive on* 12-30, 1952, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eugene A. Rapp	M.D.	St. Maries, Idaho	1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-2-53	Woodlawn Cemetery	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-5-53	Esper B. Buehner	Gerald E. Browning	St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 201
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stewart Produce Co. N.E. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 461 Idaho Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Daroll	Reid	Griffith	Dec. 4, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 31, 1926	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer- Laborer	Agriculture	Blackfoot, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Myron R. Griffith	Pocatello, Ida.	Jessie A. Drew	Clark City, Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	519-18-1661	M. R. Griffith Jr.	Box 131 Iona, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trapped in burning building
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Salamander)
Conditions contributing to the death but not related to the disease or condition causing death. Oil heater for box car blew up. — Minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Potato Warehouse	Blackfoot, Bingham, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Dec. 4, 1952 8:30 A. m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Car Heater (Salamander) blew up.

22. *I hereby certify that I attended the deceased from* ~~Dec. 4, 19--~~ *to* ~~Dec. 4, 19--~~ *that I last saw the deceased* ~~alive~~ dead *on* Dec. 4, 1952, *and that death occurred at* about 8:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Tolen	Coroner, Bingham County.	Blackfoot, Idaho.	12-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-5-52		Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 5-1952.	Mrs Valeria E. Tolen	John C. Sandberg. For Buck Funeral Home,	Blackfoot, Idaho Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

State File No. [illegible]
Local Reg. No. 208
Reg. Dist. No. 600

BIRTH NO. DEC 22 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miner St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Washington
b. COUNTY: Okanogan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nathoun
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FAY b. (Middle) R c. (Last) BURNSIDE

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 18, 1915

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 70

10b. KIND OF BUSINESS OR INDUSTRY: Railroad 10

11. BIRTHPLACE (State or foreign country): Carlton, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Francis Burnside, BIRTHPLACE: Cherokee, Iowa

14. MOTHER'S MAIDEN NAME: Maude Blanche Hoffer, BIRTHPLACE: Beloit, Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S OWN SIGNATURE: Ralph B Kenison ADDRESS: Winthrop, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Natural Causes, no physician in attendance — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable heart attack — Minutes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Ulcers or open sores on lower legs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], *19* [illegible] *on* 12-13, *19* 52, *that I last saw the deceased* Dead ~~alive~~ *on* 12-13-52 *19* [illegible], *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-18-52
24c. NAME OF CEMETERY OR CREMATORY: Beaver Creek
24d. LOCATION (City, town, or county) (State): Twisp, Washington

DATE REC'D BY LOCAL REG.: Dec 18-1952
REGISTRAR'S SIGNATURE: Mrs Evalin E. Patterson
25. FUNERAL DIRECTOR: John C. Sandley ADDRESS: Blackfoot, Idaho.
For Ralph B. Kenison, Winthrop, Washington.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 214
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SHELLEY
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SHELLEY
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Bleak

4. DATE OF DEATH (Month) DEC. (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 12, 1882

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fort Wingate New Mexico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Moore Bleak — BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Alice Grace Wells — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs William H. Bleak — ADDRESS Shelley

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Emphysema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1952, *to* 12-5, 1952, *that I last saw the deceased alive on* 12-6, 1952, *and that death occurred at* 1:06 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wendell Kelly, M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-10-52

24c. NAME OF CEMETERY OR CREMATORY Lincoln

24d. LOCATION (City, town, or county) (State) Idaho Falls, R#1 Idaho

DATE REC'D BY LOCAL REG. 12-10-1952

REGISTRAR'S SIGNATURE Mrs Thalia E. Patrick

25. FUNERAL DIRECTOR Floyd M Holden — **ADDRESS** Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4384
Local Reg. No. 12
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle); c. (Last) Leisy

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 15, 1956

9. AGE (In years last birthday): 96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Eddyville, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Puillip Leisy — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Margare Hargesheimer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Albert H. Leisy — ADDRESS: Aberdeen, Idaho

334X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility & senility — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolarsclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral sclerosis — 2 yrs

19a. DATE OF OPERATION: July 1946

19b. MAJOR FINDINGS OF OPERATION: Strangulated femoral hernia

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16-45, *19* 45, *to* 10-29-, *19* 52, *that I last saw the deceased alive on* 10-29-, *19* 52, *and that death occurred at* 1:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harris, M. D.

23b. ADDRESS: Aberdeen, Idaho.

23c. DATE SIGNED: 12-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-11-52

24c. NAME OF CEMETERY OR CREMATORY: Homestead Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen, Bingham, Idaho.

DATE REC'D BY LOCAL REG.: 12-7-52

REGISTRAR'S SIGNATURE: F. L. Harris

25. FUNERAL DIRECTOR: J. H. Dennis — ADDRESS: American Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

N # 8

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of N. L. Davis Lic. No. E253 at Am. Falls, Ida.

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 203
Reg. Dist. No. 601

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y.4M.4D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO,
d. STREET ADDRESS (If rural, give location): 182 RIVINE DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): KATHRYN
b. (Middle): L.
c. (Last): LEWIS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 8, 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 19, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 1, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H OUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SMITHFIELD, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: SCOTLAND
14. MOTHER'S MAIDEN NAME: NOT GIVE — BIRTHPLACE: RICHMOND, UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

300.7

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Schizophrenia — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4-, 1951, *to* 12-8-52 19__, *that I last saw the deceased alive on* 12-8, 1952, *and that death occurred at* 5:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. 4.4
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.9.52

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): BURIAL
24b. DATE: 12-11-52 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Dec-10-1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4386
Local Reg. No. 207
Reg. Dist. No. 601

BIRTH NO. DEC 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 36Y. 7M.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO. b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) VERRA b. (Middle) c. (Last) CRITESER

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 8, 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: JULY 28, 1891

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SAN DIEGO, CALIFORNIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie M. Hamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 450.0

DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Since Infancy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-7, 1918, *to* DEC, 8, 1952, *that I last saw the deceased alive on* Dec. 8, 1952, *and that death occurred at* 6:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 12. 9. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12-11-52 — **24c. NAME OF CEMETERY OR CREMATORY**: State Hosp. So. Cem. — **24d. LOCATION** (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: DEC 10 1952 — REGISTRAR'S SIGNATURE: Mrs Calen E. Patrick

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 205
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1mo15 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): DESSA
b. (Middle):
c. (Last): SPEARS

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 13, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAY 4, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 7, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: G. W. TOMLINSON — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MARY BUCKENDORF — BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Fractured Forearm — 10 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): St. Hosp So.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 10, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Slipped on floor- fracture femur

22. *I hereby certify that I attended the deceased from* OCT. 28, 1952, *to* DEC. 13, 1952, *that I last saw the deceased alive on* DEC. 13, 1952, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot, Id.
23c. DATE SIGNED: 12.13.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. v Burial
24b. DATE: 12-14-52 01
24c. NAME OF CEMETERY OR CREMATORY: Council Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: Dec 14-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 206
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 10 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): AIR FORCE BASE

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY b. (Middle) L. c. (Last) CONE

4. DATE OF DEATH: (Month) DECEMBER (Day) 15 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Jan. 2, 1922

9. AGE (In years last birthday): 30
IF UNDER 1 YEAR Months: 11 Days: 13
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Service

11. BIRTHPLACE (State or foreign country): BIWABIC, MINN.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Mattson
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Anna Koski
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: yes not given

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis, Acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Encephalitis, Chronic — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

083.3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 5, 1952, *to* DEC. 15, 1952, *that I last saw the deceased alive on* DEC. 15, 1952, *and that death occurred at* 7:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-17-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Eveleth, Minnesota

DATE REC'D BY LOCAL REG.: Dec 17 1952

REGISTRAR'S SIGNATURE: Mrs Lucile E. Estes

25. FUNERAL DIRECTOR: John C. Sandberg.

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 207
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 4Y.11M.5D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNTY HOSPITAL, BOISE, IDAHO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WESLEY
b. (Middle):
c. (Last): HARVEY

4. DATE OF DEATH (Month) (Day) (Year): DEC. 15, 1952

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JULY 10, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 5, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBER -WORKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW YORK CITY, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE HARVEY — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: JANE ATWATER — BIRTHPLACE: NEW YORK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamara — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

300.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 20 yrs
DUE TO (c): Psychosis, Paranoid Schizophrenia — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility — 30 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JAN. 10, 1948, *to* DEC. 15, 1952, *that I last saw the deceased alive on* DEC. 15, 1952, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.16.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Bingham Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4393
Local Reg. No. 209
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 mo 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): ASYLUM LANE

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle):
c. (Last): HEIER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 21, 1952

5. SEX: F
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 11-20-80
9. AGE (In years last birthday): ~~70~~ 72 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN.

13. FATHER'S NAME: JACOB ~~SHEAFER~~ Schaffer — BIRTHPLACE: RUSSIA
14. MOTHER'S MAIDEN NAME: Christina MILLER — BIRTHPLACE: RUSSIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Incrination

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 20, 1952, *to* DEC. 21, 1952, *that I last saw the deceased alive on* DEC. 21, 1952, *and that death occurred at* 2:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: M. G. Howard 658 MPL (Degree or title)
23b. ADDRESS: Blackfoot Ida
23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial 3
24b. DATE: 12-22-52 01
24c. NAME OF CEMETERY OR CREMATORY: Akaska Cemetery
24d. LOCATION (City, town, or county) (State): Mobridge South Dakota

DATE REC'D BY LOCAL REG.: Dec. 22 1952.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — **ADDRESS**: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 210
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 52yr, 3mo, 4da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALPINE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIET
b. (Middle):
c. (Last): WILKERSON

4. DATE OF DEATH (Month) (Day) (Year): DEC. 21, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): UNKNOWN — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): SALEM OREGON
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility – Psychosis — 40 yrs
DUE TO (c): Arteriosclerosis — 40 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured Hip — 1 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 17, 1900, *to* DEC. 21, 1952, *that I last saw the deceased alive on* DEC. 21, 1952, *and that death occurred at* 12:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 12.23.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-26-52
24c. NAME OF CEMETERY OR CREMATORY: State Hosp. Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Dec. 26 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4392
Local Reg. No. 212
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 5 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 9mo26da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS,
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): JORGENSEN

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 23 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: OCT. 24, 1874
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 1 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): ST. GEORGE, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: MARLO ANDREWS
BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: MARGARET BOYCE
BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Senility	20 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Arteriosclerosis	30 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	5 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 27, 1952, *to* DEC. 23, 1952, *that I last saw the deceased alive on* DEC. 23, 1952, *and that death occurred at* 12:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.24.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Dec-27-52
24b. DATE: 12/27/52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 24 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 32 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
Idaho
d. STREET ADDRESS (If rural, give location): 349 N. 3rd.

3. NAME OF DECEASED (Type or Print): a. (First) Zelda b. (Middle) Dorothy c. (Last) Jackson

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 29, 1887

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 10 Days: 25 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Newton, Kansas

12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Abraham Unruh
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Agnes Seibert
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. M. Jackson
ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debility — 3 months
DUE TO (c) Rheumatoid Arthritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 2 months

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 41, *to* Dec. 22., 19 52, *that I last saw the deceased alive on* Dec. 22, 19 52, *and that death occurred at* 10:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harms, M.D.
23b. ADDRESS: Aberdeen, Idaho.
23c. DATE SIGNED: 12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: F. L. Harms
25. FUNERAL DIRECTOR: H. L. Davis
ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 211
Reg. Dist. No. 6a1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO, b. COUNTY: TWIN FALLS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIMBERLY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) V. c. (Last) NEWCOMER

4. DATE OF DEATH: (Month) DEC. (Day) 24, (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 13, 1875

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 6 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNSLYVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH NEWCOMER BIRTHPLACE: PENNSLYVANIA

14. MOTHER'S MAIDEN NAME: SARAH KENDID BIRTHPLACE: PENNSL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: RECORDS, STATE HOSPITAL SOUTH, ADDRESS: BLACKFFOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 7 1, *1952, to* DEC. 24, *1952, that I last saw the deceased alive on* DEC. 24, *1952, and that death occurred at* 7:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles N. Sprague (Degree or title): M. D.

23b. ADDRESS: State Hosp. So., Blackfoot

23c. DATE SIGNED: 12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-24-52

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls, Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 24-1952

REGISTRAR'S SIGNATURE: Mrs Gladys E. Fannin

25. FUNERAL DIRECTOR ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4395
Local Reg. No. 976
Reg. Dist. No. 601

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) c. (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 28, 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: OCT. 29, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR Months: 1 Days: 29
IF UNDER 1 DAY Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VINTONVALL PENN.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: FRED TAYLOR
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARY LEONARD TAYLOR
BIRTHPLACE: PENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W. W. II

16. SOCIAL SECURITY NO.: 232-16-6699

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous Pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c) Chronic Pulmonary Tuberculosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 1 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 25, 19 52, *to* DEC. 28, 1952, *that I last saw the deceased alive on* DEC. 28, 1952, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title): M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Jan 2-1953
REGISTRAR'S SIGNATURE: Mrs Ursula E. Talmie
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D ... 1953
DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. 4396
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place): 71
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Hall Indian Reservation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Pavehe; b. (Middle); c. (Last) Bigman

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1952

5. SEX: female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Fort Hall reservation

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Kate Tendoy Kate Tendoy
ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): none — INTERVAL BETWEEN ONSET AND DEATH: 008X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (believed to have died of T.B.)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec 30, 1952

24c. NAME OF CEMETERY OR CREMATORY: Gibson cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall Indian Reservation,

DATE REC'D BY LOCAL REG.: Dec 29, 1952

REGISTRAR'S SIGNATURE: Florence Ingawanup

25. FUNERAL DIRECTOR: Relatives attending

ADDRESS: Fort Hall, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 215
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 3yr5mo21da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle):
c. (Last): STACY

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 28, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JAN. 28, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LITTLETOWN, IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: BENJAMIN J. MORRIS — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: ELIZA OAKS — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

692.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~[illegible]~~ Senility (Senility) — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) ~~[illegible]~~ Cellulitis Acute, Streptococcus — 10 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 7, 19 49, *to* DEC. 28, 19 52, *that I last saw the deceased alive on* DEC. 28, 19 52, *and that death occurred at* 1:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Spiazzi M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Dec. 30-52
24c. NAME OF CEMETERY OR CREMATORY: Mr McCaleb
24d. LOCATION (City, town, or county) (State): Mackay - Idaho

DATE REC'D BY LOCAL REG.: Dec. 30 1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR — ADDRESS: Betty J. Marvel Arco F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 213
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 8mo, 19da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): ALICE
c. (Last): STACEY

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 29, 1952

5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: FEB. 20, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 10, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KAYSVILLE, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: ELLEN EGGBERT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE / ADDRESS: W. Lamont RECORDS STATE HOPSITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Apoplexy	Instant
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Arteriosclerosis	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 10, 1952, *to* DECEMBER 29, 1952, *that I last saw the deceased alive on* DEC. 29, 1952, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 12.29.52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 12-30-52
24c. NAME OF CEMETERY OR CREMATORY: BUHL CITY CEMETERY
24d. LOCATION (City, town, or county) (State): BUHL, IDAHO

DATE REC'D BY LOCAL REG.: Dec 30-1952
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR / ADDRESS: B. T. Albertson Buhl, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 217
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #2, Blackfoot
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Thomas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2, Blackfoot
d. STREET ADDRESS (If rural, give location): Thomas

3. NAME OF DECEASED (Type or Print)
a. (First): DAWN
b. (Middle): NICOLETTE
c. (Last): JACKSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec. 29, 1951
9. AGE (In years last birthday): one
IF UNDER 1 YEAR: Months 0 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald F. Jackson
BIRTHPLACE: Thomas, Idaho
14. MOTHER'S MAIDEN NAME: Nancy Wagner
BIRTHPLACE: Niles, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Donald F. Jackson
ADDRESS: Blf't. R#2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sanchez Hospital
INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1952 *to* Dec 31, 1952, *that I last saw the deceased alive on* Dec 10, 1952 *and that death occurred at* 8. a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Rt.2, Idaho

DATE REC'D BY LOCAL REG.: Jan. 2-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 55
Reg. Dist. No. 410

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 3 HRS
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location) Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carey Idaho.
d. ~~STREET~~ ADDRESS (If rural, give location) 60 years.

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) c. (Last) TELFER.

4. DATE OF DEATH (Month) (Day) (Year) 12-6-52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) LENNIE

8. DATE OF BIRTH March 24, 1873

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 8 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCKMAN

10b. KIND OF BUSINESS OR INDUSTRY SHEEP-CATTLE

11. BIRTHPLACE (State or foreign country) HYKE SCOTLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Telfer — BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME ESEBELLA HUGHES — BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S OWN SIGNATURE W H Telfer — ADDRESS Carey

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 1 Year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1952, *to* Dec 1952, *that I last saw the deceased alive on* Dec 6 1952 *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE M.D. (Degree or title) — 23b. ADDRESS Hailey Idaho — 23c. DATE SIGNED 12 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) — 24b. DATE 12-9-52 — 24c. NAME OF CEMETERY OR CREMATORY Hailey — 24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. Dec 20 1952 — REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W. — 25. FUNERAL DIRECTOR J. Ray McGoldrick — ADDRESS Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 56
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey.
c. LENGTH OF STAY (in this place) 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nevada b. COUNTY Elko.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elko,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	H.	HANBURY	12-23-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	MABLE BRANDON	8-9-1862	90	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. CIVIL SERVICE	PANAMA CANAL	5-MILE RIVER, CONN.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PATRICK HANBURY	IRELAND	MARY E DUFFY	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 1885 - 1888 NAVY		Sally Thompson	Hailey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - 33 X — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Senility — per year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-20, 1952, *to* 12-23, 1952, *that I last saw the deceased alive on* 12-21, 1952 *and that death occurred at* 10:2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Scott Fabrick M.D.	Hailey, Idaho.	Dec 29-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	12-27-52	Hailey	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 29-52	Robert H. Wright - per	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

L.B.R.

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4402
Local Reg. No. 57
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MACK b. (Middle) WILSON c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): 12-26-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): VIOLET.
8. DATE OF BIRTH: 8-4-1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 4 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Blue Field W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James R. Hill — BIRTHPLACE: W.VA
14. MOTHER'S MAIDEN NAME: unknown. — BIRTHPLACE: W.VA.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Violet E Hill — ADDRESS: Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbonmonoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) From gas heater vent pipe became accidentally blocked.
DUE TO (c) Blood sample sent to Laboratory confirmed diagnosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ketchum Blaine Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 26-1952 3P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Carbonmonoxide poisoning from gas heater

22. I hereby certify that I attended the deceased from about 19__, to ✓ 19__, that I last saw the deceased alive on ✓, 19__, and that death occurred at 3:P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): Carson Blaine Co.
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): 3
24b. DATE: 12-28-52
24c. NAME OF CEMETERY OR CREMATORY: Blue Field
24d. LOCATION (City, town, or county) (State): Blue Field W. VA.

DATE REC'D BY LOCAL REG.: Dec. 29-1952
REGISTRAR'S SIGNATURE: Robert H. Wright - Per CeBW.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) ISABELLE c. (Last) SHIPP

4. DATE OF DEATH (Month) (Day) (Year) 12-31-52

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BRYAN
8. DATE OF BIRTH 9-23-1913
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leland Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN Wm McCASLIN BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME ✓ BIRTHPLACE ✓

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bryan Shipp ADDRESS Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - lobar - both lungs Organism undetermined — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Several years
DUE TO (c) Hypertensive Heart Disease — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb, 1952 *to* Dec, 1952 *that I last saw the deceased alive on* Dec 31, 1952 *and that death occurred at* 12 NOON *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. A. Henkes M.D.
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 9 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 1-4-53
24c. NAME OF CEMETERY OR CREMATORY Hailey
24d. LOCATION (City, town, or county) (State) Hailey Ida.

DATE REC'D BY LOCAL REG. Jan. 15-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.N.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 102
Reg. Dist. No. 110

RECEIVED DEC 15 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1223 Cedar St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San doint
d. STREET ADDRESS (If rural, give location): 1223 Cedar St.

3. NAME OF DECEASED (Type or Print): a. (First) CORNELIUS b. (Middle) S. c. (Last) WEAVER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 30, 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist

10b. KIND OF BUSINESS OR INDUSTRY: Greenhouse

11. BIRTHPLACE (State or foreign country): Sheldon, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Weaver
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Christina Stover
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lamer Weaver
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General arterio sclerosis — 10 yr.

DUE TO (c) Senility — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1950, *to* Dec 1, 1952, *that I last saw the deceased alive on* Oct 24, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pinedrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 8-1952

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Hoon Funeral Home

ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 103
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 Larch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 402, Larch

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): FINSETH
c. (Last): SUND

4. DATE OF DEATH (Month) (Day) (Year): December 6 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 26, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): unknown Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Arndt Finseth — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Ragnhild unknown — BIRTHPLACE: Norway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Olivia Sund — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia - Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Latter - 2-3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral vascular accident — 7 months
DUE TO (c): Hypertension - arteriosclerotic H.D. — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1952, *to* Dec 6, 1952, *that I last saw the deceased alive on* Dec 6, 1952, *and that death occurred at* 6:17 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank H Samson, (Degree or title): MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/52
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 13-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4106
Local Reg. No. 104
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 818 Lake Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 818 Lake Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ELMER c. (Last) ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): December 12 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): Cass County, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert F. Robinson — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Amanda Babb — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-03-9614

17. INFORMANT'S OWN SIGNATURE: x Mrs Ardith Davis — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Arterio Sclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Dec 12, 1952, *that I last saw the deceased alive on* Dec 11, 1952, *and that death occurred at* 12 30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler MD (431) — (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16 1952
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec 22 1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4497
Local Reg. No. 106
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): rural ½ mi. east of Hope

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) LESLIE c. (Last) GIRTON

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 2, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trapper (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Wild life

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William W. Girton
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mollie Evans
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXX

16. SOCIAL SECURITY NO.: 574-01-6333

17. INFORMANT'S OWN SIGNATURE: Robert L. Darling
ADDRESS: Sandpoint Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 12 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1952, *to* Dec 26, 1952, *that I last saw the deceased alive on* 26 Dec, 1952, *and that death occurred at* 2:48 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (659) J. Munson (Degree or title) M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 12/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/31/52
24c. NAME OF CEMETERY OR CREMATORY: Epping Cemetery
24d. LOCATION (City, town, or county) (State): Epping North Dakota

DATE REC'D BY LOCAL REG.: Dec. 30-1952
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Modern Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JAN 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4408
Local Reg. No. 107
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1223 Cedar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1223 Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): JANE
c. (Last): WEAVER

4. DATE OF DEATH (Month) (Day) (Year): December 27 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 20, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nine Mile, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Granville Powell — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Eliza Powell — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Melvin Prince — ADDRESS: Sandpoint

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Arterio Sclerosis — 5 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1952, *to* Dec 27, 1952, *that I last saw the deceased alive on* Dec 27, 1952, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler MD 431
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Dec 30, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1952
REGISTRAR'S SIGNATURE — Deputy: Carol R. West
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4409
Local Reg. No. 108
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 502 So. 1st Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): PUTNAM
c. (Last): CATLIN

4. DATE OF DEATH (Month) (Day) (Year): December 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 2, 1880
9. AGE (In years last birthday): -72- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker 09
10b. KIND OF BUSINESS OR INDUSTRY: Planning mill
11. BIRTHPLACE (State or foreign country): Clayton, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank E. Catlin — BIRTHPLACE: Green Bay, Wisc.
14. MOTHER'S MAIDEN NAME: Evelyn L. Rogers — BIRTHPLACE: Viroqua, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXX
16. SOCIAL SECURITY NO.: 518-05-5128
17. INFORMANT'S OWN SIGNATURE: + Margaret C. Thomason — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

540.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Gastric — INTERVAL BETWEEN ONSET AND DEATH: 40 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Hypertension — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/5, 1945, *to* 12/30, 1952, *that I last saw the deceased alive on* 12/30, 1952, *and that death occurred at* 945A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S E Bridle 440 (Degree or title) MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 1/2/53
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Jan. 2-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
JAN 2 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 410
Local Reg. No. 105
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle, Idaho
d. STREET ADDRESS (If rural, give location): rural Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SALLY	MAE	BRANSON	Dec. 26, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	June 24, 1952	-0-	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infancy
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Allen Branson	Coeur d'Alene Idaho	Mary Ann Crabb	Sawyer, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX	None	Charles A Branson	Sagle, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: expired suddenly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
470 Laurence S Shope Coroner	Sandpoint, Idaho	12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/29/52	Seneaquoteen Cemetery	Vay Bonner Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 29-1952	Merlene Oates	Mogn Funeral Home	Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 110

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newport, Wash
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RF 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Pend Oreille
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newport
d. STREET ADDRESS (If rural, give location) RF 2 (in Idaho)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Ashley

4. DATE OF DEATH (Month) (Day) (Year) Dec 30-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH 7-11-1860

9. AGE (In years last birthday) 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Ashley
BIRTHPLACE Mo.

14. MOTHER'S MAIDEN NAME Nora Alice Buntin
BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Carl B. Sprague
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Seen after death, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert Wm Winston (Degree or title) MD
23b. ADDRESS Newport Wash
23c. DATE SIGNED

24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify) 3
24b. DATE 12-30-52
24c. NAME OF CEMETERY OR CREMATORY Sherman Funeral Home
24d. LOCATION (City, town, or county) Newport Wash (State)

DATE REC'D BY LOCAL REG. Jan. 6-1953
REGISTRAR'S SIGNATURE Merlene Oates
25. FUNERAL DIRECTOR E. Sherman Newport Wash
ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 234
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 282 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 282 2nd Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH; b. (Middle); c. (Last) BENZON

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 10, ~~1952~~ 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: Public Law Enforcement

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Beck Benzon
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Catheryn Wickle
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-05-8461

17. INFORMANT'S OWN SIGNATURE: Owen Benzon
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio - vascular disease — INTERVAL BETWEEN ONSET AND DEATH: years ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac asthma — years ?
DUE TO (c): Incidents due to old age -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 1952, *to* 11-23, 1952, *that I last saw the deceased alive on* 11-23, 1952, *and that death occurred at* 6:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J B Woolley 454 (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 27-1952

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 232
Reg. Dist. No. 610

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): Ririe

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) EVA c. (Last) SKINNER

4. DATE OF DEATH (Month) (Day) (Year): December 1, 1952

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 6, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Leo Curtis. BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Pauline Hine BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Harold W Higley ADDRESS: Thornton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma descending Colon — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-26-52

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma descending Colon

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 26, 1952, *to* Dec. 1, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael T Hall, M.D. (Degree or title)

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12/4/52

NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Dec. 15-1952

REGISTRAR'S SIGNATURE: Anna Bidges

25. FUNERAL DIRECTOR: A B Eckardt ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-45021

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. A
Local Reg. No. 245
Reg. Dist. No. 610

BIRTH NO. 52-1410

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 345 E. 24th Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): ELIZABETH
c. (Last): ROSE

4. DATE OF DEATH: (Month) December (Day) 1, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: November 5, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 0 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald K. Rose
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Patricia Ann Paulson
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Patricia B. Rose
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

080.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Poliomyelitis, acute.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 103
(Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 5, 1952

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Jan. 13-1953

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Orland LeBeck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4415
Local Reg. No. 228
Reg. Dist. No. 610

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Enroute to LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 797 East 13th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joel	F.	Humphreys	Dec	2	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 4, 1906	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 32	City of Idaho Falls	Shelley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James M. Humphreys	Idaho	Mary McDonald	Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Veral Bates	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 904.9 asphixiation, concussion & over exertion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Fire fighting	Idaho Falls Idaho	Idaho Falls — Bonneville — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
around 4:00 p.m. Dec. 2 1952 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fighting fire & fell

22. *I hereby certify that I attended the deceased from* Dec. 2, 1952, *to* Dec 2, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice K. Heninger 590 M.D.	LDS Hospital	Dec. 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-8-52	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 11-1952	Leona Bridges	Jack A. Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 240
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 665 E.Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 665 E.Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Holien c. (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept.1,1885

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months: 3 Days: 6 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Granite Falls, Minnoesta

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ivor Holien BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Not Known BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 475-09-4751

17. INFORMANT'S OWN SIGNATURE: Mrs. Jane Murdock ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D. 23b. ADDRESS: Idaho Falls, Idaho 23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: Dec.9,1952 24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery 24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3-1953 REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Jack G. Wood ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 231
Reg. Dist. No. 61D

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ririe
d. STREET ADDRESS (If rural, give location): 2 miles North of Ririe, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) MAX; b. (Middle) KEITH; c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-20-1939

9. AGE (In years last birthday): 13
IF UNDER 1 YEAR: Months 2, Days 17
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Heise Hot Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Johnson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Margaret Ida Marquardt
BIRTHPLACE: Nebraska.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Nelva Johnson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wound, gun Shot, entering left side of head, penetrating skull & brain tissue.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in field, farm

21c. (CITY, TOWN, OR TOWNSHIP) Ririe (COUNTY) Jefferson (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 7, 1952 1:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Exchanging gun, his friend accidentally discharged.

22. *I hereby certify that I attended the deceased from* Dec. 7, 1952, *to* Dec. 7, 1952, *that I last saw the deceased alive on* Dec. 7, 1952, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas. Hall M.D.
(Degree or title)

23b. ADDRESS: Rigby Idaho

23c. DATE SIGNED: Dec. 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-12-52

24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe Bonneville Ida.

DATE REC'D BY LOCAL REG.: Dec. 15-1952

REGISTRAR'S SIGNATURE: Anna Bridger

25. FUNERAL DIRECTOR: Bruce A. Eshwell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 241
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jane	Elizabeth	Weeks	December 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Feb. 6, 1899	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Swan Valley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ephraim James Staten	England	Mary Jane Calderwood	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Calvin Weeks	Swan Valley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Secondary carcinoma of bone generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 25 Aug, 1950, *to* 11 Dec, 1952; *that I last saw the deceased alive on* 10 Dec, 1952; *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland F. Frantzen MD	Idaho Falls Idaho	12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-16-52	Fielding Memorial	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 3-1953	Anna Bridges	Jack A Wood, Jr.	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 242
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.DS. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 400 North Eastern Ave.

3. NAME OF DECEASED (Type or Print) a. (First) John (Jack) b. (Middle) c. (Last) Hart

4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 14, 1875
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Hart — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Emily Bate — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John N. Hart — ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition, uremia; — unknown
DUE TO (c) Acetaminosis, urinary retention

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11 RMS, 1952, *to* 12-13 RMS 1952, *that I last saw the deceased alive on* 12-15, 1952, *and that death occurred at* 11:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Leland K. Frantzius (Degree or title)
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-15-52
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Jan. 3-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack A Wood Jr. — ADDRESS Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 243
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Farimorze Y. Brown

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 28, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lorenzo Y. Brown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Elizabeth Haycock
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Katie S. Owen
ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with cardiac failure
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchial Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 19 52 *to* Dec 14, 19 52 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/52
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3-1953
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 29 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 236
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) RFD 2

3. NAME OF DECEASED (Type or Print) a. (First) Betty b. (Middle) Jo c. (Last) Jeppesen Sutton

4. DATE OF DEATH (Month) Dec, (Day) 18, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 26, 1926

9. AGE (In years last birthday) 26
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph N. Jeppesen BIRTHPLACE Rexburg, Idaho

14. MOTHER'S MAIDEN NAME Mildred Steele BIRTHPLACE Gloucestershire England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Wilbur D Sutton ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Laryngeal & Cardiac Involvement

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 17, 1952 *to* Dec. 18, 1952, *that I last saw the deceased alive on* Dec 18, 1952, *and that death occurred at* 11:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE M. F. Rigby (Degree or title) MD

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED Dec 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/22/52

24c. NAME OF CEMETERY OR CREMATORY Rexburg

24d. LOCATION (City, town, or county) Rexburg, Idaho (State)

DATE REC'D BY LOCAL REG. Dec. 26-1952

REGISTRAR'S SIGNATURE Anna Budge

25. FUNERAL DIRECTOR Russell Adamson

ADDRESS Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 246
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 225 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): ERIC
b. (Middle):
c. (Last): BERGGREN

4. DATE OF DEATH (Month) (Day) (Year): December 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 6, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Karl Berggren — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Karin — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. E. Berggren — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Nephritis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Several years *19*__, *to* 12/18, 1952, *that I last saw the deceased alive on* 12/17, 1952, *and that death occurred at* 6:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Dodenquist 377 (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 14-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4423
Local Reg. No. 238
Reg. Dist. No. 610

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 280 Sunset Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Wesley	Sheets	Dec - 19 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		July 20, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner & Manager	Restaurant	Missouri	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Daniel Sheets	?	Blankenship	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Lyman Sheets	Idaho Falls.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis of left middle cerebral artery — 6 weeks
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-24-52	? Thrombosis left middle cerebral artery (a) ? Infiltrating Glioma	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-05, 1952, *to* 19 Dec, 1952, *that I last saw the deceased alive on* 19 Dec, 1952; *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland T. Trent MD	Idaho Falls Idaho	12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-3	Dec 22 1952	Rexburg Cemetery	Rexburg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 30-1952	Anna Bridges	Geo A. Williams	Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-4802

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 233
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1390 Vernon Ave., No. Belair Add'n

3. NAME OF DECEASED (Type or Print)
a. (First): Diane
b. (Middle): Marie
c. (Last): Perdue

4. DATE OF DEATH (Month) Dec. (Day) 17, (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 27, 1949
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: H. Lee Perdue — BIRTHPLACE: Blackfoot, Idaho
14. MOTHER'S MAIDEN NAME: Sara McClellan — BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Sara Perdue — ADDRESS: Idaho Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

087 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Convalescent chicken pox

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 19 1952 *to* Dec. 17, 19 52, *that I last saw the deceased alive on* Dec. 17, 19 52, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Dean Mc Ward
23b. ADDRESS: 315 F St - Idaho Falls
23c. DATE SIGNED: 12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Bur.
24b. DATE: Bur. 12-19-52
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Dec. 27-1952
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Howard Parkham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 13 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 244
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
[redacted] Canada - [redacted] Alberta
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cochrane -
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cornelius		Buckley	Dec	13	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	✓	Jan 21 - 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Denver - Colorado
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Sadie - ? BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bertha Alice Buckley ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra peritoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Delayed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Liver infarction & hemorrhage
DUE TO (c) Severe trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Traumatic pancreatitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	Idaho Falls, Bonneville co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Dec 10, 1952 - 10pm m.	WHILE AT WORK ☐ NOT WHILE AT WORK XXX	Struck by car on highway

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.W. Williams MD.	353 F St. Idaho Falls	12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 6 '53	Rose Hill	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 8 1953	Anna Bridges	Leo A. Williams	Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 235
Local Reg. No.
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 357 S. Eastern Avenue

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) KALER

4. DATE OF DEATH (Month) (Day) (Year) December 25 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH November 25, 1886
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Cole BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME Mary Jane Black BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-0617
17. INFORMANT'S OWN SIGNATURE Lolara E. Fox ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 592X Chronic glomerulo nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 19 47, *to* 25 Dec, 19 52, *that I last saw the deceased alive on* 25 Dec, 19 52, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 29, 1952
24c. NAME OF CEMETERY OR CREMATORY Shelton Cemetery
24d. LOCATION (City, town, or county) Bonneville County (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 27-1952
REGISTRAR'S SIGNATURE Irma Bridges
25. FUNERAL DIRECTOR Orland C. Buck
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 248
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 239 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WALTER
c. (Last): SCOTT

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, retired
10b. KIND OF BUSINESS OR INDUSTRY: Dry goods
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Scott — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Jennie Garden — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-12-9722
17. INFORMANT'S OWN SIGNATURE: Mrs Emma Scott — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: ~~Several~~ 4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* 12/28, 1952, *that I last saw the deceased alive on* 12/28, 1952, *and that death occurred at* 5:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Sodergrist 377 (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 237
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 173 N. Placer

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ALBERT c. (Last) WEDGE

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 27, 1868

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Private practice

11. BIRTHPLACE (State or foreign country): Bryant, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: D. O. Wedge, M.D. BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Florence Herriott BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. W. S. Snyder ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Weakness & old Age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent Operation for Prostatism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/18/52

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/16, 1952, *to* 12/31, 1952, *that I last saw the deceased alive on* 12/31, 1952, *and that death occurred at* 6:18 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gordon W. Reynolds 352 (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Canton Illinois

DATE REC'D BY LOCAL REG.: Dec. 31 1952

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Orland Co. Beck ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Rigby

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 230
Reg. Dist. No. 611

BIRTH NO. DEC 23 1952

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ririe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ Miles East of Ririe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ririe
d. STREET ADDRESS (If rural, give location): 4½ Miles East of Ririe

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	READING		December 9, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 9, 1871	81	9	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker of	Home	Logan, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Neils Engarred	Denmark	Maren Johnson Peterson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	X	None	Alfonzo Reading	Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure (Cardiac Arrest)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Stomach

DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 25, 1952, to Dec 9, 1952, *that I last saw the deceased alive on* Dec 8, 1952, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clifford B. Rigby M.D.	Rigby, Idaho	Dec 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-1952	Fielding Memorial	Idaho Falls, Bonneville Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 15-1952	Vera Bridges	Bruce A. Eastmill	Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

State File No. 430
Local Reg. No. 247
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location): Route # 5

3. NAME OF DECEASED (Type or Print): a. (First) REGINALD b. (Middle) G. c. (Last) SAVAGE

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 29, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Retail, Mens Clothing

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. R. G. Savage
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1:20 P.M. 19 52 *to* Death on Arrival, 19 ___, *that I last saw the deceased alive on* ___, 19 ___, *and that death occurred at* 1:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Dodrill 377
(Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 16, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 14-1953

REGISTRAR'S SIGNATURE: Leona Bridges

25. FUNERAL DIRECTOR: Orland LeBuck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 49-58
Local Reg. No. 100
Reg. Dist. No.

RECEIVED DEC 26 1952 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 43 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Chris. Taft Home

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) unknown c. (Last) Gardner

4. DATE OF DEATH: (Month) Dec. (Day) 15, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 11, 1880

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumberjack

10b. KIND OF BUSINESS OR INDUSTRY: lumbering

11. BIRTHPLACE (State or foreign country): Newton Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Chris A. Taft ADDRESS: Bonners Ferry Ida

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Broncho-pneumonia — 3 wks.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 3, 1952 *to* Dec 15, 1952, *that I last saw the deceased alive on* Dec 15, 1952, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Bonner (Degree or title) M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 12/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/52
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 12/19/52
REGISTRAR'S SIGNATURE: Geo Bonner
25. FUNERAL DIRECTOR: E. H. Whitney ADDRESS: Bonners Ferry Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 22
Local Reg. No. 50-52
Reg. Dist. No. 100

111-52-15398
BIRTH NO.

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Community Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Andy
b. (Middle):
c. (Last): Le Counte

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: December 17, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lenore Daily
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jessie Daily
ADDRESS: Troy Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

774 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital deformity y chest

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 15, 19 52, *to* Dec 17, 19 52, *that I last saw the deceased alive on* Dec 17, 19 52, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: K. M. Bonnell (Degree or title): M.D.

23b. ADDRESS: Bonners Ferry Ida

23c. DATE SIGNED: 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12/19/52

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 12/19/52

REGISTRAR'S SIGNATURE: K. M. Bonnell

25. FUNERAL DIRECTOR: E. W. Whitney
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 52-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): South city limits

3. NAME OF DECEASED (Type or Print): a. (First) Eunice b. (Middle) Jane c. (Last) Maxwell

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2/23/1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Iowa Danberry

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Chambers
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Harrison
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George E. Maxwell
ADDRESS: Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension Cardiovascular disease

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 3 wks. / years / years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1952 *to* Dec 20, 1952, *that I last saw the deceased alive on* Dec 20, 1952, *and that death occurred at* 1:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Bonner
(Degree or title): M.D.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/22/1952
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 1-2-53
REGISTRAR'S SIGNATURE: R. M. Bonner

25. FUNERAL DIRECTOR: E. A. Watkins
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 51-52
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 53 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Clara c. (Last) Fessler

4. DATE OF DEATH (Month) (Day) (Year) December 27, 1952

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 12/21/1893

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Tomahawk Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Neumayer
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Schissel
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Mrs Rosina Neumayer
ADDRESS Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis - abdomen & Pelvis

DUE TO (c) Carcinoma of Sigmoid

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid - Resection Sigmoid & Rectum

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1950, *to* Dec 27, 1952, *that I last saw the deceased alive on* Dec 27, 1952 *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. M. Bonnell M.D.

23b. ADDRESS Bonners Ferry Ida

23c. DATE SIGNED 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12/31/52

24c. NAME OF CEMETERY OR CREMATORY Grandview cemetery

24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 1-2-53

REGISTRAR'S SIGNATURE C. M. Bonnell

25. FUNERAL DIRECTOR E. W. Whitney
ADDRESS Bonners Ferry Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4435
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) William c. (Last) Rothwell

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 13-1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 7 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer + rancher

10b. KIND OF BUSINESS OR INDUSTRY: retired farmer

11. BIRTHPLACE (State or foreign country): Springville - Utah

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: Robert L. Rothwell
BIRTHPLACE: Buckinghamshire England

14. MOTHER'S MAIDEN NAME: Sarah L Smith
BIRTHPLACE: Springville Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Edith Rothwell
ADDRESS: Arco-Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lower Esophagus and Stomach.
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis
8 years.

19a. DATE OF OPERATION: Feb. 11-1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Esophagus and stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1952, to Dec 11, 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

23a. SIGNATURE: J. M. Egbert (Degree or title) M. D.

23b. ADDRESS: Arco Idaho

23c. DATE SIGNED: Dec. 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 14-1952

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Arco - Idaho.

DATE REC'D BY LOCAL REG.: Dec. 31, 1952

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco-Ida. F.D. 19

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Maida b. (Middle) Larona c. (Last) Kidman

4. DATE OF DEATH: (Month) Dec. (Day) 14. (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 4-1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 2 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Providence - Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. M. Fullmer - BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME: Larona L. Monroe BIRTHPLACE Ogden Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Wanda Merrill ADDRESS: Arco Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic cancer of kidney — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1952

19b. MAJOR FINDINGS OF OPERATION: Metastatic cancer of kidney

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Dec 14, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 6 30/a.m., from the causes and on the date stated above.

23a. SIGNATURE: J. C. Reeves (Degree or title): M.D.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco Idaho

DATE REC'D BY LOCAL REG.: Dec. 14-1952
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Betty J. Marvel ADDRESS: Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021 #670

F. D. #19

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No.
Reg. Dist. No.

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) H. c. (Last) STREEPER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 17, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Seneca, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: C. M. Streeper
BIRTHPLACE: New Jersey

14. MOTHER'S MAIDEN NAME: Louisa B. Miller
BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. E. Streeper
ADDRESS: Corral, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) few hours / (b) / (c)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): /

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 14, 1952, *to* Dec 14, 1952, *that I last saw the deceased alive on* Dec 14, 1952, *and that death occurred at* 6:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion K. Kerr MD

23b. ADDRESS: Fairfield Idaho

23c. DATE SIGNED: 18 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/18/52

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12/23/52

REGISTRAR'S SIGNATURE: John Edwards

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS: GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Casey	Lee	Russell	June 23-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	August 2-1922	29	10 / 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Duffield, Virginia	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dudley F. Russell	Duffield, Scott Co., Va.	Dora Ethel Pledsoe	Duffield, Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		229-12-6052	X Dudley F. Russell	Appalachia, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Meningeal Tuberculosis — 2 Mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* June 23, 1952, *that I last saw the deceased alive on* June 23, 1952, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W L Hubler M D	221 E Logan St, Caldwell Ida	12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 2-1952	American Legion	Near Big Stone Gap, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/30/52	Agnes Malenman	C. V. Beckham-Bakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1439
Local Reg. No. 82
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Johnson Bros. Slaughter House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 820 East Logan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Major
b. (Middle): Quincey
c. (Last): Hopper

4. DATE OF DEATH (Month) (Day) (Year): December 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 16, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 2, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Employee of Irrigators Lbr. Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Edwin Hopper, BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Josephine Majors BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-0122
17. INFORMANT'S OWN SIGNATURE: Robert V. Hopper ADDRESS: Caldwell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound left temporal region with 22 rifle.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hemmorhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Field
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Caldwell Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 5 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted gun shot wound in head

22. *I hereby certify that I attended the deceased from* Found Dead *to* _____ *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Alsip, Jr. Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 9-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/17/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: G. W. Dakan, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1549
Local Reg. No. 87
Reg. Dist. No. 960

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 710 7th St., So.

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Galen; c. (Last) Sims

4. DATE OF DEATH: (Month) (Day) (Year): December 6-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: October 11, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months: 1; Days: 25
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Implement Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waverly, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Sims, 74
BIRTHPLACE: Verdun, Illinois

14. MOTHER'S MAIDEN NAME: Mary Alderson,
BIRTHPLACE: Verdun, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Earnest M Sims
ADDRESS: Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia, Lobar 490X
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Debilitation
DUE TO (c): Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 23, 1952, *to* Dec. 6, 1952, *that I last saw the deceased alive on* Dec. 4, 1952, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause (Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Dec. 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 12/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 80
Local Reg. No. 80
Reg. Dist. No. 36 0

BIRTH NO.

RECEIVED
DEC 13 1952
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1224 Savanah St.

3. NAME OF DECEASED (Type or Print): a. (First) Charlie b. (Middle) (NMI) c. (Last) Wood

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 6, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired) 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-28-1540

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 1224 Savanah Caldwell, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential hypertension — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1952, *to* Dec 6, 1952, *that I last saw the deceased alive on* Dec 6, 1952 *and that death occurred at* 10½ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Hubler 613 (Degree or title): MD
23b. ADDRESS: 221 E Logan St, Caldwell Ida
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/12/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Merville D. Davis
ADDRESS: Davis-Warrick Funeral Home, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

State File No. 84
Local Reg. No. 860
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2806 Dill St.

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) Edwin c. (Last) Roberts

4. DATE OF DEATH: (Month) (Day) (Year) December 11-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 4, 1915

9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 2, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching at Longfellow School

10b. KIND OF BUSINESS OR INDUSTRY: Boise

11. BIRTHPLACE (State or foreign country): Newberg, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph Roberts

BIRTHPLACE: Dixon Co., Nebraska

14. MOTHER'S MAIDEN NAME: Josephine Hyde

BIRTHPLACE: Prairie City, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 555-18-9367

17. INFORMANT'S OWN SIGNATURE: Dorothy M. Lovett — **ADDRESS**: Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Cerebral Aneurysm
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 10, 1952, *to* Dec. 11, 1952, *that I last saw the deceased alive on* Dec. 11, 1952, *and that death occurred at* 6 04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause — (Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Dec. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 12/17/52
REGISTRAR'S SIGNATURE: Agnes M Glenman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — **ADDRESS**: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 83
Local Reg. No. 960
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 Dearborn St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #7

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Velva	Fern	Steinebach	Dec.	14,	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Oct. 9, 1918	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Burley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Vivian L. Loosli	Unknown	Uella Park	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	--	X Eddie H. Steinebach	Route 7 Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Right lung.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1944

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 10, 1952, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec 16, 1952, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W C Nolta M.D.	Nampa Ida.	12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1952	Konlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
12/17/52	Agnes M Denman	Merville D Davis Davis-Warrick Funeral Home-Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4444
Local Reg. No. 91
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1913 Cleveland Blvd., Caldwell

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Edward Pinney
c. (Last): Bingham

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 14, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Owner Concrete
10b. KIND OF BUSINESS OR INDUSTRY: Pipe Plants
11. BIRTHPLACE (State or foreign country): Valley Springs, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 74 — BIRTHPLACE: Datus P. Bingham, Vermont
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary E. Pinney, Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-07-0566 A
17. INFORMANT'S OWN SIGNATURE: Myrl Jenne — ADDRESS: Nampa

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 4 yrs
DUE TO (c): Prostatic operation — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Oct. - 52 - Enlarge Prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1940, *to* Dec 18, 1952, *that I last saw the deceased alive on* Dec 4, 1952, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE 202 (Degree or title): [signature] M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Dec 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE 09: Dec. 20-1952
24c. NAME OF CEMETERY OR CREMATORY: Ontario
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 12/25/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 145
Local Reg. No. 93
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): North 14th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Christian b. (Middle) M. c. (Last) Jensen

4. DATE OF DEATH: (Month) (Day) (Year): December 18-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 20-1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months: 9 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred B. Swanson
ADDRESS: Caldwell

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized and Coronary Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro-intestinal Hemorrhage, previously. — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 4, 1952, *to* Dec 18, 1952, *that I last saw the deceased alive on* Dec. 4, 1952, *and that death occurred at* 5:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause, 669 (Degree or title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Dec. 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/30/52
REGISTRAR'S SIGNATURE: Agnes Mdenmas

25. FUNERAL DIRECTOR: Peckham-Dakan
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

State File No. 87
Local Reg. No. 960
Reg. Dist. No.

BIRTH NO. 111-52-15431

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Ind
d. STREET ADDRESS (If rural, give location): (Newborn) 300 East Logan

3. NAME OF DECEASED (Type or Print): a. (First) Gary b. (Middle) Allen c. (Last) Gaylord

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 19 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NeverMarried

8. DATE OF BIRTH: Dec. 18, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 22 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth M. Gaylord BIRTHPLACE: Star, Idaho

14. MOTHER'S MAIDEN NAME: Elmma Leal BIRTHPLACE: Orriavill, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth Gaylord ADDRESS: 1805 Blaine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 795.4 Unknown — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1952, *to* Dec 19, 1952, *that I last saw the deceased alive on* Dec 19, 1952, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Montgomery 259 (Degree or title)

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/23/52

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Marcelle D. Davis ADDRESS: Davis-Parrick Funeral Home, Caldwell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 90
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): Nels
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): December 20-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 2-1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jefferson County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A/ Adams — BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Josephine Cummings, — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: ✓ Mrs Zella L. Adams — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 982X Massive pericardial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15-30'

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Stab wound of chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): ✓ HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 20 1952 1750 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Stabbed in beer parlor

22. *I hereby certify that I attended the deceased from* autopsy only, *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 045 (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 30 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/25/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: [signature] Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 360

BIRTH NO.

JAN 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. LENGTH OF STAY (in this place): 6 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): 2221 Ohio Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): Claude

b. (Middle): Melvin

c. (Last): Parrish

4. DATE OF DEATH (Month) (Day) (Year): December 21-1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 26, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months: 5 Days: 25 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lind Creek, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 520-9-7906

17. INFORMANT'S OWN SIGNATURE: Ida M. Parrish — ADDRESS: Caldwell

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self inflicted gun shot wound in head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): [illegible]

DUE TO (c): with 22 rifle

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

9760

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 20 - 1952 3:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot self in bathroom thru mouth

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:47 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Alsip, Jr. Coroner

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 24-1952

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/8/53

REGISTRAR'S SIGNATURE: Agnes Mclennan

25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1440
Local Reg. No. 95
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Herbert; b. (Middle) Francis; c. (Last) Garrett

4. DATE OF DEATH (Month) December (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18-1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 7, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit grower and shipper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walla Walla, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Lee Garrett, 04 — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lenora Olive Burt — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Anne Garrett — ADDRESS: Wilder Rt. 1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~not~~ not known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 1, 1952, *to* Dec 28, 1952, *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 259 M Montgomery M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 08 Dec. 31-1952
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: 1/3/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel — C. V. Peckham — Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. A450
Local Reg. No. 94
Reg. Dist. No. 960

532-15-4571

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Humboldt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McDermott
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sherrie b. (Middle) Lenore c. (Last) Kyzer

4. DATE OF DEATH: (Month) December (Day) 29, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: December 28-1952

9. AGE (In years last birthday): ---
IF UNDER 1 YEAR: Months: --- Days: 1
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles F. Kyzer, BIRTHPLACE: Little Rock, Arkansas

14. MOTHER'S MAIDEN NAME: Margaret Brock, BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE: Charles F. Kyzer, ADDRESS: McDermott, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 28, 1952, *to* Dec. 29, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 12:01 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 118
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho 12-30-52

DATE REC'D BY LOCAL REG.: 1/3/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Daken, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 14451
Local Reg. No. 1
Reg. Dist. No. 360

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 2206 Montana Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Inise
b. (Middle) Geneva
c. (Last) Sayre

4. DATE OF DEATH (Month) (Day) (Year) December 29-1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 26-1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months 5 Days 3
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Peabody, Marion Co., Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Issaia Deel
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Clarisa Middleton
BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE G S Sayre
ADDRESS Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 9, 1952, *to* December 29, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 6:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Krause 669
(Degree or title) M.D.

23b. ADDRESS Caldwell, Idaho

23c. DATE SIGNED Jan. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 2-1953

24c. NAME OF CEMETERY OR CREMATORY Roswell

24d. LOCATION (City, town, or county) Roswell, Idaho (State)

DATE REC'D BY LOCAL REG. 1/8/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel
ADDRESS Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

BIRTH NO. 52-14295

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 282
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704 So. Canyon

3. NAME OF DECEASED (Type or Print)
a. (First): CAMILLE
b. (Middle):
c. (Last): CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: November 21,52
9. AGE (In years last birthday): 11day — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Gerald E. Chapman — BIRTHPLACE: Twin Falls
14. MOTHER'S MAIDEN NAME: Ida. Katharyn Ruckman — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Gerald E. Chapman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis with pneumonia one week. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Polydactylism agenesis of the eyeball bilaterally, coloboma bilateraland meningocele, congenital patent formen ovale.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/21, 1952, *to* 12/2, 1952, *that I last saw the deceased alive on* 12/2, 1952, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.B. Ross 344 (Degree or title): Chief
23b. ADDRESS: Nampa Idaho.
23c. DATE SIGNED: 12/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: Dec. 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1452
Local Reg. No. 280
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle) Gerben; c. (Last) Wynia

4. DATE OF DEATH (Month) (Day) (Year): December 2-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: February 2-1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 10, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04
11. BIRTHPLACE (State or foreign country): Platte, South Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Klaas Wynia — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Kenno Talsma, — BIRTHPLACE: Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John M Wynia — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1952, *to* Dec 2, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: 285 W C Holt MD (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 12/15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 5-1952
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise

DATE REC'D BY LOCAL REG.: Dec 18, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stark
25. FUNERAL DIRECTOR: Pickham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

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RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 283
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Reynolds Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Reynolds Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) ELIZA b. (Middle) c. (Last) SNYDER
4. DATE OF DEATH (Month) Dec. (Day) 3 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 3, 1876
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jackson County, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel Countryman BIRTHPLACE Ingon, Mich.
14. MOTHER'S MAIDEN NAME Evelyn A. Clark BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Grace Hansbrough ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Dec 3, 1952, *that I last saw the deceased alive on* Dec 3, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 12-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Canyon Idaho

DATE REC'D BY LOCAL REG. Dec. 10, 1952
REGISTRAR'S SIGNATURE
28. FUNERAL DIRECTOR John F. Alsip, Jr. ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1155
Local Reg. No. 289
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): R.
c. (Last): Rash

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 8, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 6, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Putman Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David F. Rash — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Martha Reece — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-28-6886
17. INFORMANT'S OWN SIGNATURE: X Elma Rash — ADDRESS:

18. CAUSE OF DEATH: 42212

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Myocarditis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1952, *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 5, 1952 *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Rodwell MD 340 (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Dec 9 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: Dec. 8, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 24, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 284
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sadie
b. (Middle): E
c. (Last): Lockert

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1878.
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Newton Whitehead — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Minerva Pierce — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. D. W. Barningham — ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Dilitation of Heart.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Bronchitis.
DUE TO (c): Chronic Myocarditis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1952, *to* Dec. 6, 1952, *that I last saw the deceased alive on* Dec. 6, 1952, *and that death occurred at* 8:56P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel A. Gwayne, M.D. 392
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/52 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 285
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) c. (Last) McKee

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 1, 1920
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.
10b. KIND OF BUSINESS OR INDUSTRY: unk
11. BIRTHPLACE (State or foreign country): Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lewis Edmunds — ADDRESS: from County Mead

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Vulva.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1952, *to* Dec 6, 1952, *that I last saw the deceased alive on* about Nov 15, 1952, *and that death occurred at* —— *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche 443 (Degree or title) M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Stock
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 286
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 519 7th Ave., North

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Elizabeth
c. (Last): Clay

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1972
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Kingston, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jackson, Crider — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Mary Goble — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. C. M. Eaglaton — ADDRESS: Williams Caly

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Ast. Selector V.C. Disease c̄ Decomp. yr.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April, 1952, *to* 12-7-, 1952, *that I last saw the deceased alive on* 12-6-, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): Gerald E. Welch M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 15, 1952
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Kenneth E. Spence — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Lewis Edmunds Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 287
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAMMETT
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HERBERT b. (Middle) L. c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 11, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: NOVEMBER 30, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ALBERT A. GREEN
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: LAVINA GREEN
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Carrie E. Gross
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 8, 1952, *to* Dec 11, 1952, *that I last saw the deceased alive on* Dec 8, 1952, *and that death occurred at* 6:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Kaehne (Degree or title): M. D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: Dec. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/11/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Dec 15 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds Lewis Edmunds Mortuary

ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 14 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 293
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 4

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) F. c. (Last) BOEHLKE

4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 9, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Newberg, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick Boehlke
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna No record
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Alfred A Boehlke
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cholecystitis & Cholelithiasis

19a. DATE OF OPERATION: Dec 11/52

19b. MAJOR FINDINGS OF OPERATION: Cholecystitis & cholelithiasis

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Saltzer MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/15/52

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: Jan 9, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steed

25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 27 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No. 288
Reg. Dist. No. 063

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Julia b. (Middle) M. c. (Last) Peret

4. DATE OF DEATH: (Month) (Day) (Year) December 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 6, 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 3 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centralia, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Emma Lansdowne
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Chas. E. Peret., Caldwell, Route #3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

175 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Ovary.
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* Dec 14, 1952, *that I last saw the deceased alive on* Dec 13, 19 52, *and that death occurred at* 12:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wiseley 443 (Degree or title) M.D

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: December 16, 1952 01

24c. NAME OF CEMETERY OR CREMATORY: Centralia

24d. LOCATION (City, town, or county) (State): Centralia, Kansas

DATE REC'D BY LOCAL REG.: Dec. 20, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Peckham-Oakley Chapel

ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 294
Reg. Dist. No. 362

JAN [illegible] 1953
DIVISION OF VITAL

BIRTH NO. 87

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1011 12 Street So

3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) E. c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 25, 1896
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waukegan, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Lund BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Marie Larsen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Jess Morris ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma lungs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma ovary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma vertebrae ribs & pelvis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1946, *to* Dec 15, 1952, *that I last saw the deceased alive on* Dec 15, 1952, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry C. Wesche M.D.
23b. ADDRESS Nampa - Idaho
23c. DATE SIGNED 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18, 52
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 9, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 2
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Irene c. (Last) Crook

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 4, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Pardonner BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio Vascular Renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 11, 19 52, *to* Dec 17, 19 52, *that I last saw the deceased alive on* Dec 16, 19 52, *and that death occurred at* 12:noon, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.

23b. ADDRESS: Nampa - Idaho

23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 03

24b. DATE: 12/17/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Mt. Home, Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1953

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 295
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 112 17th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 112 17th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) BERMENSOLO

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 17, 1881
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Armoroto, Vizcaya, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mateo Bermensolo — BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Dominga Unknown — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 03 1321A
17. INFORMANT'S OWN SIGNATURE Jess S. Bermensolo — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Respiration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage brain paralysing
DUE TO (c) Respiration center

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild pneumonia (Jhs)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1952, *to* Dec 18, 1952, *that I last saw the deceased alive on* 12-18, 1952, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. P. Behnke (Degree or title) 022
23b. ADDRESS 1114 - 1st St So Nampa
23c. DATE SIGNED 12-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 22, 52
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) Nampa — (State) Idaho

DATE REC'D BY LOCAL REG. Jan 9, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip Jr. — ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 296
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 3rd St. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 511 3rd St. South

3. NAME OF DECEASED (Type or Print)
a. (First): JOSIAH C.
b. (Middle):
c. (Last): NEHER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 12, 1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Minister 61
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton Co., Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Martin Neher — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Susana Simmons — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. E. Neher — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5-, 1952, *to* 12-20-, 1952, *that I last saw the deceased alive on* 12-15-, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 342 (Degree or title): Samuel A. Swayne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Jan. 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JAN 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 3
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1715 8th St. So.

3. NAME OF DECEASED (Type or Print): a. (First) CARRIE b. (Middle) c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1952

5. SEX: Fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 4, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Racine, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Taylor — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah E. Buzzard — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Frances E. Wilson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis

DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (d) Pulmonary Fibrosis with Pulmonary hypertension # 11 Healed Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH: 5 dys

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 19 46 *to* 12/22 19 52 *that I last saw the deceased alive on* ____ 19 ____, *and that death occurred at* 8:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (361): [signature] (Degree or title): MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/23/52

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1953

REGISTRAR'S SIGNATURE: Mrs. Jesse Stuck

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 292
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) HERBERT b. (Middle) L c. (Last) NEAL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 28, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Knoxville, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvanus Neal — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Virginia — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 24 6406
17. INFORMANT'S OWN SIGNATURE: Lester Neal — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-5 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C-V disease — ?
Arteriosclerosis — ?
DUE TO (c): Auricular Fibrillation — 4-5 dys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Peripheral Vascular disease Rt leg — 4-5 dys

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Jos Saltzer (Degree or title): MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: Jan 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steed
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4468
Local Reg. No. 4
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1211 11th Ave. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	C.	WHITE	December 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Aug. 11, 1863	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Olathe, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Edward C White, ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 150X Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Aug. 18, 195 2, to 12/24, 195 2, that I last saw the deceased alive on 12/24, 195 2, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Halliday	M.D.	Nampa, Idaho	12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/52	Kohler Pawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 12, 1953	Mrs. Jane Stuck	Lewis Edmunds LEWIS EDMUNDS MORTUARY	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-15523

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 297
Reg. Dist. No. 36-2

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt # 6

3. NAME OF DECEASED (Type or Print): a. (First) NORMA b. (Middle) SUSAN c. (Last) RICHTER

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 26, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Richter — BIRTHPLACE: Madison, S.D.

14. MOTHER'S MAIDEN NAME: Elsia Marie Ulrich — BIRTHPLACE: Caldwell, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Edward A Richter — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of Lungs — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dystocia of Pregnancy.

DUE TO (c) Shoulder Arrest.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 26, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* Dec 28, 19 52, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum 24 MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 30 52

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: Jan 9, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stark

25. FUNERAL DIRECTOR: John F Alsip Jr — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

State File No. 4470
Local Reg. No. 281
Reg. Dist. No. 342

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Blvd. & Deer Flat Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAY		CLARK	Dec. 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 17, 1918	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04-	Farming	Darlington, Pennsylvania	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sherman J. Clark	Pennsylvania	Edith Spaite	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Sheila Clark	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 825.4 Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and internal injuries

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public Road	Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Dec 2, 1952 11 AM m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Auto Accident.

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 11:10 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Alsip, Jr. Coroner	Nampa, Idaho	12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/5/52	Kohlerlawn Cemetery	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1952	Mrs. Jane Stark	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 85
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Withers

4. DATE OF DEATH (Month) (Day) (Year): December 12-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired) 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wainsville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James William Withers — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Jane Hutsell, — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Scottie L Withers — ADDRESS: Hines, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition, and Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Jan. '52
19b. MAJOR FINDINGS OF OPERATION: 1 yr ago - Ca of Prostate.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1951, *to* Dec., 1952, *that I last saw the deceased alive on* Nov. 26, 1952, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Frazier, M.D. 523
23b. ADDRESS: Eastman Bldg, Boise,
23c. DATE SIGNED: Dec. 15, '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 12/17/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: C. V. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4472
Local Reg. No. 89
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 322

3. NAME OF DECEASED (Type or Print)
a. (First): Melvin
b. (Middle): Emery
c. (Last): Shipley

4. DATE OF DEATH (Month) (Day) (Year): December 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 16, 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 10, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Owen, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: LeRoy Shipley, Marysville, Kansas
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Anna Naylor, Strawberry, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes, World War 2
16. SOCIAL SECURITY NO.: 542-12-8747
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mary Zane Shipley, Parma

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) and Hemmorhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Parma Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 14, 1915 12:15 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* about 12:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Alsip, Jr. Corner 470
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18-1952
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 12/25/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

361

State File No. [illegible]
Local Reg. No. 88
Reg. Dist. No. 364

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1, Fargo community

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Bittick
c. (Last): Haddock

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: January 8-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cabool, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Taylor Bittick, Dallas County, Missouri
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Nancy Elizabeth Sims, Topaz, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Cecil Haddock, Wilder Rt.1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 722.0 cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic (Rheumatoid) arthritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* anemia varicosities of esophagus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1952, *to* Dec. 13, 1952, *that I last saw the deceased alive on* Dec 13, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Dec. 18, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 12/23/52
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 290
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 12 W. Mullan Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Andrew c. (Last) Rinaldi

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 9/13/30

9. AGE (In years last birthday): 22 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - 05

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Kellogg, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Rinaldi BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Mary Beanchi BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - (If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mongoloid

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 12/25, 1952, *that I last saw the deceased alive on* 12/25, 1952, *and that death occurred at* 11:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. N. Wentworth 473 (Degree or title): M. D.

23b. ADDRESS: Box 531, Nampa, Idaho

23c. DATE SIGNED: 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12/16/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: Dec 31, 1952

REGISTRAR'S SIGNATURE: Mrs. Jane Stark

25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4475
Local Reg. No. 291
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route-Melba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route-Melba
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): James Art Montgomery

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 31, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisburg, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse Montgomery — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Maude McConnel — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-6916
17. INFORMANT'S OWN SIGNATURE: Inez Montgomery — ADDRESS: Melba, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic Leukemia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16, 1948, *to* 12-21, 1952, *that I last saw the deceased alive on* 12-21, 1952, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Jim Thomas
23b. ADDRESS: 205 Fort St. Boise Ida.
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/53
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county) (State): Melba, Idaho.

DATE REC'D BY LOCAL REG.: Jan 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Thatcher
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Thatcher
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Torus
b. (Middle)
c. (Last) Toone

4. DATE OF DEATH (Month) (Day) (Year) Dec 12, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Jan 13, 1889
9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Thatcher, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John P. Toone BIRTHPLACE Salt Lake City Ut.
14. MOTHER'S MAIDEN NAME Amy L. Johnston BIRTHPLACE Vernal Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-12-5933
17. INFORMANT'S OWN SIGNATURE ADDRESS Thatcher Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension - arteriosclerosis — several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 26, 1948, *to* Dec 12, 1952, *that I last saw the deceased alive on* Dec 2, 1952, *and that death occurred at* 10 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles C Johnson (Degree or title) M.D. 414
23b. ADDRESS Grace, Idaho
23c. DATE SIGNED Dec 12, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 15 1952 01
24c. NAME OF CEMETERY OR CREMATORY Thatcher
24d. LOCATION (City, town, or county) (State) Thatcher Idaho

DATE REC'D BY LOCAL REG. 12-22-52
REGISTRAR'S SIGNATURE Arlene Morris
25. FUNERAL DIRECTOR Sherwin Webb ADDRESS Preston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou County Hosp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs Ida
c. LENGTH OF STAY (in this place): 26 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): Dillon Street

3. NAME OF DECEASED (Type or Print)
a. (First): Baletta
b. (Middle):
c. (Last): Olsen

4. DATE OF DEATH (Month) (Day) (Year): 12-19-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/23 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oslo Norway
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Bernard Bronberg — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Marie Goldbronson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Doris Gentry — ADDRESS: Henry Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Degenerative heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old Age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Soda Springs, Caribou Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Dec 19, 1952 *that I last saw the deceased alive on* 12/19, 1952 *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert 427 M.D.
23b. ADDRESS: Soda Springs, Ida
23c. DATE SIGNED: 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 22 52 01
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Soda Springs Ida

DATE REC'D BY LOCAL REG.: 12-20-52
REGISTRAR'S SIGNATURE: Arlene Morrix
25. FUNERAL DIRECTOR: G. S. Whitman — ADDRESS: Soda Spgs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 170
Local Reg. No. 3
Reg. Dist. No. 530-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou County Hospital
b. CITY OR TOWN Soda Springs (If outside corporate limits, write RURAL and give township) — c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chesterfield
d. STREET ADDRESS (If rural, give location) Chesterfield

3. NAME OF DECEASED (Type or Print) — a. (First) Joseph — b. (Middle) Elmer — c. (Last) Simons
4. DATE OF DEATH (Month) (Day) (Year) 12-22-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 29 1886
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months 3, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY 04
11. BIRTHPLACE (State or foreign country) Whitney Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Simons — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Shuttle — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Did not know
17. INFORMANT'S OWN SIGNATURE Joel E. Simons — ADDRESS Chesterfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Soda Springs Caribou Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Nov, 1952, *to* 22 Dec, 1952, *that I last saw the deceased alive on* 22 Dec, 1952 *and that death occurred at* 8:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tigert, M.D. (Degree or title)
23b. ADDRESS Soda Springs, Ida
23c. DATE SIGNED 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/26/52
24c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
24d. LOCATION (City, town, or county) (State) Chesterfield, Idaho

DATE REC'D BY LOCAL REG. 12-26-52
REGISTRAR'S SIGNATURE Helene Morris
25. FUNERAL DIRECTOR Colin M. Edwards — ADDRESS Hall Grant Mortuary, Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1479
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs,
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Peter	Nelson	Dec.	29	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 13, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
retired farmer of		Harrisburg, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Nelson	Denmark	Emma Swartz	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes World War I	none	Mrs. Wm J. Caldwell	6716 S. San Pedro - Los Angeles 3, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

722.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1948, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 12:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tigert M. D.	Soda Springs, Idaho	1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Buriel	12-31-52	Fairview Cemetary	Soda Springs, Caribou Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-29-52	Irene Morris	D. L. Whitmore	Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 104
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Ido
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley.
d. STREET ADDRESS (If rural, give location): 642 Hansen.

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Jolley
c. (Last): Nilson

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug 14 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hayden, Colorada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John F. Smith
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known.
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* Nov 26, 1952, *that I last saw the deceased alive on* Nov 12, 1952, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hal E Dean M.D
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 1st
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Dec. 10 1952
REGISTRAR'S SIGNATURE: O F Nilson

25. FUNERAL DIRECTOR ADDRESS: Retta S. Payne Burley Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4481
Local Reg. No. 105
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 12 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Bradley
b. (Middle): Ray
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 28, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 11 Days 4; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Allen
BIRTHPLACE: Burley, Idaho
14. MOTHER'S MAIDEN NAME: Carmen Wilson
BIRTHPLACE: Pleasonton, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hannon G Allen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1952 *to* Dec 2, 1952 *that I last saw the deceased alive on* Dec 2, 1952 *and that death occurred at* 68 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D.
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 12/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/5/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10 1952
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1-03
Reg. Dist. No. 470

BIRTH NO. .....

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 31 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1543 Oakley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1543 Oakley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) P. c. (Last) Hackney

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 26, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Siloam Spring, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Hackney — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Jane Harrison — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joe T. Hackney — ADDRESS: Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Embolism Coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic encephalopathy

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-18, 1952, *to* 12-8, 1952, *that I last saw the deceased alive on* 12-8, 1952, *and that death occurred at* 11:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec 10 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 108
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1343 Almo Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1343 Almo Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Charles
c. (Last): Wardle

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 13, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): West Jordan, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William Wardle, ----- BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Catherine White ------ BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ann C. Wardle — ADDRESS: Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerotic Heart Disease — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral Thrombosis — 2 mo.

420.0

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19-, 1952, *to* 2-17-, 1952, *that I last saw the deceased alive on* 2-17-, 1952, *and that death occurred at* 4:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Sutton (391) (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 1, 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 106
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Box 162

3. NAME OF DECEASED (Type or Print): a. (First) Elmer b. (Middle) Roy c. (Last) Saterstrom

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 28, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Fargo, North Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Axel J. Saterstrom — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Emma Christine Larson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — World War I

16. SOCIAL SECURITY NO.: 518-36-8811

17. INFORMANT'S OWN SIGNATURE: A. Saterstrom — ADDRESS: Minneapolis, Minn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atrial Septal defect

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1952, *to* Dec 22, 1952, *that I last saw the deceased alive on* Dec 22, 1952, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. E. Dunn M.D

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12/26/52 03

24c. NAME OF CEMETERY OR CREMATORY: Minneapolis, Minn.

24d. LOCATION (City, town, or county) (State): Minneapolis, Minn.

DATE REC'D BY LOCAL REG.: Dec. 29 1952

REGISTRAR'S SIGNATURE: C. F. Wilson

25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 107
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Inv Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 319 E Ave F

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Garfield
c. (Last): Hemphill

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 14. 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 1, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spencer Tenn
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frank Hemphill — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Mary Ellen Aldredge — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-18-6410
17. INFORMANT'S OWN SIGNATURE: x W. M. Hemphill — ADDRESS: Pocatello. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Myocarditis. Portal Cirrhosis — 4 years. Hemaplegia. — 3 weeks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 1952 *to* Dec 28, 1952, *that I last saw the deceased alive on* Dec 27, 1952 *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. R. Kucher M.D. 215
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Dec 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 30.52
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec 30 1952
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. R. Riley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 210

BIRTH NO. DEC 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1 yr. 5mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) W.; c. (Last) Town

4. DATE OF DEATH (Month) (Day) (Year): 12-4-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 10-28-1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Amber Mich.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jesse L. Town
BIRTHPLACE: Ind.

14. MOTHER'S MAIDEN NAME: Sarah Borten
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jesse A Olives
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Hemorrage
INTERVAL BETWEEN ONSET AND DEATH: 11-26-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): old age

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19~~36~~, *to* 12-4-52, 19____, *that I last saw the deceased alive on* 12-2-52 19____, *and that death occurred at* 1:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE: A.B. Sappenfield (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-6-52
REGISTRAR'S SIGNATURE: Vernon E Fowler

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 4487
Local Reg. No. 47
Reg. Dist. No. 210

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 324 "C" St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ida	Louise	Servatius	12-10-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	7-12-1913	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Ft. Worth, Texas	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wallace	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	?	Sylvia Servatius	Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-Cerebral injury.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comp Fractures Lower jaw
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	State Highway#9	Peck Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
12-10-52 2:30p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Thrown from car in auto collision.

22. *I hereby certify that I attended the deceased from* 12-10, 1952, *to* 12-10, 1952, *that I last saw the deceased alive on* 12-10-52, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A.B. Kappenberger M.D.	Orofino Idaho	12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-52	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-13-52	Vernon E Dudley	W. E. Gilbert	Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 20 1952

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pierce hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Carney Pole Camp

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	F.	Currie	12-13-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	4-26-1909	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Woods work	Coeur d' Alene, Idaho	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen J. Currie	Canada	Anna E. Tuner	Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	518054901	W. E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 2:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Cordner	Orofino, Idaho	12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-15-1952	Bustard Fun. Home	Casper Wyo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-15-52	Vernon E. Fowler	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 20 1952 DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eudorus; b. (Middle); c. (Last) Chambers

4. DATE OF DEATH: (Month) (Day) (Year): 12-14-52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	12-10-1866	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm	Indiana	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomlinson Chambers	Mo.	Johanna Bell	Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x Helen Curl	Greer, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 12/14, 1952, *that I last saw the deceased alive on* 12/13, 1952, *and that death occurred at* 3:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. Hopkins M.D.	Orofino Ida.	12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-16-52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-15-52	Vernon E. Fowler	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1496
Local Reg. No. 50
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Riverside

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): MARIE
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15. 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 25, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 20; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Rex Harris — BIRTHPLACE: Grangeville, Idaho
14. MOTHER'S MAIDEN NAME: Mabel Bryant — BIRTHPLACE: Kooskia, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Rex Harris — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

057.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute septicemia — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably meningitis Cerebro-spinal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1952, *to* 12/15, 1952, *that I last saw the deceased alive on* 12/15, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-1952
24c. NAME OF CEMETERY OR CREMATORY: Harpster Cemetery
24d. LOCATION (City, town, or county) (State): Harpster Idaho

DATE REC'D BY LOCAL REG.: 12-18-52
REGISTRAR'S SIGNATURE: Vernon E. Farley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 191
Local Reg. No. 51
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cathleen b. (Middle) B. c. (Last) Beesaw

4. DATE OF DEATH (Month) (Day) (Year): 12-15-1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-12-1875

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mich.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Scheer BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-cerebral Injury — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway 7

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ahsahka Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-15-52 12:45p

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Injured when auto rolled off grade

22. *I hereby certify that I attended the deceased from* 12-3-52, 19__, *to* 12-15-52, 19__, *that I last saw the deceased alive on* 12-15-52, 19__, *and that death occurred at* 5:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 304 (Degree or title): M. D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-18-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-18-52

REGISTRAR'S SIGNATURE: Vernon E. Dooley

25. FUNERAL DIRECTOR: W. E. Gilbert ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 192
Local Reg. No. 55
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 6
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 6
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clem
b. (Middle): A.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): 12-20-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-20-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (State or foreign country): Morgan Texas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Smith — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lou Pierce — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-039389
17. INFORMANT'S OWN SIGNATURE: X Mrs Clem Smith — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cu of Lung; (Secondary)
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypernephroma of Kidney
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs / 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Hypernephroma of Kidney
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* 12/20, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Baeder M.D.
23b. ADDRESS: 707 11th St. Lewiston, Idaho
23c. DATE SIGNED: 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-23-1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-3-52
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 64 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Burney c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec 21, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1894

9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alba Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Eli Burton BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Emma Coffell BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE E. L. Burney md ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile debility — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro arterial sclerosis — 6 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deterioration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Sept 7, 1946, *to* Dec 21, 1952, *that I last saw the deceased alive on* Dec 21, 1952, *and that death occurred at* 9:53 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burney md (Degree or title) 023

23b. ADDRESS Orofino Ida

23c. DATE SIGNED 12-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 12-24-52

24c. NAME OF CEMETERY OR CREMATORY Smith Fun. Home

24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. 12-22-52

REGISTRAR'S SIGNATURE Ellen E Darley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4494
Local Reg. No. 53
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Ahsahka Rd.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway # 7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 615 Floyd Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Harringar	Grimm	12-24-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	7-16-1930	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer or	Woods work	Orofino, Idaho	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Grimm	Idaho	Elizabeth Spriggs	Idaho

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519282081	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-cerebral injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Internal abdominal injuries.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Few Min.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	State Highway 7	Orofino-Ahsahka Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
12-24-52 10:00p	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Thrown from car as it left road;

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino Idaho	12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-27-52	Hill cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-27-52	Vernon E Fairley	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1yr.10mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle):
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): 12-25-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-13-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Land Lady 74
10b. KIND OF BUSINESS OR INDUSTRY: Rooming house
11. BIRTHPLACE (State or foreign country): Blandonsville, Ill.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Miles Ferris — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Irene Williams — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec 25, 1952, *that I last saw the deceased alive on* 12-16-52, 19___, *and that death occurred at* 6:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: 304 W.B. Pappenhagen — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. A 88
Local Reg. No. 56
Reg. Dist. No. 210

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 5
c. LENGTH OF STAY (in this place): 2 ½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 5
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	G.	Johnson	12-25-1952 ???

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	5-10-1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer do	Woods work	Finland	Unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-9116	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Several Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* Unknown m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 479	Coroner	Orofino, Idaho	1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-53	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-3-53	Vernon E. Bailey	W. E. Gilbert	Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 11 mo 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Myrtle (Last) Banka

4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 1952

5. SEX F.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 13 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pulaski Co Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk Agnew BIRTHPLACE U.S.
14. MOTHER'S MAIDEN NAME unk Harding BIRTHPLACE U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. L. Bunyard ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General debility — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrsarteriosclerosis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 8:35 p m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Bunyard (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-29-52
24c. NAME OF CEMETERY OR CREMATORY Yates Funeral Home
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. 12-27-52
REGISTRAR'S SIGNATURE Vernon E. Dudley
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 58
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 yr - 5 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bernice
b. (Middle):
c. (Last): Voight

4. DATE OF DEATH (Month) (Day) (Year): 12-27-52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-15-1912
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sutton N.D.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Tom Davidson — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Nettie Crawford — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: E. L. Burry M.D. — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probably rupture of cyst, (broad ligament?) into bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Lues — 24 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (approval not secured)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 19~~49~~, *to* 12-27, 1952, *that I last saw the deceased alive on* 12-27, 1952, *and that death occurred at* 11:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Burry M.D. (Degree or title)
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 12-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-28-52
24c. NAME OF CEMETERY OR CREMATORY: McGlade Funeral Home
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. A 59
Local Reg. No. 59
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print): a. (First) Sturlie b. (Middle) c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): 12-31-1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	12-20-1908	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 62	Road maintenance	Dry Fork, W. Va.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin White	W. Va.	Martha Bains	W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518055469	X [illegible] Carr	Weippe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino, Idaho	1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-1953	Riverside Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-3-53	Vernon E Dailey	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5312
Local Reg. No. 462
Reg. Dist. No. 68c

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pahsimeroi Valley
c. LENGTH OF STAY (in this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pahsimeroi Valley
d. STREET ADDRESS (If rural, give location): Ranch home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ebbie		Kelley	Dec. 7 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 22, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Granby, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ebbie B. Kelley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: ? Winters — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Gladys N. Higley — ADDRESS: Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c): Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1941, *to* Dec, 1952, *that I last saw the deceased alive on* Oct, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R Goggins	M D	Salmon Idaho	Dec 9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-11-52	May	May, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 8 1952	Edna M. Kenney	Gilbert C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1561
Local Reg. No. 4 u 3
Reg. Dist. No. 18

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-15571

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): May
c. (Last): Clements

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 15, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2 / IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Challis, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Tom Clements
BIRTHPLACE: ~~Kansas~~ Missouri

14. MOTHER'S MAIDEN NAME: Alice Row
BIRTHPLACE: St. Anthony, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Tom Clements
ADDRESS: Challis, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity — 2 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

762.5

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 11, 1952, *to* Dec 17, 1952, *that I last saw the deceased alive on* Dec 17, 1952, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert J. Barker (Degree or title) MD
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-52
24c. NAME OF CEMETERY OR CREMATORY: Challis
24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: Dec 23, 1952
REGISTRAR'S SIGNATURE: Elma McKenney
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 502
Local Reg. No. 464
Reg. Dist. No. 680

BIRTH NO. 111-52-15572

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) May c. (Last) Williams

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 18, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: IF UNDER 24 HRS. Hours: 4 / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Challis, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Williams — BIRTHPLACE: Howe, Idaho

14. MOTHER'S MAIDEN NAME: Bernice Beasley — BIRTHPLACE: Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: John Williams — ADDRESS: Challis, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Massive Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 18, 19 52, *to* Dec 19, 19 52, *that I last saw the deceased alive on* Dec 19, 19 52, *and that death occurred at* 3:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Baxter M.D. — **23b. ADDRESS**: Challis, Ida — **23c. DATE SIGNED**: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12-21-52 — **24c. NAME OF CEMETERY OR CREMATORY**: Challis — **24d. LOCATION** (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: Dec 23, 1952 — **REGISTRAR'S SIGNATURE**: Elsie M. Kenney — **25. FUNERAL DIRECTOR**: Delbert C. Jones — **ADDRESS**: Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 8 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1503
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
c. LENGTH OF STAY (in this place): 68 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle): CHARLES
c. (Last): RYAN

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 2, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOVEMBER 17, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD ENGINEER 16
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): COLUMBUS, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: DANIEL CHARLES RYAN LEMRICH, IRELAND
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: ALICE CROWLEY LEMRICH, IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712-09-0307
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs. D. C. Ryan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Culcaemia — INTERVAL BETWEEN ONSET AND DEATH: 3 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Dec 2, 1952, *that I last saw the deceased alive on* Nov 27, 1952, *and that death occurred at* 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 12/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-52
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest
24d. LOCATION (City, town, or county) (State): Glenns Ferry Ida

DATE REC'D BY LOCAL REG.: Dec 9-52
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Felix Berg Mortuary
ADDRESS: Mountain Home
D A L Harrison

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 594
Local Reg. No. 40
Reg. Dist. No. 350

BIRTH NO.

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT. HOME AFB, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): VICK'S MOTEL

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) COOK c. (Last) YEARY

4. DATE OF DEATH: (Month) DEC (Day) 4 (Year) 52

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 26 NOV 21

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF 41

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): TEXAS, GILLETTE

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WALTER PICKETT YEARY
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): 1941 TO PRESENT

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Raymond E. Yeary, Mt Home AFB Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): ~~CONCUSSION, BRAIN~~ Hemorrhage - Intra-Abdominal — INTERVAL BETWEEN ONSET AND DEATH: 33 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Ruptured Liver

DUE TO (c): BLOOD LOSS — 33 MIN.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 MILES FR MT. HOME AFB, ELMORE, IDAHO

21d. TIME OF INJURY: (Month) DEC (Day) 4 (Year) 52 (Hour) 4:28 P.M.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: AUTOMOBILE ACCIDENT

22. *I hereby certify that I attended the deceased from* 4 DEC, 1952, *to* 4 DEC, 1952, *that I last saw the deceased alive on* 4 DEC, 1952, *and that death occurred at* 5:01 P m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Harold Schulz MD

23b. ADDRESS: MOUNTAIN HOME AIR FORCE BASE

23c. DATE SIGNED: 4 DEC 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/6/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Gillette Texas

DATE REC'D BY LOCAL REG.: Dec 5, 1952

REGISTRAR'S SIGNATURE: H. Anderson

25. FUNERAL DIRECTOR AND ADDRESS: Russell C. Kelyea
RELYEA MORTUARY - BOISE, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 42
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME, IDAHO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): MILTON

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 5, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 29, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H OUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): TEXAS COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JASPER BANEY — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: REBECCA RAINEY — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Sylvester Milton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myo & Endocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Nephrotis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

593X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 5, 1952 *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 439 J S Weber M D
23b. ADDRESS: Mtn home Idaho
23c. DATE SIGNED: 12 13 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 12-8-52 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Ida

DATE REC'D BY LOCAL REG.: Dec 13. 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR ADDRESS: Felix Bey Mortuary Mountain Home by D A L Herisson Mgr

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME, IDAHO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JACKSON, 3rd EAST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location): BOQ 807, ROOM 8

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): MCSWAIN
c. (Last): GERRALD

4. DATE OF DEATH (Month) DEC (Day) 7 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 24 JUNE 1921
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF (OFF)
10b. KIND OF BUSINESS OR INDUSTRY: USAF
11. BIRTHPLACE (State or foreign country): HORRY COUNTY, SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALONZO M. GERRALD — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): 1 JUNE 51 TO DATE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: Richard N Misuhenus — ADDRESS: 2/Lt Mt. Home AFB

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPHYXIATION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP): MOUNTAIN HOME — (COUNTY): ELMORE — (STATE): IDAHO

21d. TIME OF INJURY (Month) DEC (Day) 7 (Year) 52 (Hour) 4:05 A.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? INHALLATION OF SMOKE FROM FIRE

22. *I hereby certify that* ~~I attended the deceased from APRX 19 to 19 that I last saw the deceased alive on 19 and~~ *that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lilo F. Green Coroner — (Degree or title): 4
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/8/52
NAME OF CEMETERY OR CREMATORY: Greenville
24d. LOCATION (City, town, or county): Greenville — (State): So. Carolina

DATE REC'D BY LOCAL REG.: Dec 9. 1952
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: RELYEA MORTUARY — ADDRESS: Boise
Russell A. Relyea — Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 44
Local Reg. No. 44
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Amelia
b. (Middle): Maude
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): 12 27 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: ~~1886~~ 1863 Dec. 27th
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Copenhagen Denmark
12. CITIZEN OF WHAT COUNTRY? Australia

13. FATHER'S NAME: Hans Hendricksen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Dorothy Gray — ADDRESS: Auburn Wash

18. CAUSE OF DEATH 586X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion Post Tibial Artery. Rt. — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholecystectomy. — 10/27/52
DUE TO (c) Perforated Gall Bladder. — Same.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility - Cachexia.

19a. DATE OF OPERATION: 10/27/52
19b. MAJOR FINDINGS OF OPERATION: Perforated Gall bladder.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* 12/27, 1952, *that I last saw the deceased alive on* 12/24, 1952, *and that death occurred at* 4:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross. (Degree or title): M.D.
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 12-29-52 Burial
24b. DATE: 12-29-52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county): Mountain Home (State): Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1952
REGISTRAR'S SIGNATURE: A.F. Anderson
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: by D.A. L. Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1502
Local Reg. No. 19
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): leveland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Theron
b. (Middle): Ensign
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Dec 1 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isaac Smith — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Harriet C. Ensign — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norman Smith — ADDRESS: Cleveland, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1952, *to* Dec 1, 1952, *that I last saw the deceased alive on* Dec 1, 1952, *and that death occurred at* 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Logan
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 12-3-1952
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 5219
Local Reg. No. 20
Reg. Dist. No. 540

RECEIVED
DEC 3 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 234 East 1st South

3. NAME OF DECEASED (Type or Print): a. (First) Beatrice b. (Middle) Rasmussen c. (Last) Larsen

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hans Rasmussen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Emma Jensen
BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ora E. Larsen
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Coronary Heart Disease
6 Months
INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-9, 1952, *to* 12-2, 1952, *that I last saw the deceased alive on* 12-2, 1952, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 12-3-1952
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Atkinson Wells
ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. 5110
Local Reg. No. 21
Reg. Dist. No. 540

STATE OF IDAHO

BIRTH NO. DEC 22 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5th Ward

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 941 East 33 South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Haigh	Glenn	Dec 5 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 25, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book Keeper Retired		Salt Lake City, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Glenn	Scotland	Lavinia Haigh	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Marian G. Condrea	Preston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 3318 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 7th, 1952, *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 5, 1952, *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	M.D.	Preston Ida	12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1952	Wasatch Lawn	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-1952	Effie M. Brower	Wm. Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 5[illegible]
Local Reg. No. 22
Reg. Dist. No. 140

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 54 West 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 54 West 1st North

3. NAME OF DECEASED (Type or Print): a. (First) Harvard b. (Middle) Tarry c. (Last) Bickmore

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: UTah Power & Light

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Bickmore
BIRTHPLACE: Paradise Ut.

14. MOTHER'S MAIDEN NAME: Lydia Hirst
BIRTHPLACE: Paradise, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-9805

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant Hypertension — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 19[illegible], *to* Dec 18, 19 52, *that I last saw the deceased alive on* Dec 18, 19 52, *and that death occurred at* 10:31P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Logan
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Atherton Webb
ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 15 [illegible]
Local Reg. No. 22
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thatcher
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thatcher
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Annie b. (Middle) Laura c. (Last) Behle

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Mound Valley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Ephraim Bennett
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Matilda Cutler
BIRTHPLACE: West Jordan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wm Behle
ADDRESS: Thatcher, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Dec 25, 1952, *that I last saw the deceased alive on* Dec 24, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 158 Leo R. Hawker M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 29, 1952

24c. NAME OF CEMETERY OR CREMATORY: Grace

24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 12-27-52

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: [illegible]

ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1512
Local Reg. No. 24
Reg. Dist. No. 140

BIRTH NO. 3711

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ miles N. Franklin

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Moser	Dahle	Dec. 29 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 24, 1915	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
05		Whitney, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward P. Moser	Switzerland	Mary Ann Chadwick	Whitney, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		L D Dahle	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Internal Hemmhage — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile accident — 10 minutes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 1 Mi. North of Franklin	Franklin Franklin Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Dec. 29 52 8 P m.		Automobile Accident

22. *I hereby certify that I attended the deceased from* Dec 29, 1952, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 29, 1952, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R L Smith 346	M.D.	Preston, Idaho	1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1953	Logan	Logan Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-2-53	Eppie W. Brower	Clarence Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4514
Local Reg. No. 74
Reg. Dist. No. 650

BIRTH NO.

RECEIVED DEC 26 1952 VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE; b. (Middle) CECIL; c. (Last) MATTHEWS

4. DATE OF DEATH: (Month) Dec., (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 15, 1904

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher and Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WALTER MATTHEWS 63 — BIRTHPLACE: Tenna.

14. MOTHER'S MAIDEN NAME: SARAH WISER — BIRTHPLACE: Tenna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-20-3688

17. INFORMANT'S OWN SIGNATURE: Arthur Matthews — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

891.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Motor of car left Running
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Probably Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Family Garage
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony, Fremont co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 9, 1952 - 3am m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Motor of car left running Probably went to sleep in car

22. *I hereby certify that I attended the deceased from* Dec 9, 19 *attended*, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M L Hansen 470 — (Degree or title): Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 11 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 13 Dec 52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg RFD, Madison, Idaho

DATE REC'D BY LOCAL REG.: 11 Dec 52
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 26 1952 DIVISION OF VITA

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 76
Reg. Dist. No. 650

111-52-15627
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DIANE b. (Middle) c. (Last) SEIBOLD

4. DATE OF DEATH: (Month) Dec., (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: December 15, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None. 02.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman Seibold — BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Ruby Davenport — BIRTHPLACE: Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Norman V. Seibold — ADDRESS: St. Anthony

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mother neg. RH.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 15, 1952, *to* Dec 17, 1952, *that I last saw the deceased alive on* Dec 17, 1952, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 378 E. L. Soule MD

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 12/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 19 Dec 52

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: 18 Dec 1952

REGISTRAR'S SIGNATURE: Mel Hansen

25. FUNERAL DIRECTOR: M. D. Hansen — **ADDRESS**: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 77
Reg. Dist. No. 650

BIRTH NO. 111-52-15630

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Craig
b. (Middle): Seeley
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Dec., 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec., 20, 1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dwayne Seeley — BIRTHPLACE: Hayden, Utah
14. MOTHER'S MAIDEN NAME: Marie Blanchard — BIRTHPLACE: Chester, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dwayne Seeley, Rexburg Idaho — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 761.0 Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulation of fetal cord at birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Dec, 1952, *to* 21 Dec 52, 19__, *that I last saw the deceased alive on* 21 Dec, 1952, *and that death occurred at* 5A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Brinton Md 052
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 24 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec., 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho.

DATE REC'D BY LOCAL REG.: 26 Dec 52
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

State File No. 78
Local Reg. No.
Reg. Dist. No. 650
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bauer Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GEORGE c. (Last) BIRD

4. DATE OF DEATH (Month) Dec., (Day) 22, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ever Married
8. DATE OF BIRTH Dec., 21, 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mendon, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Bird, BIRTHPLACE Nauvoo, Illinois
14. MOTHER'S MAIDEN NAME Anne Lea England BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. (If yes, give war or dates of service) SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS St. Anthony, Idaho

18. CAUSE OF DEATH 260 X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) Diabetes Mellitus — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* 22 Dec, 1952, *that I last saw the deceased alive on* 20 Dec, 1952; *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 052 J O Brinton MD (Degree or title)
23b. ADDRESS St Anthony, Idaho
23c. DATE SIGNED 24 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 02 26 Dec 52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Ogden, Weber County, Utah

DATE REC'D BY LOCAL REG. 26 Dec 52
REGISTRAR'S SIGNATURE M L Hansen
25. FUNERAL DIRECTOR M L Hansen ADDRESS St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 79
Local Reg. No. 651
Reg. Dist. No.

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY FREMONT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST ANTHONY
c. LENGTH OF STAY (in this place) 4- Months
d. FULL NAME OF HOSPITAL OR INSTITUTION MRS BAUERS NURSEINGHOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DRUMMOND.
d. STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLAUD.	NEAL	DEDMAN	DEC 23rd 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	WIDOWED	FEB, 6th 1875,	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER	FARMING.	LAKE CITY, ILL	U.S,

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM ANDERSON. DEDMAN.	WADY. KY.	LOU. THOMAS. ONEAL.	KY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO.		NONE	Wm A. Dedman	DRUMMOND IDAH

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of feet — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 years
DUE TO (c) Diabetes mellitus — 21 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 19 52, *to* Dec, 19 52, *that I last saw the deceased alive on* 18 Dec, 19 52, *and that death occurred at* 7.00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J O Brinton M d 52	St anthony, Idaho	24 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12th 26th 1952.	PINEVIEW	ASHTON IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
31 Dec 52	M L Hansen	Lewis Lowe	ASHTON IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1510
Local Reg. No. 1
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	L.	TREMAN	Dec., 27, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov., 7, 1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wallace Hanson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — 450.0
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Dec, 1952, *that I last saw the deceased alive on* 10 Dec, 1952, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JO Bruton MD	St Anthony Idaho	2 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	31 Dec 52	Riverview Cemetery	St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3 Jan 53	M.S. Hansen	M.S. Hansen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40681

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1520
Local Reg. No. 74
Reg. Dist. No. 651

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): LEIS

4. DATE OF DEATH (Month) (Day) (Year): Dec., 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov., 27, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): ——— Russia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Clarence Leis — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: 3 Dec. 51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1951, *to* 5 Dec., 1952, *that I last saw the deceased alive on* 17 Nov, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rex. Ruby MD. 213
23b. ADDRESS: Ashton - Idaho.
23c. DATE SIGNED: 7 Dec. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9 Dec 52
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 8 Dec 52
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 75
Reg. Dist. No. 657

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LeGrande b. (Middle) James c. (Last) Ward

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) .1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: July 20, 1948

9. AGE (In years last birthday): 4 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mark B. Ward — BIRTHPLACE: Liberty, Utah

14. MOTHER'S MAIDEN NAME: Jessie Parker — BIRTHPLACE: Hibbard, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jessie Ward — ADDRESS: West Yellowstone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple, severe 3rd degree Burns — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME (CABIN)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): WEST YELLOWSTONE, GALLATIN, MONT.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): DEC. 6, 1952 7:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: BURNED WHEN CABIN BURNED

22. *I hereby certify that I attended the deceased from* Dec. 6, 1952 *to* Dec. 6, 1952 *that I last saw the deceased alive on* Dec. 6, 1952, *and that death occurred at* 10:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Spencer Parkinson, M.D. 638

23b. ADDRESS: Ashton, Idaho

23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/10/52

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City R.F.D. Idaho

DATE REC'D BY LOCAL REG.: 9 Dec 52

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Pollard & Reese — **ADDRESS**: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 80
Reg. Dist. No. 651

52-16354
BIRTH NO.

RECEIVED
DEC 3 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 8 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
d. STREET ADDRESS (If rural, give location): None.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Keller.
c. (Last): Parkinson.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19th 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --

8. DATE OF BIRTH: Dec 19th 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 8 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Ashton Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Leonard. Spencer Parkinson. BIRTHPLACE: Idaho

MOTHER'S MAIDEN NAME: Preston. Joyce Keller. BIRTHPLACE: Preston Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: Howard Spencer Parkinson ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 19 *to* Dec. 19, 52, *that I last saw the deceased alive on* Dec. 19, 52, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Ashton - Idaho

23c. DATE SIGNED: 22 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12th of 1952

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho,

DATE REC'D BY LOCAL REG.: 31 Dec 52

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature] ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 509
Local Reg. No. 2
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES		RINEHART	Dec., 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 13, 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: of
11. BIRTHPLACE (State or foreign country): Long Valley (McCall) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lemuel Rinehart — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Alice Pimm — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James D. Rinehart — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum + metastases — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* Dec, 1952, *that I last saw the deceased alive on* 10 Dec, 1952, *and that death occurred at* 8:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Brinton MD 052 (Degree or title)
23b. ADDRESS: St Anthony, Idaho
23c. DATE SIGNED: 2 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3 Jan 53 01
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 3 Jan 53
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 30
Reg. Dist. No. 340-341

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 703 S. Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Elizabeth
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 26, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR — Months: 10 Days: 9
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Burtonon Trent, Eng.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wilkerson
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Gaunt
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred W Mackey
ADDRESS: Gabbs Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Disease (Infarction)
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetis Mulitus
years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1946 *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 5, 1952, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 12/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 29
Reg. Dist. No. 340-341

BIRTH NO. DFC 12 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 1002 So. Hays

3. NAME OF DECEASED (Type or Print): a. (First) Levi; b. (Middle) Edwin; c. (Last) Olds

4. DATE OF DEATH: (Month) Dec. (Day) 8, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 13, 1922

9. AGE (In years last birthday): 30
IF UNDER 1 YEAR — Months: 2; Days: 25
IF UNDER 24 HRS. — Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor

10b. KIND OF BUSINESS OR INDUSTRY: general

11. BIRTHPLACE (State or foreign country): Sharon, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Milton R. Olds
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Florence Hamil
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-7888

17. INFORMANT'S OWN SIGNATURE: X Mrs Suddie Olds.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

201 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 19 51, *to* Dec, 19 52, *that I last saw the deceased alive on* Dec 7, 1952, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D

23b. ADDRESS: 582 Emmett Idaho

23c. DATE SIGNED: Dec 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 9 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel

ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 6
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 615 So. Hays

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) Reed c. (Last) Chapin

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 31, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 10 Days 9
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife of

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Keeman, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis W. Reed
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Harriet Walker
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE X [signature]
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 2332X Cerebral thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19[illegible], *to* Dec., 1952, *that I last saw the deceased alive on* 9 Dec., 1952, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 137 (Degree or title) M.D.

23b. ADDRESS Emmett, Idaho

23c. DATE SIGNED 16 Dec. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE OF: Dec. 13, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 16, 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 340-341

BIRTH NO. 111-52-15655

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Alexander c. (Last) Logue

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 11, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3 ; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cecil E. Logue — BIRTHPLACE: Cascade, Ida.

14. MOTHER'S MAIDEN NAME: Rachael Crawford — BIRTHPLACE: Cascade, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Cecil E. Logue — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 11, 1952, *to* Dec 14, 1952, *that I last saw the deceased alive on* Dec 14, 1952, *and that death occurred at* 1st p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 325 Ronald P. Rawlinson M.D.
23b. ADDRESS: Emmett
23c. DATE SIGNED: 12/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Ida.

DATE REC'D BY LOCAL REG.: Dec 21, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Reynolds

RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 35
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 West 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 309 West 4th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Robert
c. (Last): McAllister

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section foreman
10b. KIND OF BUSINESS OR INDUSTRY: railroading
11. BIRTHPLACE (State or foreign country): Durango, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas R. McAllister 27 — BIRTHPLACE: Nebraska City Nebraska
14. MOTHER'S MAIDEN NAME: Ethel Palmer — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712 07 7291
17. INFORMANT'S OWN SIGNATURE: x Mrs. Homer Luyer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nevers 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W Beatty 470 — coroner Gem County
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: Dec. 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 16, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 526
Local Reg. No. 36
Reg. Dist. No. 340-341

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 5days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Washington c. (Last) Portlock

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 22, 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 9, 1870

9. AGE (In years last birthday): 82 — If UNDER 1 YEAR: Months 7, Days 13 — If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: building

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Portlock — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Barbra Imel — BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Barbara Sawyer

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary occlusion + thrombosis — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 52, *to* Dec, 19 52, *that I last saw the deceased alive on* Dec 22, 19 52, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Quentin E. Howard M.D. 582

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Dec 27 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 24, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 27 1952

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR AND ADDRESS: Glenn W. Beatty Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 4538
Local Reg. No. 4530
Reg. Dist. No. 340-241

BIRTH NO. DEC 12 1952

1. PLACE OF DEATH
a. COUNTY: GEM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OLA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OLA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) Albert; c. (Last) Heath

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 52

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22 1914

9. AGE (In years last birthday): 38
If UNDER 1 YEAR: Months 5 Days 10
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction 06

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Emmett Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John A. Heath
BIRTHPLACE: Joplin Mo.

14. MOTHER'S MAIDEN NAME: Ella Arthur
BIRTHPLACE: Boise Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-10-2963

17. INFORMANT'S OWN SIGNATURE: x Alton J Heath
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Undetermined Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

S24.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ola Gem Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 2 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown from rolling truck

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W Beatty (Degree or title): Coroner
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: Dec. 6, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7, 52
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: Dec. 6, 1952
REGISTRAR'S SIGNATURE: Glenn W Beatty
25. FUNERAL DIRECTOR: Beatty Chapel Emmett
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 521
Local Reg. No. 21
Reg. Dist. No. 340-344

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2 Box 340

3. NAME OF DECEASED (Type or Print): a. (First) Leilla b. (Middle) Ayres c. (Last) Stephens

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 27, 1899

9. AGE (In years last birthday): 52
If UNDER 1 YEAR: Months 11 Days 11
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kearney, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles D. Ayres
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Irene McKey
BIRTHPLACE: Youngstown, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 506-10-0010

17. INFORMANT'S OWN SIGNATURE: X Arthur Melvine Ayres
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 170X Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Not Known

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/25, 1952, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles R. Palmer 526 (Degree or title): MD

23b. ADDRESS: Ontario, Oregon

23c. DATE SIGNED: 12/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 11, 1952

REGISTRAR'S SIGNATURE: Jess A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4532
Local Reg. No. 33
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED DEC 26 1952 DIVISION OF VITAL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Abbie
b. (Middle):
c. (Last): Payton

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 19, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 10 | Days 21
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bill Maples
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X G W Payton
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 260X Coronary heart artery occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hard Diabetis for Several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan several *to* years Dec 10 1952, *that I last saw the deceased alive on* Dec 10, 1952, *and that death occurred at* 11 C m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 J L Reynolds
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 16, 1952
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Herrick C's

Certificate of Death

STATE OF IDAHO

State File No. 4533
Local Reg. No. 37
Reg. Dist. No. 340-341

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 17yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Alice c. (Last) Alcanter

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 18, 1860

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR Months: 2 Days: 5 — IF UNDER 1 DAY Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Patton — BIRTHPLACE: Miss.

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Tom C. Culley — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Was not seen by me while she was living, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin C. Howard MD

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: Dec 27 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 26, 1952

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec. 27 1952

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4[illegible]
Local Reg. No. 1577
Reg. Dist. No. 420

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 458 Nebraska

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 458 Nebraska

3. NAME OF DECEASED (Type or Print)
a. (First): PHILIP
b. (Middle): JAMES
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 20, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assit. Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Western Warehouse
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert J. Day — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Pearl Van — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 562-10-5865
17. INFORMANT'S OWN SIGNATURE: Kathleen Day — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the bladder — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1951, *to* Dec 23, 1952, *that I last saw the deceased alive on* Dec 23, 1952 *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Anderson (Degree or title): M.D.
23b. ADDRESS: Gooding
23c. DATE SIGNED: 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: ~~12-26-52~~ 1-6-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1576
Reg. Dist. No. 420

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 85 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Julietta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Harve	James	Williamson		12	27	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widowed	6-4- 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mining 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Amity, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Williamson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anna ? — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-18-9264
17. INFORMANT'S OWN SIGNATURE: Hospital Records (Eloise M. Larson) ADDRESS: T.B. Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible on basis of pulmonary cancer
DUE TO (c) Tubercle bacilli or cancer cells not found in sputum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 2, 1952, *to* Dec. 27, 1952, *that I last saw the deceased alive on* Dec. 27, 19 52, *and that death occurred at* 10:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eloise M. Larson M.D. 649	Gooding, Idaho	12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
12-28-52 3	12-28-52	Fixed Ridge Cemetery	Juliaetta, Idaho

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: J H Kenneall
25. FUNERAL DIRECTOR: Geo. Jensen Jr. ADDRESS: Gooding Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4526
Local Reg. No. 1577
Reg. Dist. No. 420

111-52-15682
BIRTH NO.

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 26, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James N. Ellis
BIRTHPLACE: Denver, Colorado
14. MOTHER'S MAIDEN NAME: Mary Lou Hull
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James N. Ellis
ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity
INTERVAL BETWEEN ONSET AND DEATH: 3½ days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature delivery at 37 wks gestation at 3 8 [illegible]
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26, 1952, *to* 12-30, 1952, *that I last saw the deceased alive on* 12-30, 1952, *and that death occurred at* 12:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson Jr. [illegible]
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: ~~12-30-52~~ Jan 6 '53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 12
Reg. Dist. No. 240

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): WAYNE
c. (Last): CLEMONS

4. DATE OF DEATH (Month) (Day) (Year): Dec.10,1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: Apr.11,1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 7 Days 29; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby
10b. KIND OF BUSINESS OR INDUSTRY: baby
11. BIRTHPLACE (State or foreign country): GRANGEVILLE,
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: GEO. A. CLEMONS, BIRTHPLACE: Spokane, Wash.
14. MOTHER'S MAIDEN NAME: DONNA KING, BIRTHPLACE: Buhl, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: George A. Clemons ADDRESS: Grangeville,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 24 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1952, *to* Dec.10, 1952, *that I last saw the deceased alive on* Dec 7, 1952, *and that death occurred at* 8:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. M. Dettenmaier (Degree or title): M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec.11,1952
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 11 1952
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature] ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE IDAHO b. COUNTY IDAHO

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 25 yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE b. (Middle) BIRD c. (Last) LAKE

4. DATE OF DEATH (Month) (Day) (Year) Dec.17,1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 25,1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Albany, Oregon
12. CITIZEN OF WHAT COUNTRY? U?S?

13. FATHER'S NAME Jacob B. Spengler Yonger BIRTHPLACE Reading, Penn
14. MOTHER'S MAIDEN NAME Joanna Greaves, Galia Co. Ohio. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Mrs. Dale G. Eimers ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease with congestive failure.

INTERVAL BETWEEN ONSET AND DEATH Several months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Dec, 1952, *to* 17 Dec, 1952, *that I last saw the deceased alive on* 18 Dec, 1952, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald J. Feltman 360 (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 18 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec.19,1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, Idaho (State)

DATE REC'D BY LOCAL REG. Dec. 19 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 15
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 23 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) MYRNA c. (Last) CARTER

4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1952

5. SEX Female
6. COLOR OR RACE W+1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Feb 19, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known BIRTHPLACE
14. MOTHER'S MAIDEN NAME Annette Hill BIRTHPLACE Winona Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Annette Carter ADDRESS Grangeville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Dec, 1952, *to* 20 Dec, 1952, *that I last saw the deceased alive on* 20 Dec, 1952, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Kellner 360 (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 23 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 23-52
24c. NAME OF CEMETERY OR CREMATORY Kamiah Cresby
24d. LOCATION (City, town, or county) (State) Kamiah

DATE REC'D BY LOCAL REG. Dec. 23 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jess Robertson Grill ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4540
Local Reg. No. 16
Reg. Dist. No. 240

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (In this place) 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) NMN
c. (Last) BURROWS

4. DATE OF DEATH (Month) (Day) (Year) Dec.21,1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug.11, 1872
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY common
11. BIRTHPLACE (State or foreign country) New Harmony, Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Burrows — BIRTHPLACE U.S.
14. MOTHER'S MAIDEN NAME Jane Penfold, — BIRTHPLACE U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-26-5405A
17. INFORMANT'S OWN SIGNATURE Ida May Burrows — ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald J. Baltimore (Degree or title) M.D.
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 23 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE Dec.26,1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Dec. 24 1952
REGISTRAR'S SIGNATURE Irma Cox
25. FUNERAL DIRECTOR Jess Robertson — ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No.
Local Reg. No. 27
Reg. Dist. No. 242

111-52-15695 BIRTH NO. JAN 12 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consoation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND	DWIGHT	McINTIRE	Dec. 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	baby	Dec. 5, 1952			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
baby	baby	Cottonwood, Idaho.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dwight McIntire,	Winona, Idaho	Anna Aultmiller,	Ahsahka, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Dwight E. McIntire	Woodland -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 36 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured appendix in Mother
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5 Dec, 1952, *to* 6 Dec, 1952, *that I last saw the deceased alive on* 6 Dec, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Kabler M.D.	Grangeville Idaho	12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 9, 1952	Woodland,	Woodland, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-17-1952	Wesley J. Orr, M.D.	[illegible] Peterson	Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 29 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4542
Local Reg. No. 12
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KAMIAH
c. LENGTH OF STAY (in this place) 3mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KAMIAH
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) EDWARD c. (Last) WREN

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 1, 1918
9. AGE (In years last birthday) 34 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04
10b. KIND OF BUSINESS OR INDUSTRY live stock
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Wren, BIRTHPLACE Indianapolis, Ind.
14. MOTHER'S MAIDEN NAME Elizabeth Birchmier, BIRTHPLACE Troy, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.II
16. SOCIAL SECURITY NO. 518-14-7439
17. INFORMANT'S OWN SIGNATURE Elizabeth C Wren ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Left Chest — INTERVAL BETWEEN ONSET AND DEATH 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Rural (COUNTY) Idaho (STATE) Idah.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 15 52 9:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Gun Shot

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Frederick A. Crowell 470 (Degree or title) Coroner
23b. ADDRESS Grangeville, Idah.
23c. DATE SIGNED 12 15 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Dec. 17 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 240

BIRTH NO.

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RIGGINS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Salmon River. (Bridge)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pollock
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MAURICE b. (Middle) E c. (Last) YOUMANS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 25, 1908

9. AGE (In years last birthday) 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator

10b. KIND OF BUSINESS OR INDUSTRY Forest

11. BIRTHPLACE (State or foreign country) Decora, Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Y oumans
BIRTHPLACE Winneshiek, Iowa

14. MOTHER'S MAIDEN NAME Vila Stevens
BIRTHPLACE Freeport, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Katherine M. Youmans
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture
INTERVAL BETWEEN ONSET AND DEATH 30 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Hemorrhage.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bridge

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Riggins Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-52 12 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Fell 40 ft From Cable Bridge

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert A. Cavell (Degree or title) Coroner

23b. ADDRESS Grangeville Idaho

23c. DATE SIGNED 12-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville Idaho

DATE REC'D BY LOCAL REG. Dec. 20, 1952

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Joe Roberts Rm Grangeville
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4544
Local Reg. No. 77
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WHITEBIRD
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WHITEBIRD,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) GERTRUDE
b. (Middle) G.
c. (Last) VIGNERON

4. DATE OF DEATH (Month) (Day) (Year) Dec.23,1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 15,1893
9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Fonda, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Anthony Dawson, BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Nettie Speed, BIRTHPLACE Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Hugh Vigneron ADDRESS Whitebird.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulo - nephritis with nephratic syndrome — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 23 Dec, 1952, *that I last saw the deceased alive on* 30 Aug, 1952 *and that death occurred at* 9:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 24 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec.27,1952
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Dec. 26 1952
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 625
Reg. Dist. No. 244

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home - 3 miles SE of Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - Rural
d. STREET ADDRESS (If rural, give location): 3 miles S.E. of Kamiah

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Ruble

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 23, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Baileyton, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Ruble — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Esther Brown — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles T. Ruble — ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1952, *to* 12/24, 1952, *that I last saw the deceased alive on* 12/20, 1952, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] — **23b. ADDRESS**: Kamiah Idaho — **23c. DATE SIGNED**: 12/26/2

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Dec. 27 1952
24c. NAME OF CEMETERY OR CREMATORY: Kamiah Cem.
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 12/27/52
REGISTRAR'S SIGNATURE: Claude Trevary
25. FUNERAL DIRECTOR: Claude Trevary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 28
Reg. Dist. No. 242

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consola tion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek
d. STREET ADDRESS (If rural, give location): 3 Mi East

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle):
c. (Last): WASSMUTH

4. DATE OF DEATH (Month) (Day) (Year): Dec 28 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 6 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Anthony J. Wassmuth
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R. H. Wassmuth — ADDRESS: Greencreek, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

580X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Hepatitis

DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 2 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 19[illegible], *to* Dec 24, 19[illegible], *that I last saw the deceased alive on* Dec [illegible], 19__, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D. Kobler 644 MD
23b. ADDRESS: Nezperce Idaho
23c. DATE SIGNED: 12 29

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 30 52
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek, Idaho

DATE REC'D BY LOCAL REG.: 12-30-1952
REGISTRAR'S SIGNATURE: Wesley F. Orr, MD by T.B.
25. FUNERAL DIRECTOR: Arthur Fuhlorn — ADDRESS: Cottonwood Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 20 1952
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 640

BIRTH NO. 52-16353

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hendricks Maternity Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 219 North State

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): RICHARD MERRILL

4. DATE OF DEATH (Month) (Day) (Year): December 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: December 12, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 5 | 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Rigby, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack D. Merrill
BIRTHPLACE: Annis, Idaho.

14. MOTHER'S MAIDEN NAME: Ileen DeRoche
BIRTHPLACE: Great Falls, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jack D. Merrill
ADDRESS: Rte. #1 Lorenzo, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c): Cause unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1952, *to* Dec 12, 1952, *that I last saw the deceased alive on* Dec 12, 1952, *and that death occurred at* 4:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B. Rigby MD
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/14/52
24c. NAME OF CEMETERY OR CREMATORY: Little Butte Cemetery
24d. LOCATION (City, town, or county) (State): Annis Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: 12/14/52
REGISTRAR'S SIGNATURE: Mrs V R Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO Nielsen

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
c. LENGTH OF STAY (in this place) 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ririe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
d. STREET ADDRESS (If rural, give location) Ririe

3. NAME OF DECEASED (Type or Print)
a. (First) BRIGHAM
b. (Middle) JULIUS
c. (Last) BUSH

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 29, 1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Fairfield, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Joseph Bush. BIRTHPLACE Prussia
14. MOTHER'S MAIDEN NAME Charlotte Ann Young. BIRTHPLACE Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. x
17. INFORMANT'S OWN SIGNATURE Isaac G Hayes ADDRESS Idaho Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction due to Carcinoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wendell L. Nielsen, MD 294
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 12/18/52 01
24c. NAME OF CEMETERY OR CREMATORY Ririe-Shelton
24d. LOCATION (City, town, or county) (State) Shelton, Idaho

DATE REC'D BY LOCAL REG. 12/18/52
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR A B Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Asael

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 24549
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 175 No. State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 175 No. State Street

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) SAMUEL c. (Last) GARRETT

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Spring City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Garrett
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Alice Brough.
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ella Garrett
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

723.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Septicemia, acute — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Osteoarthritis, severe — 20 yrs.
& Cellulitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 11, 1947, *to* Dec. 17, 1952, *that I last saw the deceased alive on* Dec. 17, 1952, *and that death occurred at* 3:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 12/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/20/52
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 12/18/52
REGISTRAR'S SIGNATURE: Mrs A B Cokersell
25. FUNERAL DIRECTOR: A B Cokersell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 135 E. 2nd No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Hefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, Idaho
d. STREET ADDRESS (If rural, give location): 135 E. 2nd No.

3. NAME OF DECEASED (Type or Print): a. (First) ANNETTA b. (Middle) UDY c. (Last) LESSEY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Married	Nov. 14, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Farmington, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Udy.	Farmington, Utah	Annetta Smith.	Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	x	x	[signature]	Rigby, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis + Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension — 14 yrs

DUE TO (c): Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None Performed	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov., 1945, *to* Dec. 29, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 5:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall	M.D.	Rigby, Idaho	12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	1-2-53	Pioneer	Rigby, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/2/53	Mrs A B Eckersell	A B Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 56
Reg. Dist. No. 440

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-52-15735

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dwight	Leon	Smith	Dec 10 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Dec 1.1952			10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hershel Smith — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Loretta Allred — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hershel Smith — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia (Primary) — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 4# 10 oz
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1952, *to* 12-9, 1952, *that I last saw the deceased alive on* 12-8, 1952, *and that death occurred at* 4: A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson	Jerome Idaho	12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 12,52	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec 13, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 440

RECEIVED
DEC 20 1952
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 11 mi East of city
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Irvin
b. (Middle): Gale
c. (Last): Kirkpatrick

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Oct 2 1947

9. AGE (In years last birthday): 5
IF UNDER 1 YEAR: Months 2 Days 10
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0 y

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ennis Kirkpatrick
BIRTHPLACE: Neb

14. MOTHER'S MAIDEN NAME: Edna Mae Seehorn
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ennis Kirkpatrick
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Tuberculosis
INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 12, 19 52 *to* Dec 12, 19 52, *that I last saw the deceased alive on* Dec 12, 1952, *and that death occurred at* 5 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: James E. Stout 399 (Degree or title): M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 12/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-14-52
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec 13, 1952
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Glen Buckler
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4553
Local Reg. No. 58
Reg. Dist. No. 1460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 228 8 Ave E

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alice	Alvira	Dougherty	12 22 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Oct 28 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Mindenmines Mo	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H.C.B. Flack	Ohio	Rahael Cesna	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	No	O W Dougherty	Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-15-52	Carcinoma of Pancreas	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-Pp, 1952, *to* 12-22, 1952; *that I last saw the deceased alive on* 12-22, 1952, *and that death occurred at* 10:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson M.D.	Jerome Ida	12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 01 1952	Sunset Mem. Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 24, 1952	Sister M. Rose, O.S.B.	Glen Buehler	Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

State File No. 1551
Local Reg. No. 09
Reg. Dist. No. 7440
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 5 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Dan b. (Middle) W. c. (Last) Holmes

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Mar. 17. 1873

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9, Days 7; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Flat Rock - Michigan?

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph C. Holmes — BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Francis Oreland — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Omer M Stook — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1949, *to* 12-24, 1952, *that I last saw the deceased alive on* 12-24, 1952, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD — **23b. ADDRESS**: Shoshone Idaho — **23c. DATE SIGNED**: 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec. 29th — **24c. NAME OF CEMETERY OR CREMATORY**: Shoshone — **24d. LOCATION** (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Dec 29 '52 — **REGISTRAR'S SIGNATURE**: Sister M. Rose O.S.B.

25. FUNERAL DIRECTOR: Myrtle C. Burdett — **ADDRESS**: Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 60
Reg. Dist. No. 440

BIRTH NO. 111-52-15759

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Beneidct's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 302 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): LEONA
b. (Middle): LOUISE
c. (Last): HECK

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Newborn
8. DATE OF BIRTH: Dec. 25, 1952
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Rickey Lee Heck, Twin Falls Idaho
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Donna Jean McGee, Manhatten, Kansas
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Donna J. Heck
ADDRESS: Twin Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

761.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature infant - 6 1/2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature rupture of membrane

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12/1/52

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/25, 1952, *to* 12/25, 1952, *that I last saw the deceased alive on* 12/25, 1952, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A A Boston 028 MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Dec. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 27 52
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemc
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec. 26, 1952
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: Glen Buehler
ADDRESS: Jerome Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 217
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 7 1/2 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cd'a Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Cd'a Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Belle
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Humble — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Jane Mary Elliott — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Nov, 1952, *that I last saw the deceased alive on* Nov 30, 1952, *and that death occurred at* 12 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M Gumprecht 548
23b. ADDRESS: 318 N 4th St
23c. DATE SIGNED: 2 Dec.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-3-52
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 10 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 220
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Darrel; b. (Middle) Eugene; c. (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2 - 10 - 27
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Smith — BIRTHPLACE: Malad City, Idaho
14. MOTHER'S MAIDEN NAME: Greta Larson — BIRTHPLACE: Collinston, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-20-5352.
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGH WAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): KOOTENAI, IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 29 1952 11 p.m.
INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Resulting from Auto Accident

22. *I hereby certify that I attended the deceased from* Nov. 30, 1952, *to* Dec. 1, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 11:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry A. Novak 652 — (Degree or title): M.D. — 23b. ADDRESS: Coeur d'Alene, Idaho — 23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 12-4-52 — 24c. NAME OF CEMETERY OR CREMATORY: Forest — 24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 12-4-52 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — 25. FUNERAL DIRECTOR — ADDRESS: [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 226
Reg. Dist. No. 12

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene, Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print): a. (First) Raghnild b. (Middle) c. (Last) Dahl

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 14, 1855

9. AGE (In years last birthday): 97
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lars A. Meland
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Una Thorsness
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. William Leland
ADDRESS: Spokane, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 3 Month
DUE TO (c) Hardening of Arteries — 20 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/3, 1947, *to* 12/4, 1952, *that I last saw the deceased alive on* 12/4, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: James A. Lawson (Degree or title): MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-8-52

24c. NAME OF CEMETERY OR CREMATORY: Riverside Park Cemetery

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 12-8-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Id

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hughes

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 338 Military Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 338 Military Drive

3. NAME OF DECEASED (Type or Print): a. (First) Theodore; b. (Middle) D.; c. (Last) Runberg

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-2-1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nels Runberg
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Sigrid Malberg
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Thora Hessel
ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948 19__, *to* 12-6, 19 52, *that I last saw the deceased alive on* 12-5, 19 52, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard A Hughes
(Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Moseley

12-10

RECEIVED

DEC 17 1952

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1500
Local Reg. No. 223
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rural Rte.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred [redacted]
b. (Middle):
c. (Last): Harshaw

4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-24-1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Labor ob
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hugh Harshaw — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Stewart — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

540.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Peritonitis — 4 days
DUE TO (c) Ruptured gastric ulcer — 4 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pelvic abscess — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Ruptured gastric ulcer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 12-9-52 *, and that death occurred at* 7 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley 270 MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-11-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene

DATE REC'D BY LOCAL REG.: 12-10-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Greenwood

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1501
Local Reg. No. 222
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 7-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delaney's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print)
a. (First): August
b. (Middle): William
c. (Last): Carlson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 15, 1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Pvt Contractor
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred R Carlson — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis c̄ decompensation — INTERVAL BETWEEN ONSET AND DEATH: 13 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1 year
DUE TO (c): — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Dec. 10, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton H. Greenwood 138
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 12-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 233
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rural Rte. #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	A.	Lee	12	11	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 24, 1893	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Aluminum
11. BIRTHPLACE (State or foreign country): Sweedberg, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Lee — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Laura Carr — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-03-2940
17. INFORMANT'S OWN SIGNATURE: Mrs. Juanita Lee — ADDRESS: Hayden Lake Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by firearms — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound of head.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 12-11, 1952, *that I last saw the deceased alive on* 12-11, 19 52, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood MD	Coeur d'Alene, Idaho	12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-15-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-18-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gates — ADDRESS: Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 225
Reg. Dist. No. 120

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 18
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LCG Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1415 Second

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) V. c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sep 18, 1911

9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Kraft Food Co.

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James I. Johnson — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Hannah E. Thompson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W II

16. SOCIAL SECURITY NO.: 518-01-1132

17. INFORMANT'S OWN SIGNATURE: + Raymond Johnson — ADDRESS: Clarkston Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/24, 1952 *to* 12/11, 1952 *that I last saw the deceased alive on* 12/11, 1952 *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 12-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-13-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeurd'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Barker

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 12

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1202 Lakeside

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ida.	M.	Space	Dec. 13, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar 21, 1870	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
G. M. Wildin	Illinois	Adeline Engler	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	[signature]	Thompson Falls, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 9, 1952, *to* Dec 13, 1952, *that I last saw the deceased alive on* Dec 9, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Parker M.D.	Coeur d'Alene Idaho	Dec 15, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-16-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-16-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 244
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): S 3226 Division

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	Catherine	Nottbohm		Dec.	14	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	Sept. 23, 1863	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Whiteshaven, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Krommes — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A. C. Heimbach — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3347

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 das.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Hypertension — Abt 20 yrs.
DUE TO (c) Arterio sclerosis — Abt 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14, 19 52, *to* Dec., 19 52, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 O M Kincaid MD
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Stan May
ADDRESS: Smith Funeral Home, 1124 W. Riverside, Spokane, Washington

Federal Security Agency
United States Public Health Service
Form DPH-40021

moseley

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 229
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 514 Lakeside Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): M.
c. (Last): Epling

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 3, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Deblow
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Amelia Baker
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Edith G. Hite
ADDRESS: Post Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic hypertension Cardio vascular Renal Disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Left Sacro Iliac Strain + arthritis — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-14-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 270 [illegible] M.D.

23b. ADDRESS: Coeur d'Alene Ida

23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-17-52

24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-16-52

REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 235
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kooteani
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur a'Alene
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): Martin Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) Silvester b. (Middle) G. c. (Last) Osborn

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Widowed	2-24-1859	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 23	Own Business	Mo	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None none	none	Mr. Elmer Osborn	Coeur d'Alene, Idao

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arterio sclerotic cardio vascular disease, generalized — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-15-52, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 270	M.D.	Coeur d'Alene Idaho	12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-16-52	Smith Funeral Home	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-16-52	Lorraine K. Brueck	[signature]	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wood

Certificate of Death

State File No. [illegible]
Local Reg. No. 237
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1131-6th, st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1131-6th, street

3. NAME OF DECEASED (Type or Print)
a. (First) Lucian
b. (Middle) U.
c. (Last) Benjamin

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 15, 1873
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Logger 54
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ephriam Benjamin — BIRTHPLACE Maine
14. MOTHER'S MAIDEN NAME Almina Sawyer — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Lu L. Benjamin — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 3 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 12-16, 1952, *that I last saw the deceased alive on* 12-16, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D. 452
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 12-18-'52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-18-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene — (State) Idaho

DATE REC'D BY LOCAL REG. 12-18-52
REGISTRAR'S SIGNATURE Lorraine K Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 4569
Local Reg. No. 241
Reg. Dist. No. 12

BIRTH NO. DEC 31 1952

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): L.
c. (Last): Beck

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-18-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Missourri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknwon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Ora E. Beck — ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

802X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Head injury
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractured ribs & clavicle. Contusion Kidneys

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) Dec (Day) 13 (Year) 52 (Hour) 9 am
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by Train

22. *I hereby certify that I attended the deceased from* 13 Dec, 1952, *to* 16 Dec, 1953 *that I last saw the deceased alive on* Dec 16, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald M Gumprecht 548 (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 18 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-52 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Morely.

Certificate of Death

State File No. ____
Local Reg. No. 243
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Knights Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle):
c. (Last): Dahl

4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Oen Home
11. BIRTHPLACE (State or foreign country): St Paul Neb
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records Knights Nursing Home — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ?

DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 12-17, 1952, and that death occurred at 5:30P m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 270 (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52 01
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Ida

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR [signature] **ADDRESS**: Coeur d'Alene Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 239
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1019 1st Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	H.	Rosemeyer	12	19	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-25-1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Rosemeyer — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise Biuse — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Flora E. Rosemeyer — ADDRESS: Coeur d'Alene, I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4427 acute cardiac decompensation 4 wks.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Cardio vascular renal disease 10 yrs.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-19-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 270	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-52	Forest	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-27-52	Lorraine K. Brush	[signature] Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 236
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210-Davidson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 210-Davidson

3. NAME OF DECEASED (Type or Print): a. (First) Leo; b. (Middle) Linden; c. (Last) Barrett

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 2, 1875

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Barrett — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Anna Page — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 554-01-2908

17. INFORMANT'S OWN SIGNATURE: Mrs Wm. Call — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis c

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial infarction

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: immed.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-20, 19 52, *to* 12-20, 19 52, *that I ~~last saw the deceased alive~~ did not on* [illegible], 19[illegible], *and that death occurred at* 9 30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brandon Barclay M D

23b. ADDRESS: Coeur d Alene, Ida

23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-23-52

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-23-52

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Henson

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 246
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cda' Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Cda' Homes

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) c. (Last) Bouschor

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 12, 1877

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ole Anderson BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Jennie Olson BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Homes Records DC ADDRESS Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23, 1952, *to* Dec 23, 1952, *that I last saw the deceased alive on* Dec 23, 1952, *and that death occurred at* 7:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Kent Henson (Degree or title) M. D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-27-52
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 12-27-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Moseley

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 247
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 320-N-13th, st.

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) D. c. (Last) Brink

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 10, 1868

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman 32

10b. KIND OF BUSINESS OR INDUSTRY Cd'a Fire Dept.

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Brink BIRTHPLACE Michigan

14. MOTHER'S MAIDEN NAME Cynthia Norton BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE x Paul N. Brink ADDRESS Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — 8 mo-
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-27-52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Cd'Alene
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 12-27-52
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Mosely

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 238
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952

1. PLACE OF DEATH
a. COUNTY: Kooteanai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2009 n. 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Victor
b. (Middle): Eugene
c. (Last): Thom

4. DATE OF DEATH (Month) (Day) (Year): 12-24-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: 2-4-1932
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Thom — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Florence Nickols — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. R.J. Thom — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Acute [illegible]~~ — INTERVAL BETWEEN ONSET AND DEATH: 48

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis chronic 1 yr
DUE TO (c) Acute Muscular Dystrophy 16 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 12-27, 1952 and that death occurred at 6:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 270 (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

12-31

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 252
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 510-Davidson

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): R.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Burrell — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Rachael Darew — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Philip H. Johnson — ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

464X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glt Bacillus infection R Thigh.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombo-Phlebitis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/26, 1952, *to* 12/30, 1952, *that I last saw the deceased alive on* 12/30, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 17 C M Husted MD
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 2, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Gimprecht

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 250
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake city Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls, Idaho
d. STREET ADDRESS (If rural, give location) Rt" 2 - Post Falls

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) Pauline c. (Last) Fairbank

4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 18, 1877

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-Housewife

10b. KIND OF BUSINESS OR INDUSTRY Public School

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Laun BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Paula Holsel ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

201X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec —, 1952, *to* Dec 30, 1952, *that I last saw the deceased alive on* Dec 30, 1952 *and that death occurred at* 3 m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald M Gimprecht 548 (Degree or title)

23b. ADDRESS

23c. DATE SIGNED 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 1-1-52

24c. NAME OF CEMETERY OR CREMATORY Hazen Jaeger Funeral Home

24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. 12-31-52

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 4578
Local Reg. No. 278
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1014 N 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) Jacob; b. (Middle); c. (Last) Capaul

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 15, 1867

9. AGE (In years last birthday): 85
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Capaul
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Unkonw
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. George Capaul
ADDRESS: Coeur d'alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — 332 X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/22, 1952, *to* 12/30, 1952, *that I last saw the deceased alive on* 12/30, 1952, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-2-53

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-6-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 251
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delaney Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Delaney Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gaynell	T.	Hanna	12	31	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W.	Divorced	Sept 22, 1895	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brigham City Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Adreene Rooker — ADDRESS: Spokane Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe hypertension — 4 years
~~DUE TO (c)~~ associated with arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-14, 1952, *to* 12-31, 1952, *that I last saw the deceased alive on* 12-31, 1952, *and that death occurred at* 1:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M. D.	Coeur d'Alene, Idaho	1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-2-53	Dowling Funeral Home	Hamilton Mont.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-53	Lorraine K. Brush	Gilbert Galey	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

52-14577

RECEIVED DEC 10 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1580
Local Reg. No. 214
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Monwilla
b. (Middle): Elaine
c. (Last): Eppers

4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 17, 1952
9. AGE (In years last birthday): 2 wks — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Rupert Eppers — BIRTHPLACE: Salem, Ore.
14. MOTHER'S MAIDEN NAME: Margret Eppers — BIRTHPLACE: Coeur d'Alene, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

795.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Abrupt death 2 wk old infant with no prior severe illness

ANTECEDENT CAUSES — DUE TO (b): Exact cause unknown

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): probable acute fulminating upper respiratory infection or atelectasis due to mucous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1952 *to* 12-2, 1952, *that I last saw the deceased alive on* 12-1, 1952, *and that death occurred at* 5 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard A. Hughes MD (Degree or title)
23b. ADDRESS: Coeur D'Alene Idaho
23c. DATE SIGNED: 12-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-52
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 12-5-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK int or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 224
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reuben	Thomas	Best	12	3	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-13-77	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Labor	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward T. Best	Ohio	Adelia A. Winchell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-12-8255	Mrs. Fannie Best,	Spriti Lake, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1947, 19___, *to* 12/2/52, 19___, *that I last saw the deceased alive on* 12/2/52, 19___, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Gedrikson MD. M.D.	Spirit Lake, Idaho	12/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-4-52	Fourth	CDA Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-52	Lorraine K Brush	Tilton Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4582
Local Reg. No. 227
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 4 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Marie
c. (Last): Kascak

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Marri e d
8. DATE OF BIRTH: 8-2-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 4; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen O. Kascak
BIRTHPLACE: Colora do
14. MOTHER'S MAIDEN NAME: Margaret A. Warefield
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: n one
17. INFORMANT'S OWN SIGNATURE: Mr. Stephen O. Kascak
ADDRESS: Post Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/5/52, 19___, *to* 12/3/52, 19___, *that I last saw the deceased alive on* 12/3/52, 19___, *and that death occurred at* 3:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Fredrikson MD. M.D.
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED: 12/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-52
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-8-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 232
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Edgar c. (Last) Philips

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 28, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry

11. BIRTHPLACE (State or foreign country): Michigam

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Luther A. Philips
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Juelma Mc Laim
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-26-7721

17. INFORMANT'S OWN SIGNATURE: Mrs. Ida Philips
ADDRESS: Spirit Lake, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 12/11/52, 19__, *that I last saw the deceased alive on* 12/11/52, 19__, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Dickinson MD . MD
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Spirit Lake, Idaho

DATE REC'D BY LOCAL REG.: 12-18-52
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Fuller & Gates
ADDRESS: [redacted], Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 230
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Richard	D.	Sutton	12	12	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-17-52	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Road Work	County Hiway	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Sutton	Unknown	Hannah Hoffman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	536-03-3401	Mrs. Elaine Sutton,	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Suicide by firearms	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gunshot wound through Chest	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

9762

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Home	Post Falls	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* Dec 1st, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood. 470 Coroner MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-18-52	St. Thomas	Coeur d'Alene, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-18-52	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): none
c. (Last): Gaffney

4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Greeley County, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no data — BIRTHPLACE: --
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John J Connolly — ADDRESS: Harrison Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner 452
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52 01
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 12-26-52
REGISTRAR'S SIGNATURE: Esper G. Bochner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 249
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mattie	E.	Cargo	Dec. 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 18, 1871	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter S. Chapman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Missouri Cooper — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ira R Cargo — ADDRESS: Pinehurst, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Dec. 20, 1952, *that I last saw the deceased alive on* 12/20/52, 19__, *and that death occurred at* 7:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dedinson	MD	Spirit Lake, Idaho	12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-23-52	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Barclay C.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 242
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. # 3

3. NAME OF DECEASED. (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	W.	Jarvis	12	21	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-19-1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motel Owner
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Jarvis — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Harriet Moore — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Gertrude Jarvis — ADDRESS: Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 17 days, one second

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — " " "
DUE TO (c) arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(suffered first infarct 12-4-52 second infarct immediately preceding death)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-24, 1952, *to* 12-21, 1952, *that I last saw the deceased alive on* 12-19, 1952, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-24-52	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-27-52	Lorraine K. Brush	Gilbert Gale	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Wood

Certificate of Death

State File No. [illegible]
Local Reg. No. 240
Reg. Dist. No. 120

BIRTH NO. DEC 31 1952 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bus Stop

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Tautenhahns Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): A.
c. (Last): Curts

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknoen
8. DATE OF BIRTH: 10-29-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unkneen 05
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: Personal Belongings

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 470 (Degree or title): William T. Wood - Coroner MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: Lorraine K. Breust
25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 245
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Howard	A.	Alward		12	30	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-26-1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman	Lumber Industry	New Brunswick, Canada	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Alward	Canada	Louise Matchet	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-03-4400	MRS. MARION Alward	Spirit Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma, Stomach with — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastases to liver + gallbladder.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Surgery: Sacred Heart Hospital, Spokane, Washington

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/13/52	Ca of Stomach, perforated. Metastases to liver and G.B.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/30/50, 19___, *to* 12/30/52, 19___, *that I last saw the deceased alive on* 12/30/52, 19___, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dickinson MD · M.D.	Spirit Lake, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-53	Greenwood Cemetery	Spirit Lake, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-53	Lorraine K. Brush	Gilbert Gates	CDA Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 13 1952 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 122
Reg. Dist. No. 201

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 423 West A St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 423 West A St.

3. NAME OF DECEASED (Type or Print): a. (First) Augusta; b. (Middle); c. (Last) Hagedorn

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 2, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Landsberg, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Schafer
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: ? Werk
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: F. Dr. Hagedorn
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio decompensation — 2 years

DUE TO (c) due to arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — 6 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-18, 1952, *to* Dec 2, 1952, *that I last saw the deceased alive on* 12-1, 1952, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Wilson M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 12/8/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 4591
Local Reg. No. 123
Reg. Dist. No. 200

RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakesdale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle): Viola
c. (Last): Camp

4. DATE OF DEATH (Month) (Day) (Year): 12 - 10 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lawler Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip H. Leonard — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: J. M. Camp — ADDRESS: Oakesdale, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital heart disease — Since childhood
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 1949, *to* December 10 1952, *that I last saw the deceased alive on* Dec. 10 1952, *and that death occurred at* 8:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Doris M Loeler (Degree or title) M.D. 228
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 12/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Thornton Cemetery
24d. LOCATION (City, town, or county) (State): Thornton, Washington

DATE REC'D BY LOCAL REG.: 12/22/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho
Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1592
Local Reg. No. 125
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 325 So. Asbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 325 So. Asbury

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Hobart

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 23, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Yates Center, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Daniels — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Jane Rogers — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Maude Benton — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Arteriosclerosis + hypertension~~ Coronary occlusion, infarction — INTERVAL BETWEEN ONSET AND DEATH: ~~years~~ weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis + hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1947, *to* 25 Dec, 1952, *that I last saw the deceased alive on* 20 Dec, 1952, *and that death occurred at* 1:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070 (Degree or title) M. D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-52
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 1/2/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

cert

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1500
Local Reg. No. 128
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 Lieuallan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 206 Lieuallan St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Lester	Clutter	Dec.	27	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 31, 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	farm implement	Oakeskale, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Clutter	West Virginia	Mahabia Strange	Coberg, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Emma Clutter	Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, right buccal membrane — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/10, 1952, *to* 27 Dec, 1952, *that I last saw the deceased alive on* 23 Dec, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde Culp D.D.	MD	Moscow Idaho	1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-30-1952	Mountain View	Walla Walla Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/15/53	Lois E. Angel	W.P. Goodrich	Colfax, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 126
Reg. Dist. No. 200

BIRTH NO. Wilson JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 715 East 8th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): same

3. NAME OF DECEASED (Type or Print)
a. (First): Theli
b. (Middle): Abelson
c. (Last): Holm

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 15, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Abelson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Marjorie Moore — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage with paralysis right arm & leg.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypostatic pneumonia, pyelitis & cystitis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov 26, 1946, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 9, 1952, *and that death occurred at* 230 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph G. Wilson MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-1952
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 1/9/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 127
Reg. Dist. No. 200

BIRTH NO. Wilson JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Melton

4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 31, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Ret. 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Melton — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Sparta, Wis.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 901.0 Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) With cerebral hemorrhage and respiratory depression
DUE TO (c) Falling to hard ground

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Abrasions on front & back of skull.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fell at home from cooker
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home, looking in bank
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Viola Latah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-31-52 1:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? While looking into oil barrel apparently fell

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 12-31-, 1952, *that I last saw the deceased alive on* 12-31-, 1952, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Wilson MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Pullman Cemetery
24d. LOCATION (City, town, or county) (State): Pullman Wash.

DATE REC'D BY LOCAL REG.: 1/9/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 13 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4506
Local Reg. No. 121
Reg. Dist. No. 200

BIRTH NO. Christ

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clarence Hardt home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Le Ora
c. (Last): Palmer

4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 23, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James E. Maxwell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lucy Nugent — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C E Hardt — ADDRESS: Viola, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral ~~throm~~ hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 1952, *to* Dec 1, 1952, *that I last saw the deceased alive on* Nov. 30, 1952, *and that death occurred at* 12 05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Moscow, Id
23c. DATE SIGNED: 12/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 4, 1952 01
24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery
24d. LOCATION (City, town, or county) (State): Viola Idaho

DATE REC'D BY LOCAL REG.: 12/8/52
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1507
Local Reg. No. 124
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mundell's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): May
c. (Last): Adcox

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ft. Worth, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hamilton Anderson — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Mattie Isom — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + George D Adcox — ADDRESS: Deary

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma at least [illegible] — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12- *, 19*51*, to* death*, 19___, that I last saw the deceased alive on* 12-23 *, 19*52*, and that death occurred at* 11:30 A.m.*, from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drury 104 (Degree or title) M.D.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 12-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/2/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4506
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Doris
b. (Middle): Alma
c. (Last): Benjamin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 17, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?: U

13. FATHER'S NAME: John A. Benjamin, Sr. — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Martha Eichwald — BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-16-5886
17. INFORMANT'S OWN SIGNATURE: George H. Benjamin — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myasthenia Gravis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

74410

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1952, *to* Dec 3, 1952, *that I last saw the deceased alive on* Dec 3, 1952 *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder M.D. 262
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Gilbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4506
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carmen
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Accident on Highway)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sherry
b. (Middle): Ann
c. (Last): Linderman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 18, 1945
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grants Pass, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Harry LaVern Linderman — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Georgia Ann Smothers — BIRTHPLACE: Clayton, N.M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: U. P. Smothers — ADDRESS: Shoup, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ + Fracture skull — 0
~~DUE TO (c)~~ + Fracture left leg — 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Carmen, Lemhi, Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 7 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* Never, *to* ____, 19__, *that I last saw the deceased alive on* Never, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Blackadar 031 M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-52
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Dec. 16-52
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 26 1952 DIV. OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Paul
b. (Middle) Ross
c. (Last) McPherson

4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 31, 1896

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Seattle, Washington

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James M. McPherson
BIRTHPLACE Candda

14. MOTHER'S MAIDEN NAME Ella Pope
BIRTHPLACE Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW #1

16. SOCIAL SECURITY NO. 518-09-5781

17. INFORMANT'S OWN SIGNATURE Myra McPherson
ADDRESS Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage Multiple — INTERVAL BETWEEN ONSET AND DEATH: 4½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia — 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) office

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salmon, Lemhi, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 8th ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Pt fell down stairs

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Dec 13, 1952, *that I last saw the deceased alive on* Dec 13, 1952, *and that death occurred at* 1:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Blackadar M.D.
(Degree or title)

23b. ADDRESS Salmon Ida

23c. DATE SIGNED 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-15-52

24c. NAME OF CEMETERY OR CREMATORY Salmon

24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. 12-22-52

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Albert C. Lyon
ADDRESS Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

RECEIVED
JAN 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4601
Local Reg. No. 590
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 16 yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lovina b. (Middle) Ruth c. (Last) Austin

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 21, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Mar. 28, 1900	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home		Snowville, Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Larkin	Utah	Agnes Robbins	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Matthias Austin	Salmon, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 2, 1950, *to* Dec, 1952, *that I last saw the deceased alive on* 10-22, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Blackadar MD	Salmon Ida	12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-27-52	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-5-53	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED JAN 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Patterson
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Thorpe b. (Middle) L c. (Last) Arehart

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Edhone, Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Amon Arehart — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Amenda unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S SIGNATURE: Mrs. Hazel Arehart — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION Patterson, Idaho

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Heart failure	1 wk.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Myocarditis	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas R Higgins M.D. (Degree or title)

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 24 Dec

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-26-52

24c. NAME OF CEMETERY OR CREMATORY: May

24d. LOCATION (City, town, or county) (State): May, Idaho

DATE REC'D BY LOCAL REG.: 1-5-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 4
Reg. Dist. No. 232

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 mi. S.E. Craigmont
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In ambulance

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) BLANCHE b. (Middle) LAVONNE c. (Last) GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 24 1927
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Kimberly, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Harley O. Carrel, Ohio
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Golda McClain, Troy, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-30-4493
17. INFORMANT'S OWN SIGNATURE: Chester W. Graham — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Pelvis - Fracture Shoulder Multiple Lacerations — 45 minutes
DUE TO (c) Automobile Accident — 45 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 miles S.E. Craigmont
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Craigmont - Lewis Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 29 52 1:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* 12-29, 1952, *to* 12-29, 1952, *that I last saw the deceased alive on* 12-29, 1952, *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Collins 061 M.D.
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-1-1953 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: C. E. Clovis
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 6 1953 DIVISION OF VITAL STATISTICS

State File No. 114
Local Reg. No. 352
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 32
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ross b. (Middle) Boyd c. (Last) Haddock

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28- 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 17- 1881

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer - Judge 22

10b. KIND OF BUSINESS OR INDUSTRY County

11. BIRTHPLACE (State or foreign country) Bedford Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Boyd Haddock BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Cynthia Brooks BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-12-9082

17. INFORMANT'S OWN SIGNATURE Ellen M. Miller ADDRESS Shoshone

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4167

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease — 30 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1948, *to* Dec 1952, *that I last saw the deceased alive on* 12-27-52, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE L.L. Tucker M.D. (Degree or title)

23b. ADDRESS Shoshone Idaho

23c. DATE SIGNED 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 30-52

24c. NAME OF CEMETERY OR CREMATORY Shoshone

24d. LOCATION (City, town, or county) (State) Shoshone Idaho

DATE REC'D BY LOCAL REG. Jan 1-53

REGISTRAR'S SIGNATURE Myrtle C. Burdett

25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED DEC 9 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 50
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1, Sugar City,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Delva b. (Middle) LaRee c. (Last) Ottesen

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: June 13, 1939
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sugar City, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ervin Ottesen — BIRTHPLACE: Spanish Fork Utah
14. MOTHER'S MAIDEN NAME: Jennie Searle — BIRTHPLACE: Heber City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gwen Ottesen — ADDRESS: Sugar Cit

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 571.1

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastro-enteritis — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7:30 P.M. Dec 2, 1952 *to* Dec 2, 1952, *that I last saw the deceased alive on* Dec 2, 1952, *and that death occurred at* 10:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Blaine H Carey 576 — (Degree or title): M.D. — 23b. ADDRESS: Rexburg, Idaho — 23c. DATE SIGNED: 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/6/52
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Teton Idaho

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 52
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neville Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
d. STREET ADDRESS (If rural, give location): 269 So. 1st West

3. NAME OF DECEASED (Type or Print): a. (First) Isabelle b. (Middle) McMillan c. (Last) McGarry

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 20. 1862

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Murray, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McMillan
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Margaret Grieve
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Thomas Rust
ADDRESS: San Jose, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952 to _____, 19____, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Leon H. Cline, M.D. (Degree or title)
23b. ADDRESS: Rexburg, Idaho.
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/13/52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 12-12-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 630

11-52-15908 BIRTH NO.

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Debra; b. (Middle) Kay; c. (Last) Morris

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 15 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Babe

8. DATE OF BIRTH: Dec. 7, 1952

9. AGE (In years last birthday): ##### IF UNDER 1 YEAR: Months; Days: 8; IF UNDER 24 HRS.: Hours; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Morris — BIRTHPLACE: Montana

14. MOTHER'S MAIDEN NAME: Marie Maynard — BIRTHPLACE: Silver Point, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Irene Mitchell — ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonitis — 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 7, 1952 *to* Dec. 14, 1952, *that I last saw the deceased alive on* Dec. 15, 1952, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Bigby 337 — (Degree or title): MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 12/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/15/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Los Angeles, Calif.

DATE REC'D BY LOCAL REG.: Dec 15 1952

REGISTRAR'S SIGNATURE: Leona F. Lamm

25. FUNERAL DIRECTOR: Rolland C. Reiser — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannack
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Burton
b. (Middle): Burdett
c. (Last): Holman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 30, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant Grove Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joshua Stevens Holman — BIRTHPLACE: Pleasant Grove Utah
14. MOTHER'S MAIDEN NAME: Kate Neilsen — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Colleen Barton — ADDRESS: Rexburg,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 976 X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Suicide
DUE TO (c): ~~Bullet~~ Due to Gun Shot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): outside Flamm Funeral Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg, Madison co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 16, 1952-7-8pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted wound by shooting through roof of mouth with gun.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor S. Chandler, Coroner
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: Dec 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/52
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 12/8/52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1800
Local Reg. No. 56
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neville Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOTTIE	GULLIFORD	DUSCHL	Dec. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Feb. 14, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store operator
10b. KIND OF BUSINESS OR INDUSTRY: Variety
11. BIRTHPLACE (State or foreign country): Correctionville, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: S. K. Gulliford — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Lavina Cave — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lloyd Gulliford — ADDRESS: St. Anthony, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4-52, 19___, *to* 12-10-52, 19___, *that I last saw the deceased alive on* 12-10-52, 19___, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon H. Cline, M.D. 669		Rexburg, Idaho.	12-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	26 Dec 52	Riverview	St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-26-52	Leona Flamm	M. L. Hansen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 10
Local Reg. No. 57
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thornton .Route #1
d. STREET ADDRESS (If rural, give location) 3 miles East of Lorenzo Bridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Enzley	Atkinson	Dec. 31 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 5, 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Farm & Ranch	Bountiful .Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Atkinson	New Brunswick, Can	Ruth Elizabeth Simmons	Nauvoo, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	I A Atkinson	Thornton, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 2 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 20, 1952, *to* Dec. 31, 1952, *that I last saw the deceased alive on* Dec. 31, 1952, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon H. Clarke, M.D.	Rexburg, Idaho.	Jan. 2, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1953	Sutton Cemetery	Madison Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-3-53	Leona Flamm	Roland G. Reese	Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 9 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4611
Local Reg. No. 51
Reg. Dist. No. 630

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Rt. 2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hibbard
d. STREET ADDRESS (If rural, give location): Rexburg Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Morris

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Morgan, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Morris
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Amanda Rook
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lucy Morris
ADDRESS: Rt. 2 Rexbur

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate with Generalized Metastasis
INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 2, 1952 *to* Dec 2, 1952 *that I last saw the deceased alive on* Dec, 1952 *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O D Stevens 161
(Degree or Title): MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/6/52
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth Flamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Canyon Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canyon Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Franklin
b. (Middle): Downs
c. (Last): Harriman

4. DATE OF DEATH (Month) (Day) (Year): ~~Unknown~~ April 1, Dec 8 -1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 22, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Huntington, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Harrison Harriman — BIRTHPLACE: Salt Lake City
14. MOTHER'S MAIDEN NAME: Sarah Elizebeth Hobbs — BIRTHPLACE: Surrey, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Alice A Nelson — ADDRESS: Rexburg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): (Natural Causes) Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor S Chandler Corner
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Dec 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/16/52
24c. NAME OF CEMETERY OR CREMATORY: Annis
24d. LOCATION (City, town, or county) (State): Jefferson County Idaho

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth [illegible] — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 63
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print): a. (First) Benne b. (Middle) Edward c. (Last) Martin

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 3 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George H Martin — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Marin Lutzenberger — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George H. Martin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~[illegible]~~

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain Injury — Skull Fracture

DUE TO (c) Auto accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho.

21d. TIME OF INJURY: (Month) 12 (Day) 13 (Year) 1952 (Hour) 1 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car Accident.

22. *I hereby certify that I attended the deceased from* 12-14, 1952, *to* 12-14, 1952, *that I last saw the deceased alive on* 12-14-, 1952, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A Moellmer (Degree or title) MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-52
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 58-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 67
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minnehaha
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 1023 5th St

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Woolley apts

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) LeRoy c. (Last) Neider

4. DATE OF DEATH (Month) (Day) (Year) Dec 22-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov 9 1903
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public accountant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Blackfoot Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Neider BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Mary Ella Ramey BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ruth D. Walton ADDRESS Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* 10 minutes, 19__, *that I last saw the deceased alive on* Dec 22, 1952, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-24-52
24c. NAME OF CEMETERY OR CREMATORY Blackfoot Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot Idaho

DATE REC'D BY LOCAL REG. 12-23-1952
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Rodney [illegible] Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 65
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Ann.
c. (Last): Goodwin

4. DATE OF DEATH (Month) (Day) (Year): Dec 28 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Mar 19 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Delano Williams — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Ellen Renshaw — BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ethelyn Peek — ADDRESS: Rupert.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis, and
DUE TO (c): General circulatory weakening

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: E H Elmore — (Degree or title): MD
23b. ADDRESS: Rupert Ida
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-29-52
24c. NAME OF CEMETERY OR CREMATORY: Ogden Cemetery
24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 20 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4616
Local Reg. No. 64
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): 3 [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn Idaho
d. STREET ADDRESS (If rural, give location): Rural I

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Joseph
c. (Last): Rollhuser

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 15 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Rollhuser — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Neiman — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John J. Rollhuser — ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 8, 1952, *to* Dec 10, 1952 *that I last saw the deceased alive on* Dec 8, 1952 *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Mullins M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-52
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: A. Elmore
25. FUNERAL DIRECTOR: Rodney L. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle)
c. (Last) Johnstone

4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 27 1880
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pensacola Florida
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Samuel Johnstone BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Catherine Smith BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Gladys Abadia Elgart ADDRESS Paul

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Idaho (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952, *to* Dec 22, 1952, *that I last saw the deceased alive on* 12-22, 19__, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L H Kenagy 206 (Degree or title)
23b. ADDRESS Rupert
23c. DATE SIGNED 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Remove 3
24b. DATE 12-24-52
24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery
24d. LOCATION (City, town, or county) Aberdeen (State) Idaho

DATE REC'D BY LOCAL REG. 12-23-1952
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney G Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 206
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 808 12th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRED	A	PARKS	Dec 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 27, 1870	82	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Justice of Peace	City	Wapello County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Austin Parks 62	Unknown	Mary Brown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	– – – – – – – – –	– – – – – – –	Fred A Parks	Culdesac, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.3 Heart attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Dec 1, 1952, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew F. Vassar (Coroner)	Lewiston Idaho	Dec 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/5/52	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 3 1952	Jean Hegelins	W C Merchant	Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 209
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph's Hospital
c. LENGTH OF STAY (in this place): 1hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 528 Thain Rd
d. STREET ADDRESS (If rural, give location): Lewiston, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Kayser

4. DATE OF DEATH (Month) (Day) (Year): 12-1-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 10/7/~~50~~ 85
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calwell Kansas
12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-5977
17. INFORMANT'S OWN SIGNATURE: Hospital Record — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) cerebral hemorrhage c̄ hemiplegia, left.	8 hrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension	4 yrs
	DUE TO (c) Cardio-vascular-renal disease	2 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death	Gangrene of external genitalia due to urinary extravasation	4 da

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1952, *to* ____, 19__, *that I last saw the deceased alive on* 12-1, 1952, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Newton MD 291
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Dec4,52
24c. NAME OF CEMETERY OR CREMATORY: Crematory Spokane
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Dec. 4, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: O. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4620
Local Reg. No. 208
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 818-4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 818--4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HELEN	AMELIA	QUILLIAM	Dec. 2, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Jan. 1, 1872	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
05	House wife	Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Hull	Virginia	Alice Stratton	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	R H Quilliam	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ca left breast c spinal metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardio-vascular-renal disease — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-1, 1950, *to* 12-2, 1952, *that I last saw the deceased alive on* 12-2, 1952, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J S Newton MD		Lewiston Ida	12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 5, 1952	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 4 1952	Jean Wegelius	Brower-Mann Fy K H Malcom	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. J. S. Newton

State File No. [illegible]
Local Reg. No. 211
Reg. Dist. No. 220

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Rt. #1 Box 34

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): MARTIN
c. (Last): SKOW

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 7-7-1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eau Claire, Wisc.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Anton Skow — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Martha — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Arthur G. Kaw — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3, 1952 *to* Dec. 4, 1952 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D. (446)
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: K.H. Malcom, Lewiston, Idaho

Dr. A. J. White

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 216
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1821-17 Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1821-17 Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Louise
c. (Last): Tobin

4. DATE OF DEATH (Month) (Day) (Year): 12-5-1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-18-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brockton, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Culwell — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Elizabeth Dee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 568-28-5564
17. INFORMANT'S OWN SIGNATURE: Clare Culwell — ADDRESS:

171X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1951, *to* Dec. 5, 1952, *that I last saw the deceased alive on* Dec. 1, 1952, *and that death occurred at* 3:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-9-52
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 12 1952
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 212
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 221 6th. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 221 6th. Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Austin b. (Middle) c. (Last) Justice

4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 6-27-1868

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor 73

10b. KIND OF BUSINESS OR INDUSTRY builder

11. BIRTHPLACE (State or foreign country) Ashville N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME not obtainable BIRTHPLACE

14. MOTHER'S MAIDEN NAME not obtainable BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE George E. Justice ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4447 (Anuria) acute nephritis — INTERVAL BETWEEN ONSET AND DEATH 24 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hyps Tension — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nausea & Vomiting . anaemia . No appetite — 6 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1952, *to* 12-9, 1952 *that I last saw the deceased alive on* 12-9, 1952, *and that death occurred at* 2.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 520 E. L. White M. D (Degree or title)

23b. ADDRESS Lewiston Ida

23c. DATE SIGNED 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12/11/52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Dec. 11 1952

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR E. S. Rawls ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 18 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 214
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15th and Grelle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 15th and Grelle

3. NAME OF DECEASED (Type or Print)
a. (First): TEMPY
b. (Middle):
c. (Last): BENTLEY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 18, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenup, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Biggs — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Liza Phillips — BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Virgil Bentley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1915, *to* Dec 9, 1952, *that I last saw the deceased alive on* Dec 9, 1952, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow M.D. 055
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-52 01
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 11 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR (Brother-Sister): R. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Carssow

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 215
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 402 Prospect

3. NAME OF DECEASED (Type or Print): a. (First) DORA; b. (Middle) TRUMAN; c. (Last) SOMERVILLE

4. DATE OF DEATH: (Month) December (Day) 10, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1-10-1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kasson, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles T. Goodrich — BIRTHPLACE: N. Y.

14. MOTHER'S MAIDEN NAME: Seddie Crouch — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Robert Somerville — ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): none

DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* any, 19 46, *to* Dec 10, 19 52, *that I last saw the deceased alive on* Dec 10, 19 52, *and that death occurred at* 10 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carrow M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-13-1952

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 12 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Mann — ADDRESS: Lewiston Ida.

H. H. Nelson

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 219
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sommerville Home
c. LENGTH OF STAY (in this place): 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston, Id-ho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1528- 7th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): Dec 11 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug 1, 1911

9. AGE (In years last birthday): 42 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Wycliffe Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C.A. Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Esther Bargstrum — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] Vassar from Home Records. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure — 3 mos.
DUE TO (c) Chronic Rheumatoid arthritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

722.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1948, *to* Dec, 1952, *that I last saw the deceased alive on* Dec 10, 1952, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Eastman M.D. (Degree or title) — 23b. ADDRESS: Lewiston Idaho — 23c. DATE SIGNED: 12/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Dec 15, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 12-18-52 — REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew H. Vassar — ADDRESS: Lewiston, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant. Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 14th. & Grelle Lewiston Orch.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) 14th. & Grelle

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Cecil	Chas.	Braley		12	13	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 10,1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
grader	Lumber	Spring Valley, Minn.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
not obtainable		not obtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	517-05-0258	Mrs. Cecil Braley	Lewiston Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 13, 1952 *to* Dec. 13, 1952, *that I last saw the deceased alive on* Dec. 13, 1952, *and that death occurred at* 8:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond W. Stover M.D.	527 Burrell Ave. LEWISTON IDAHO	Dec. 17 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/19/52	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 17 1952	Jean Magelinas	Elbert L. Pauls	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS STATE

State File No. 4628
Local Reg. No. 220
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 612-8th St

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) George c. (Last) Carson

4. DATE OF DEATH: (Month) Dec (Day) 16, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Supt. Pulp Mill
10b. KIND OF BUSINESS OR INDUSTRY: P.F.I.
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: 74 — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 533-05-5501
17. INFORMANT'S OWN SIGNATURE: Mrs J. G. Carson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

902.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall ing off scaffolding
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): PFI
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, NezPerce, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 16,52-8:00A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? fell on concrete floor about 35 ft.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Official or title): Andrew G. Vassar M.D. Coroner
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Dec 20,52
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Memoral Crematory
24d. LOCATION (City, town, or county) (State): Portland, Ore.

DATE REC'D BY LOCAL REG.: 12-18-52
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: E.L. Rawls — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-15985 BIRTH NO.

RECEIVED JAN 16 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 221
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY Station NNezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 713-26St.

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) LESTER c. (Last) WELLS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never

8. DATE OF BIRTH Dec. 10, 1952

9. AGE (In years last birthday) 00 IF UNDER 1 YEAR Months 00 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ****** 03

10b. KIND OF BUSINESS OR INDUSTRY *********

11. BIRTHPLACE (State or foreign country) Lewiston,

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lester Wells BIRTHPLACE Weippie, Ida.

14. MOTHER'S MAIDEN NAME Peggy Winther BIRTHPLACE Coeur d'Alene, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Lester Wells ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 7767 Pneumonia - 7 mos — INTERVAL BETWEEN ONSET AND DEATH 7 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 3 Wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10, 1952, *to* 12/16, 1952, *that I last saw the deceased alive on* 12/16, 1952, *and that death occurred at* 6:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE W. H. Pierce M.D. (Degree or title) **23b. ADDRESS** Lewiston **23c. DATE SIGNED** 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 12-18,1952 **24c. NAME OF CEMETERY OR CREMATORY** Normal Hill Cemetery **24d. LOCATION** (City, town, or county) Lewiston, (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 20 1952 **REGISTRAR'S SIGNATURE** Jean Wegelius

25. FUNERAL DIRECTOR Brower-Wann by K.K. Malcom **ADDRESS** Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Pierce

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4630
Local Reg. No. 222
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 508--6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MAISIE
b. (Middle): BETH
c. (Last): WEBB

4. DATE OF DEATH (Month) (Day) (Year): December 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May.9, 1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): South Shore , S. D.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John D. Burt — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Pearle McDuffee — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 544-09-0503
17. INFORMANT'S OWN SIGNATURE: Delmar H. Webb — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

642.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Eclampsia — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Term Pregnancy
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1952, *to* 12/17, 1952, *that I last saw the deceased alive on* 12/17/52, 1952, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. L. Pierce MD. 310 (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-20-52 01
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Logan, Utah

DATE REC'D BY LOCAL REG.: Dec. 20 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Pierce

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 224
Reg. Dist. No. 220

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 3622-- 21 St.

3. NAME OF DECEASED (Type or Print): a. (First) HUGH; b. (Middle) HIRAM; c. (Last) HOLLENBECK

4. DATE OF DEATH: (Month) (Day) (Year) December 22, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Alma Center, Wisconsin

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Hollenbeck
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Evalyn Fuller
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 531-18-4200

17. INFORMANT'S OWN SIGNATURE: Wilbur H. Hollenbeck ADDRESS: Lewiston, Idaho 2102 Brower Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330.1X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension &

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 12 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1952, *to* Dec. 22, 1952, *that I last saw the deceased alive on* Dec. 22, 1952, *and that death occurred at* 10:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover, M.D.

23b. ADDRESS: 527 Burrell Ave. Lewiston Idaho

23c. DATE SIGNED: 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail

24b. DATE: 12-24-52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec. 27 1952

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Wann by W. E. Malon ADDRESS: Lewiston,

Dr. R. M. Stover

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 225
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 627 - 3Rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 627 - 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) FRIEDA b. (Middle) L. c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1952

5. SEX: ferale

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 17, 1889

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carrol, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William G. Brust — BIRTHPLACE: Quincy, Ill.

14. MOTHER'S MAIDEN NAME: Louise Fricke — BIRTHPLACE: Carrol, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl Nelson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2000 Reticulum cell sar- — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) coma, generalized — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* arthritis of spine — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1 *1952, to* 12-23 *, 1952, that I last saw the deceased alive on* 12-23 *, 1952, and that death occurred at* 1:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Newton MD

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-27-52

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Dec. 27 1952

REGISTRAR'S SIGNATURE: Jean Magelino

25. FUNERAL DIRECTOR: Brower-Mann — **ADDRESS**: W. H. Mahon Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Newton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-16025

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 226
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Charles
c. (Last): Bieren

4. DATE OF DEATH (Month) (Day) (Year): Dec, 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec, 28, 1952
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0, Days 0
IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cletus Bieren
BIRTHPLACE: Clarkston, Wash
14. MOTHER'S MAIDEN NAME: Barbara Brinkley
BIRTHPLACE: Lewiston, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Cletus Bieren
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (6 months Gestation)
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 28, 1952, *to* Dec. 28, 1952, *that I last saw the deceased alive on* Dec. 28, 1952, *and that death occurred at* 2:4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. M. Mackey, M.D. 265
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 30, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4634
Local Reg. No. 2294
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Susana b. (Middle) c. (Last) Fruchtl

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12/9/ 1866

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calogne Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE No record

14. MOTHER'S MAIDEN NAME BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS
x John E. G. Fruchtl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

560.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction partial — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Incisional hernia — 12 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia — 14 days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Dec 23, 19 52, *to* Dec 29, 19 52, *that I last saw the deceased alive on* Dec 29, 19 52, *and that death occurred at* 7:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. S. Douglas M.D.

23b. ADDRESS Lewiston Idaho

23c. DATE SIGNED 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12/31/52

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. Dec. 30 1952

REGISTRAR'S SIGNATURE Jean Wegelin

25. FUNERAL DIRECTOR Andrew K. Vassar

ADDRESS Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 228
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 522- c St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida ho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 522-- C-St.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): ARTHUR
c. (Last): BURKE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 16, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Cement Finishing

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edward L. Burke
BIRTHPLACE: Quincy, Ill.

14. MOTHER'S MAIDEN NAME: Laura Nelson
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539-09-0554

17. INFORMANT'S OWN SIGNATURE: Charley B Burke
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Renal vascular D. — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 28, 1952, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 29, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12/31/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 1-2-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Ida.

DATE REC'D BY LOCAL REG.: Jan 2 1953
REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Wann By K. H. Malon
ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-10021

Dr. Carssow

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 229
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DON b. (Middle) Henry c. (Last) HASKINS

4. DATE OF DEATH (Month) (Day) (Year) December 30, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 25, 1930

9. AGE (In years last birthday) 22 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invlid

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Sunnyside, Washington

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Hoskins BIRTHPLACE Guide Rock Neb.

14. MOTHER'S MAIDEN NAME May Teats BIRTHPLACE Reubens, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. G. Haskins ADDRESS Kamiah, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) KUMMELSTIEL - WILSON Syndroma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DIABETES - MELITUS — 16 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* DEC 30, 1952, *that I last saw the deceased alive on* DEC 30, 1952, *and that death occurred at* 8:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE P. Roy Swearingen 632 (Degree or title) M. D.
23b. ADDRESS 307 St. John Way Lewiston, Idaho
23c. DATE SIGNED 12/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE 1-4-52
24c. NAME OF CEMETERY OR CREMATORY Kamiah, Idaho
24d. LOCATION (City, town, or county) Kamiah. Idaho (State)

DATE REC'D BY LOCAL REG. Jan 2 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Wann by K.H. Malcom ADDRESS Lewiston, I

Federal Security Agency
United States Public Health Service
Form DPH-40031

Dr. Douglas

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 230
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1911 Snakeriver Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 1911-- Snakeriver Ave.

3. NAME OF DECEASED (Type or Print) a. (First) MADDISON b. (Middle) EARL c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 13,1885

9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry o/o

10b. KIND OF BUSINESS OR INDUSTRY clothing

11. BIRTHPLACE (State or foreign country) Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John A. Miller BIRTHPLACE Ill.

14. MOTHER'S MAIDEN NAME Ida. Strong BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-09-3223

17. INFORMANT'S OWN SIGNATURE Frank Miller (R.F.M.) ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 4 20 0 — INTERVAL BETWEEN ONSET AND DEATH 5 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* Dec. 31, 1952, *that I last saw the deceased alive on* Dec. 29, 1952, *and that death occurred at* 12:46A m., *from the causes and on the date stated above.*

23a. SIGNATURE O M. Mackey, M.D. (Degree or title) 265

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-3-53

24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Jan 5, 1953

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR K.H. Malcom ADDRESS Lewiston,
Brower-Mann by

Dr. O. M. Mackey

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 217
Local Reg. No. 220
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
c. LENGTH OF STAY (in this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) OLE b. (Middle) C c. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) Dec 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 23, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months –, Days –
IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shovel Operator 52

10b. KIND OF BUSINESS OR INDUSTRY: Quarry

11. BIRTHPLACE (State or foreign country): Tune, Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Ringsrud
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service): – – – – – – –

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs Ole C Johnson
ADDRESS: Lapwai, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew A. Vassar (Degree or title): (Coroner)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/15/52
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Dec. 15, 1952
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. Merchant
ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4639
Local Reg. No. 44
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Helorum b. (Middle) Moon c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 2 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hugh Moon — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Kemmish — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William E Moon — ADDRESS: Malad Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Progressive with years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* General Arteriosclerosis & Debility coincident with Advanced age.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Many yrs. *, 19__, to* 3 Dec. *, 1952, that I last saw the deceased alive on* 3 Dec. *, 19 52 and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Mabey 621 — (Degree or title): M.D. — 23b. ADDRESS: 456 Main Malad City, Idaho — 23c. DATE SIGNED: 4 Dec. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Dec 6 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Malad City — 24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Dec 3. 1952 — REGISTRAR'S SIGNATURE: J. Guy Hansen — 25. FUNERAL DIRECTOR: J. Guy Hansen — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4940
Local Reg. No.
Reg. Dist. No. 536

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Henderson Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1, Malad, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Henderson Creek
d. STREET ADDRESS (If rural, give location): RFD#1, Malad, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charlotte	Harris	Moon	Dec.	13	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Fe.	wh.	Widowed	Oct. 31, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Kaysville, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Harris	England	Charlotte Green	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Ora R. Moon	Malad Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	general debility	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1945, to Dec 13, 1952, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. A. Mabey	M.D.	Malad, Idaho	12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 15-52	Malad, Idaho	Malad Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 15-52	J. Guy Benson	J. Guy Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 15 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homedale Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): B.
b. (Middle): Clyde
c. (Last): McLaughlin

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 5-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Johnstown, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James A. McLaughlin — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Rosa B. Webb, Sigoarney, Iowa — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-28-6716
17. INFORMANT'S OWN SIGNATURE: Marie McLaughlin — ADDRESS: Homedale, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Melizitis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Congestive Heart Failure

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Oct 1, 1952, *that I last saw the deceased alive on* Oct 1, 1952, *and that death occurred at* 2.30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Wm. G. Reimer N.D. Coroner
23b. ADDRESS: Box 735 Homedale, Ida.
23c. DATE SIGNED: 12/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 10-1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 12-52
REGISTRAR'S SIGNATURE: Nina Frosig
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel
W. N. Dakan
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED DEC 24 1952 DIVISION OF VITAL STATISTICS

State File No. 4642
Local Reg. No. 43
Reg. Dist. No. 380

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-- Bruneau
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada
b. COUNTY: Elko
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elko
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): W.
c. (Last): Kane

4. DATE OF DEATH (Month) (Day) (Year): 12-21-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-15-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 41
10b. KIND OF BUSINESS OR INDUSTRY: Stock Grower
11. BIRTHPLACE (State or foreign country): Clover Valley, Nevada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Kane — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Ida Bell Desmoine — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Josephine R. Kane — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bruneau Owyhee Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 21-52 8 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F Green
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/22/52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Elko Nev

DATE REC'D BY LOCAL REG.: Dec 22, 1952
REGISTRAR'S SIGNATURE: H.F. Anderson
25. FUNERAL DIRECTOR: Felix Bey Mortuary — ADDRESS: Mountain Home
D A L Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4643
Local Reg. No. 67
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 2, Parma
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BETTY	JEAN	KERSEY	November 30, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	April 13, 1936	16	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student ??	Student, High School	Bartlett, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Archie Kersey	Smith County, Kansas	Bertha Johnson	Red Cloud, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Archie E. Kersey	Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19 45, *to* Nov. 30, 19 52, *that I last saw the deceased alive on* Nov. 30, 19 52, *and that death occurred at* 4:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John H Kaiser M.D.	Payette, Idaho	Nov. 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial removal	Dec. 4, 1952	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 4, 1952	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 68
Local Reg. No. 330
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 2 53 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 979 - 8th Avenue North

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA b. (Middle) HAVENS c. (Last) CHRISTOPH

4. DATE OF DEATH (Month) (Day) (Year) December 18, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 2, 1881
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 6 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Klicksdall, Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Jacober BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lydia Driggs ADDRESS Portland Oreg.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 10 days
(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auric. Fibrillation, Ant. Septal Infarct

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Dec. 18, 1952, *that I last saw the deceased alive on* Dec. 18, 1952, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Reuben C. Hessele M.D.
23b. ADDRESS Fruitland, Idaho
23c. DATE SIGNED 12/18/1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY Roadale Memorial Park
24d. LOCATION (City, town, or county) Payette, Idaho (State)

DATE REC'D BY LOCAL REG. Dec. 22, 1952
REGISTRAR'S SIGNATURE Roberta E. Shaffer
25. FUNERAL DIRECTOR Gifford R. Shaffer ADDRESS Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 69
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
JAN 2 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1403 N. 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): JULIAN
b. (Middle): IVA
c. (Last): SMALL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 7, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter, retired

11. BIRTHPLACE (State or foreign country): Rockport, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Small
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Nettie Morris
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT'S OWN SIGNATURE: Mrs. J. I. Small
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* Dec. 24, 1952, *that I last saw the deceased alive on* Dec. 24, 1952, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Carver
(Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Dec. 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Dec 27, 1952
REGISTRAR'S SIGNATURE: Juanita E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-52-16048 RECEIVED DEC 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Angela		Unuburu	12 - 13 - 52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	Negro	Single	Dec. 11-1952			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None DZ	—	Am. Falls, Idaho.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julian Urubura	Spain.	Helen Agnire	Am. Falls. Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—	—	Julian Urubura	Am. Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs-

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-12, 1952, *to* 12-13, 1952, *that I last saw the deceased alive on* 12-13, 1952, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jorge Bjorkman M.D.	Am. Falls, Idaho	12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-14-52	Fallsview	Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-14-52	Gertrude Thornhill	H-K. Dennis	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 17 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4647
Local Reg. No. 91
Reg. Dist. No. 142

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 604 Cameron

3. NAME OF DECEASED (Type or Print): a. (First) Whitman b. (Middle) Symmes c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 29, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months: 1 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): San Francisco California

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank J Symmes
BIRTHPLACE: Mass.

14. MOTHER'S MAIDEN NAME: Anne Day
BIRTHPLACE: New York New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mildred B Symmes
ADDRESS: Kellogg Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 Dec., 1952, *to* 3 Dec., 1952, *that I last saw the deceased alive on* 3 Dec, 1952, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Gibbon 134 (Degree or title): MD.
23b. ADDRESS: Kellogg Ida
23c. DATE SIGNED: 5 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/5/52
24c. NAME OF CEMETERY OR CREMATORY: Hayes & Jones
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 12-5-52
REGISTRAR'S SIGNATURE: Joel Devine
25. FUNERAL DIRECTOR: Gunter & Gleed
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

52-16061

RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 92
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 15 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 114 E. Brown

3. NAME OF DECEASED (Type or Print)
a. (First): Wayne
b. (Middle): Faulkner
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): December 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 11, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William F. Anderson — BIRTHPLACE: Wyoming
14. MOTHER'S MAIDEN NAME: Nina McAmis — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William F. Anderson — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pre-maturity 7 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Dec 11, 1952, *and that death occurred at* 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 382 Robert E. Stoltz
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/16/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 12/19/52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution; give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): TAYLOR
c. (Last): SWINERTON

4. DATE OF DEATH (Month) (Day) (Year): Dec 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 26, 1881
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months — Days 15
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Swinerton
BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Agnes Richardson
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 518-03-1418
17. INFORMANT'S OWN SIGNATURE: Bruce Hague
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatous Metastasis — 4 months
DUE TO (c) adeno Carcinoma of Stomach — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

151X

19a. DATE OF OPERATION: July ~~Sept~~ 52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952 *to* 11 Dec, 1952 *that I last saw the deceased alive on* 11 Dec, 1952 *and that death occurred at* 8:18 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D. 458
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 16 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 13-1952 03
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: Dec 18-1952
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4650
Local Reg. No. 94
Reg. Dist. No. 142

RECEIVED 26 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Dead Wood gulch

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): W
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 10, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Essex Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Elisha J Wilson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Anna C Nelson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Pearl Rainbolt — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Advanced Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 18, 1952 *to* 12-19, 1952, *that I last saw the deceased alive on* 12-18, 1952, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert T. Stacy 382
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 12-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Remove 3
24b. DATE: 12/23/52 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Idaho
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 12-23-52
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Gade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4651
Local Reg. No. 35
Reg. Dist. No. 140

BIRTH NO.

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho First Nat. Bank Bldg.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 316 Idaho Ave.

3. NAME OF DECEASED (Type or Print) a. (First) CARL AUGUST b. (Middle) THEODORE c. (Last) PETERSON

4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 2
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining 07
10b. KIND OF BUSINESS OR INDUSTRY Morning Mine
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME August Peterson BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Ida Melin BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 518-01-6853
17. INFORMANT'S OWN SIGNATURE L. Edwin Peterson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1952 to 12-6, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. M. Peterson (Degree or title) M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 10-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. Dec 9-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 34
Reg. Dist. No. 140

BIRTH NO.

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HELGERT b. (Middle) FERDINAND c. (Last) NELSON

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 24, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 5 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45

10b. KIND OF BUSINESS OR INDUSTRY: Day Mining Co.

11. BIRTHPLACE (State or foreign country): Ironwood, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Nelson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Emma Nelson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-03-0676

17. INFORMANT'S OWN SIGNATURE: Margaret L. Nelson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 yrs
DUE TO (c) Arteriosclerosis — 6-8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-6-52, 19___, *to* 12-6-52, 19___, *that I last saw the deceased alive on* 12-6-52, 19___, *and that death occurred at* 6:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John B. Hunter (Degree or title) MD
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 9-1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Seattle Washington

DATE REC'D BY LOCAL REG.: Dec 8-1952
REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 4655
Local Reg. No. 37
Reg. Dist. No. 1 & 2

BIRTH NO.

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 179 King

3. NAME OF DECEASED (Type or Print) a. (First) BLAINE b. (Middle) R. c. (Last) HOLM

4. DATE OF DEATH (Month) (Day) (Year) DEC 11, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Aug 20. 1892	60	3	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill operator	Mining	Wells Nevada	U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 519-05-2577
17. INFORMANT'S OWN SIGNATURE Cecil L. Bartlett ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

467.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Intra-Abdominal — INTERVAL BETWEEN ONSET AND DEATH 15 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 December, 1952, *to* 11 December, 1952, *that I last saw the deceased alive on* 11 December, 1952, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John R. Hunter (Degree or title) M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 15-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. Dec 16-1952
REGISTRAR'S SIGNATURE Hale L Cornell
25. FUNERAL DIRECTOR Hale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 140
Reg. Dist. No. 140

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE No Dakota
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Willow City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELEANOR b. (Middle) MARY c. (Last) VAUDRIN

4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH (Month) (Day) (Year) Nov 3 1894
9. AGE (In years last birthday) 57
IF UNDER 1 YEAR Months 1 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leonard Harfield BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary BIRTHPLACE Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ralph Vaudrin ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416X Cerebral Hemorrhage — Stroke — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Old Rheumatic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1952, *to* 12-12, 1952, *that I last saw the deceased alive on* 12-12, 1952 *and that death occurred at* 12:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (307) J. M. Peterson M.D. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec 13-1952
24c. NAME OF CEMETERY OR CREMATORY Willow City
24d. LOCATION (City, town, or county) (State) Willow City No Dakota

DATE REC'D BY LOCAL REG. Dec 16-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR ADDRESS Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LUCILE b. (Middle) c. (Last) CHAPEN

4. DATE OF DEATH (Month) (Day) (Year) Dec 23-1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 22-1900
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 2 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sanden B.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John D. Chapen ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. 260X — INTERVAL BETWEEN ONSET AND DEATH 6 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) diabetes & diabetic nephritis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none.
19b. MAJOR FINDINGS OF OPERATION none.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Dec., 1952, *to* 23 Dec, 1952, *that I last saw the deceased alive on* 23 Dec, 1952, *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert Rumelond (Degree or title) 347
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 26 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 27-1952
24c. NAME OF CEMETERY OR CREMATORY United K.P.
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Dec 26-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 41
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MARVIN c. (Last) COVEY

4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov 4 1935

9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School

10b. KIND OF BUSINESS OR INDUSTRY Student

11. BIRTHPLACE (State or foreign country) Bozeman Montana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edgar Covey BIRTHPLACE Washington

14. MOTHER'S MAIDEN NAME Gladys Covey BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-34-1329

17. INFORMANT'S OWN SIGNATURE Mrs Ed Covey ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laryngeal edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tonsilitis & pharyngitis — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 1952 *to* 12-26, 1952, *that I last saw the deceased alive on* 12-25, 1952 *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Snyder 653 (Degree or title) M D

23b. ADDRESS Wallace Idaho

23c. DATE SIGNED 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 30-1952

24c. NAME OF CEMETERY OR CREMATORY Forest

24d. LOCATION (City, town, or county) (State) Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG. Dec 30-1952

REGISTRAR'S SIGNATURE Dale I Cornell

25. FUNERAL DIRECTOR Dale I Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

1 Copy

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ESTHER b. (Middle) MARGURITE c. (Last) OHLSON

4. DATE OF DEATH (Month) (Day) (Year) Dec 29 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 18-1893
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Red Lodge Mont.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Fox BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Marie Fox BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 420.1
17. INFORMANT'S OWN SIGNATURE Eric Ohlson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic myocarditis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1952 *to* Dec 29, 1952 *that I last saw the deceased alive on* Dec 29, 1952 *and that death occurred at* 11 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 109 (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Jan 2-1953
24c. NAME OF CEMETERY OR CREMATORY Smith & Co
24d. LOCATION (City, town, or county) (State) Spokane Washington

DATE REC'D BY LOCAL REG. Dec 31-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52-16385

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Page
d. STREET ADDRESS (If rural, give location) Page Road

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) Max
c. (Last) Colletti

4. DATE OF DEATH (Month) (Day) (Year) December 29, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH December 24 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Wallace Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Richard Colletti
BIRTHPLACE Butte Montana
14. MOTHER'S MAIDEN NAME Marian Tofte
BIRTHPLACE Eckman N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Marian Colletti
ADDRESS Page Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Birth

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1952, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 29, 1952, *and that death occurred at* 3a *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul Ellis MD (Degree or title) 109
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED Jan 7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE January 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 1/10/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature]
ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

6 Copies

RECEIVED DEC 20 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morning Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) S c. (Last) TENNEY

4. DATE OF DEATH (Month) (Day) (Year) Dec 8 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov 30 1882

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months — Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill operator

10b. KIND OF BUSINESS OR INDUSTRY Morning Mine

11. BIRTHPLACE (State or foreign country) New York State

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME [illegible] BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE [illegible] Cook ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c) General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH (a) Few Minutes (b) Years (c) Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Dec 8, 1952 *and that death occurred at* 120 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Coroner (Degree or title)

23b. ADDRESS Wallace Ida

23c. DATE SIGNED 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 15-1952

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. Dec 9-1952

REGISTRAR'S SIGNATURE Dale I Cornell

25. FUNERAL DIRECTOR Dale I Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 26 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 93
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
c. LENGTH OF STAY (in this place): 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kingston Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): D
c. (Last): Hunt

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 28, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Hunt — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Jeanette J. Buchanan — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Frank Hunt — ADDRESS: Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 151X Ca of Stomach c — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Metastasis
DUE TO (c): + ascites.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Febr 1950, *to* _____, 19__, *that I last saw the deceased alive on* Febr, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 382 Robert E. Stacey
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/20/52
24c. NAME OF CEMETERY OR CREMATORY: Hunts
24d. LOCATION (City, town, or county) (State): Kingston Idaho

DATE REC'D BY LOCAL REG.: 12/19/52
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 43
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) Dec 27-1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 15-1948
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months 6 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Council Bluff Sowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Clark — BIRTHPLACE Minn
14. MOTHER'S MAIDEN NAME Frances Wise — BIRTHPLACE N. Y

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Frances Clark — ADDRESS Mullan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death — INTERVAL BETWEEN ONSET AND DEATH Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Home burned
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mullan Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-27-52 240 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Home burned down

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 12-27, 1952, and that death occurred at 240 a.m., from the causes and on the date stated above.*

23a. SIGNATURE H 470 Mowery Coroner (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 29-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. Dec 29-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 42
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RAYMOND	JOHN	CLARK	Dec	27	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Sept 1-1949	3	3	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Omaha Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Clark — BIRTHPLACE Maine
14. MOTHER'S MAIDEN NAME Frances Hesi — BIRTHPLACE N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Frances G. Clark — ADDRESS Mullan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to Death — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Home burned
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accidental Burning
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mullan Shoshone Ida
21d. TIME OF INJURY (Month) 12 (Day) 27 (Year) 1952 (Hour) 2 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Home burned down

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Dec 27, 1952, *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 29-1952
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. Dec 29-1952
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

NON-RESIDENT Certificate of Death

RECEIVED JAN 5 1953 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 14
Reg. Dist. No. 620

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alta
Mailing Address- Driggs, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): ANNIE CURTIS
c. (Last): LINSENMANN

4. DATE OF DEATH (Month) (Day) (Year): Dec., 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Victor, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nahum Curtis — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Annie Barker — BIRTHPLACE: Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. Linsenmann — ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential hypertension — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 15, 1952, *to* Dec 12, 1952, *that I last saw the deceased alive on* Dec 12, 1952, *and that death occurred at* 2:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grande Larsen M.D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 Dec 52
24c. NAME OF CEMETERY OR CREMATORY: Victor
24d. LOCATION (City, town, or county) (State): Victor, Idaho

DATE REC'D BY LOCAL REG.: Jan 1-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JAN 14 1953
DIVISION OF

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 307
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) Katie b. (Middle) B. c. (Last) Coleman

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar. 24-1870

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months 7 Days 4 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nevada Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. Holbrook — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Sarah J. Wood — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Helen Gaetjen — ADDRESS: Twin Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) [illegible] — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Dec 27, 1952 *that I last saw the deceased alive on* Dec 27, 1952 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert Anderson M.D. | **23b. ADDRESS**: Twin Falls, Idaho | **23c. DATE SIGNED**: Dec 17 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 10-31-1952 | **24c. NAME OF CEMETERY OR CREMATORY**: Fallenwell | **24d. LOCATION** (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: 1-10-53 | **REGISTRAR'S SIGNATURE**: [illegible] | **25. FUNERAL DIRECTOR**: H. F. Dennis | **ADDRESS**: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 5 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 282
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES R. BELL b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1952

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 13, 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Twin Falls Ida ADDRESS
Wayne Bell by Mrs Bell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153X Carcinoma colon — INTERVAL BETWEEN ONSET AND DEATH 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Carcinoma tosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1952, *to* 12-1, 1952 *that I last saw the deceased alive on* 11-29, 1952, *and that death occurred at* 10:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 12/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/4/52
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 12-3-52
REGISTRAR'S SIGNATURE Donna Reach
25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 283
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RT.#2 TWIN FALLS
d. STREET ADDRESS (If rural, give location): COUNTY FARM

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLIFFORD	GYE	KNAPE	Dec. 1, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Divorced	June 12, 1904	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville Idaho
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: E.P. Knape — BIRTHPLACE: no information
14. MOTHER'S MAIDEN NAME: no-information — BIRTHPLACE: no-information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 514-14-5423
17. INFORMANT'S OWN SIGNATURE: Gene Knape — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension, — Chronic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Epilepsy, long-standing

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 30 Nov, 1952, *to* 1 Dec., 1952, *that I last saw the deceased alive on* 30 Nov, 19 52, *and that death occurred at* 3:03 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy M. Kellogg, M.D.	317 Shoshone St. North Twin Falls	12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-52	Filer Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-5-52	Alonzo Finch	L.C. Phillips	Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4667
Local Reg. No. 289
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osterloh Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): O.
c. (Last): Vance

4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 52

5. SEX: F
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 6, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Cook — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Daisy Belle McKenzie — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): old age.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio
DUE TO (c): vascular Renal disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Dry gangrene left leg up to knee

442X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? got had first returned for the condition treated her about 1 yr ago

22. I hereby certify that I attended the deceased from 1939 to 1951, that I last saw the deceased alive on _____, 1951, and that death occurred at 6 p.m., from the causes and on the date stated above. got had cerpered when arrived

23a. SIGNATURE (Degree or title): R. A. Drake M.D. 094
23b. ADDRESS: 317 Shoshone N
23c. DATE SIGNED: 12 3 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-8-52
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: White Mortuary — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4668
Local Reg. No. 284
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Louis; b. (Middle) A.; c. (Last) Tolman

4. DATE OF DEATH: (Month) (Day) (Year): 12-2-52

5. SEX: M

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 29, 1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chester Field, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wallace Tolman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Annie Huphine
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-10-2791

17. INFORMANT'S OWN SIGNATURE: Mrs Elizabeth B Tolman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Liver (Primary) — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Oct, 19 52, *to* 2 Dec, 19 52, *that I last saw the deceased alive on* 2 Dec, 19 52, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. Ellis Knight (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 3 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-5-52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-5-52

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: White Mortuary
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 285
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 601 N. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): L.
c. (Last): Cludas

4. DATE OF DEATH (Month) (Day) (Year): December 3, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 7, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Farmer-Real Estate
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Cludas — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jack Cludas — ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1- Chronic glomerulonephritis 2- Cardiac cirrhosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Tricuspid insufficiency with dilatation of the right auricle
DUE TO (c) Massive heart with L. Ventricular hypertrophy -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonia, peribronchial, acute at lower lobe

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073 mo.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, '52 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-8-52
REGISTRAR'S SIGNATURE: Donna Kirk
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 286
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LOUIS b. (Middle) JACOB c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 6, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles P. Johnson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Christopherson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth Johnson
ADDRESS: Richfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pyelonephritis, chronic — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatic obstruction — years
DUE TO (c): Ca of Prostate — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Adrenal tumor (2) Hypertensive and arteriosclerotic HD — (1) Unknown (2) years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 25, 1952, *to* Dec. 3, 1952, *that I last saw the deceased alive on* Dec. 3, 1952, *and that death occurred at* 11:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Royal S. Cutler, M.D.
(Degree or title): M. D.
23b. ADDRESS: 111 6th Ave E. Twin Falls
23c. DATE SIGNED: 3 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/6/52
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Donna Linck

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS: THOMPSON CHAPEL, GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 287
Reg. Dist. No. 46

BIRTH NO. DEC 11 1952

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1530 Kimberly Road

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle):
c. (Last): Reiman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 7, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: -28 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Gene Reiman
BIRTHPLACE: S. Dakota

14. MOTHER'S MAIDEN NAME: Helen Zier
BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gene Reiman
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-4, 1952, *to* 12-5, 1952, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 12:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-8-1952

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-9-52

REGISTRAR'S SIGNATURE: Donna Smith

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 4672
Local Reg. No. 288
Reg. Dist. No. 460

BIRTH NO. DEC 11 1952

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 411 Walnut

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAY		McKEAN	Dec. 6, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Mar. 26, 1906	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls County, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George McKean — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Susan Loucks — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW2 U.S. Army
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Ray McKean — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 20 1 Acute Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis (Autopsy finding)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* April 1950, *to* Dec 7, 1952, *that I last saw the deceased alive on* Dec 7, 1952, *and that death occurred at* 1:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernard L. Kreilkamp M.D.	Twin Falls, Idaho	12/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-9-52	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-52	Donna Smith	White Mortuary	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Items #3c & 13 amended 6-24-91 MCM

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4673
Local Reg. No. 290
Reg. Dist. No. 460

BIRTH NO. 111-52-16158

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 410 Diamond St.

3. NAME OF DECEASED (Type or Print): a. (First) Donna b. (Middle) Carrol c. (Last) ~~OVERLIN~~ ~~Overland~~

4. DATE OF DEATH: (Month) (Day) (Year) December 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 8, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Donald L. ~~OVERLIN~~ ~~Overland~~ — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Marjorie Lee Spain — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE & Donald L. Overland — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Lower lobe atelectasis (Congenital)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 8, 1952, *to* Dec 9, 1952, *that I last saw the deceased alive on* Dec 9, 1952, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvard C. Luke MD (Degree or title)

23b. ADDRESS: 651 Twin Falls Ida

23c. DATE SIGNED: 12/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/11/52

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-16-52

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR & ADDRESS: James C. Reynolds — Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-49031

RECEIVED
JUN 1 1 1991
VITAL STATISTICS UNIT

The mistake made on my baby's birth Certificate was made by the hospital. Our baby only lived about 18 hours and we did not notice the name being misspelled until a few years later.

Sincerely
Donald T. Overlin

Edna J. Spain
Notary Public
Life time, State of Idaho

3-29-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAY 16 1991
VITAL STATISTICS UNIT

State of IDAHO
County of TWIN FALLS } ss.

Certificate No. 52-4673
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Donna Carrol Overland (Name on Original Certificate) who died (Was Born, Died, etc.) on Dec. 9, 1952 (Date of Event)

in Twin Falls, Twin Falls Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
3c. Name of Deceased (Last)	Overland	Overlin
13. Father's surname	Overland	Overlin

Subscribed and sworn to before me this 10th day of May, 1991.

JOHN M. HEAD NOTARY PUBLIC STATE OF IDAHO

Notary Public, John M. Head
Residing at 1240 Spruce Twin Falls ID
My commission expires May 7, 1997
(Seal)

x Donald T. Overlin
Signature of Applicant

x213 Illinois St T.F. I.D.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 292
Reg. Dist. No. 160

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print): a. (First) Donna b. (Middle) M. c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 12, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richhill, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Holmes
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Donna Hurley
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James Hansen
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Flue or (virus) pneumonia
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age
DUE TO (c) Cardio vgnular Renal Disease arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-52
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 12-15-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 24 1952 DIVISION OF VITAL STATISTICS

State File No. 4675
Local Reg. No. 298
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 705 Maple

3. NAME OF DECEASED (Type or Print): a. (First) Christian b. (Middle) C. c. (Last) Voeller

4. DATE OF DEATH: (Month) December (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Theatre Manager 74

10b. KIND OF BUSINESS OR INDUSTRY: Theatre Owner

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): xxxxxxxxxx

16. SOCIAL SECURITY NO.: 518 09 4276

17. INFORMANT'S OWN SIGNATURE: X E. Voeller
ADDRESS: Nyssa, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis c Hypertensive Arteriosclerotic Cardio-Vascular Renal Disease — 1 week
DUE TO (c) Arteriosclerotic Cardio-Vascular Renal Disease — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism — 10 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1952, *to* Dec 14, 1952, *that I last saw the deceased alive on* Dec 14, 1952, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E M Bradley (Degree or title) M.D.

23b. ADDRESS: Buhl Idaho

23c. DATE SIGNED: 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 17, 52

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-22-52

REGISTRAR'S SIGNATURE: Phyllis Buhler - Deputy

25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 18 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 293
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hops.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): Ormus
b. (Middle): Merritt
c. (Last): Bates

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Johns, Arizona
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Orville Bates — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah E. Wakefield — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ormus M. Bates — ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

421.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12/1/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): aortic regurgitation — 1940
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12- *,* 1945 *, to* 12-14 *,* 1952 *, that I last saw the deceased alive on* 12-14 *,* 1952 *, and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A A Boston MD 028
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-52 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-15-52
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: [illegible] Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 997
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print): a. (First) Lena b. (Middle) c. (Last) Krueger

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Munich, Germany

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hugo Schuster
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Catherine
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl Leonard
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Rt. & Left Ribs, Multiple Fractures Left Tibia & Left
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shock
DUE TO (c) Automobile Injury

INTERVAL BETWEEN ONSET AND DEATH
(a) 4 hrs.
(b) 4 hrs.
(c) 4 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 15 1952 1 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* 15 Dec., 1952, *to* 15 Dec, 1952, *that I last saw the deceased alive on* 15 Dec, 1952, *and that death occurred at* 4:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Reymer, M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 16 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-19-1952

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-22-52

REGISTRAR'S SIGNATURE: Phyllis Butler - Deputy

25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 24 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1678
Local Reg. No. 298
Reg. Dist. No. 46-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 858 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) Mae; b. (Middle) Nellie; c. (Last) Drake

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 24, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alexandria, Neb.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Moseley — BIRTHPLACE: Penna.

14. MOTHER'S MAIDEN NAME: Louisa Beer — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fred E. Drake — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 30 Oct 51

19b. MAJOR FINDINGS OF OPERATION: Ca of Cervix with invasion of bone & bladder

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Oct, 1951, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec 16, 1952, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leroy T. Davis M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-18-1952

24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery

24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 12-22-52

REGISTRAR'S SIGNATURE: Phyllis Barker - Deputy

25. FUNERAL DIRECTOR: [signature]

ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 24 1952 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 295
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Philip	R.	Hudson	December 16, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 20, 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Stockman	Farmer & Stockman	Uhricksville, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Hudson	New Comers Town, Ohio	Almeda Rogers	New Comers Twon, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	xxxxxxxxxx	518-22-7837	X. Ray Hudson	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurism Arch Aorta into Esophagus + Mediastinum — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis Aorta (not Luetic) — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Dec 7, 1952, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec 16, 1952, *and that death occurred at* 1:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. H. McBratney	M.D.	Buhl Idaho	12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1952	Buhl City Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-52	Phyllis Buhler - Deputy	B. T. Gilbertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 24 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 300
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 2 Filer
d. STREET ADDRESS (If rural, give location): RT. # 2 Filer

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) EDNA c. (Last) NOH SHAFF

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 17, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarkston, Nebraska

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Noh — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Anna Tapply — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Charles B. Shaff ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c): Hypertension chr. — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitis — 20 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1952, *to* 17 Dec., 1952, *that I last saw the deceased alive on* 17 Dec., 1952, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymer 024 (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 19 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/22/52 01

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-23-52

REGISTRAR'S SIGNATURE: Phyllis Busler - Deputy

25. FUNERAL DIRECTOR ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4681
Local Reg. No. 333
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Fair (Fairgrounds.)

3. NAME OF DECEASED (Type or Print)
a. (First): Beatrice
b. (Middle): M.
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 18, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Central City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hugh M. Miller — BIRTHPLACE: Williamsport, Penn.
14. MOTHER'S MAIDEN NAME: Maggie White — BIRTHPLACE: Waterloo, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Thomas Parks — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio Vascular Disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 12/23, 1952, *that I last saw the deceased alive on* 12/23, 1952, *and that death occurred at* 2:00A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 003 MD
23b. ADDRESS: Filer, Ida
23c. DATE SIGNED: 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27, '52 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-30-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4682
Local Reg. No. 30 21
Reg. Dist. No. 3/61

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 520 4th Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) MILDRED c. (Last) MAXWELL

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 24, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 5, 1910	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Sanborn, Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis R. Anderson	Indiana	Pearl Featherstone	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-30-3190	Virgil D. Maxwell	Twin Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Adrenal Necrosis	24 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Septicemia	4 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic heart disease	36 years

053.4

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 20 *1952, to* Dec. 24, *1952, that I last saw the deceased alive on* Dec 24, *19 52, and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn R. Voyles M.D. 435	Twin Falls, Idaho	12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/29/52	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
12-29-52		White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 30 1952
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 83
Local Reg. No. 301
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R.#3 Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.# 3

3. NAME OF DECEASED (Type or Print)
a. (First): Theda
b. (Middle): A.
c. (Last): Devlin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25,1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.7,1921
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wheeler,Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Zalman — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth Schultz — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: David I. Devlin — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

175X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Brain & Cerebral hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Carcinomatosis Primary Ont Ovary

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/30, 1952 *to* 11/24, 1952 *that I last saw the deceased alive on* 11/24, 1952, *and that death occurred at* 12:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 094 Drake, N.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/27/52 01
24c. NAME OF CEMETERY OR CREMATORY: Red Cloud Cemetery
24d. LOCATION (City, town, or county) (State): Red Cloud, Nebraska

DATE REC'D BY LOCAL REG.: 12-26-52
REGISTRAR'S SIGNATURE: Donna Liach
25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME — James E. Reynolds
ADDRESS: TWIN FALLS IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 304
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 23 Washington Courts

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) A. c. (Last) Satterwhite

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Quay. N. Mex.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Charles Satterwhite
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Diola Merrel
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-3524

17. INFORMANT'S OWN SIGNATURE & ADDRESS: Frances Satterwhite, Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral atrophy, left frontal.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral artery occlusion, left -2 hrs.
DUE TO (c) Cerebral and generalized atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary insufficiency

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug., 1952, *to* Dec., 1952, *that I last saw the deceased alive on* Dec. 22, 1952, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Welford, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

C/

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 305
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Douglas Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Douglas Hotel - Shoshone No.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) c. (Last) HOUDA

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ingle

8. DATE OF BIRTH: Novl 20, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Divice, Czechoslovokia

12. CITIZEN OF WHAT COUNTRY? Czech.

13. FATHER'S NAME: Unk. BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk. BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-22-9040

17. INFORMANT'S OWN SIGNATURE: Arthur Smith ADDRESS: Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-3-53

24c. NAME OF CEMETERY OR CREMATORY: FILER I.O.O.F. CEMETERY

24d. LOCATION (City, town, or county) (State): FILER, RURAL, IDAHO

DATE REC'D BY LOCAL REG.: 1-12-53

REGISTRAR'S SIGNATURE: Donna Lusk

25. FUNERAL DIRECTOR: Arthur Smith ADDRESS: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 306
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RED #1

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Bret
c. (Last): Kevan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 27, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 2
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James E. Kevan — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Beverly Simon — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James E Kevan — ADDRESS: R#1 Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intra Uterine Pneumonia
DUE TO (c): Virus Pneumonitis in mother for 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/27, 1952, *to* 12/31, 1952, *that I last saw the deceased alive on* 12/31, 1952, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 003 MD
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 291
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): B.
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 7, 1871
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Pleasant View, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: W. E. Johnston
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Anne George
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary A Kinney
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952, *to* Dec 10, 1952, *that I last saw the deceased alive on* did not, 19__, *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: Dec 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-1952 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-15-52
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S C Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 296
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): S.
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3, 1866
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison County, Ark.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Richard Walker
BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Paulina Hinds
BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs K. H. Carr
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/13, 1952, *to* 12/18, 1952, *that I last saw the deceased alive on* 12/18, 1952, *and that death occurred at* 11:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn Q Voyles M.D. +35
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetary
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Phyllis Buhler - Deputy
25. FUNERAL DIRECTOR: S. G. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4689
Local Reg. No. 299
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Sixth Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Greenfield	Elbert	Chasteen	Dec. 20, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 14, 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Deputy, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ephram Chasteen	Indiana	Christina Elridge	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Margaret Stroud ADDRESS: Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 19 47, *to* 12-20, 19 52, *that I last saw the deceased alive on* Dec. 19, 19 52, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George C. Halley 143	Twin Falls, Idaho	12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-1952	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-52	Phyllis Busker - Deputy	J. C. Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser (Rural Oregon Side)
d. STREET ADDRESS (If rural, give location): R.F.D. #3 Weiser, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) RAY c. (Last) MARTIN

4. DATE OF DEATH: (Month) (Day) (Year): November 25 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 30 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 7 | Days: 26 | IF UNDER 1 DAY Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Martin — BIRTHPLACE: Winnepeg, Canada

14. MOTHER'S MAIDEN NAME: Hanna Arntt — BIRTHPLACE: Milken, Colorado.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Henry Martin — ADDRESS: Rt.#3 Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiated — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 25, 1952, *to* Nov 25, 1952, *that I last saw the deceased alive on* Nov 25, 1952, *and that death occurred at* 8:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/29/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/25/52

REGISTRAR'S SIGNATURE: Marie Hutchison

25. FUNERAL DIRECTOR: C. L. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Van Eaton#

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 35
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. #3

3. NAME OF DECEASED (Type or Print): a. (First) EMMETT; b. (Middle) BRANSFORD; c. (Last) RANEY

4. DATE OF DEATH (Month) (Day) (Year): December 8 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4 1890

9. AGE (In years last birthday): 62
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Summerset Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Raney
BIRTHPLACE: Summerset, Kentucky

14. MOTHER'S MAIDEN NAME: Mary Lovins
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul E. Raney
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 2418 Bronchial Asthma
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1952 *to* Dec., 1952 *that I last saw the deceased alive on* Dec 8, 1952 *and that death occurred at* 5:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (656) T. Van Eaton, M.D. (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 12/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-12-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12/9/52
REGISTRAR'S SIGNATURE: Muriel Swallow
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 412 East Liberty

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) TYLER; c. (Last) DAWSON

4. DATE OF DEATH (Month) (Day) (Year): December 18 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 20 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Wolf Island, Ont. Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know
BIRTHPLACE: Dont Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary Kenneth
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — 794X — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-5, 1952, *to* 12-18, 1952 *that I last saw the deceased alive on* 12-5, 1952, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/20/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12/19/52

REGISTRAR'S SIGNATURE: Marie Southwood

25. FUNERAL DIRECTOR: C. S. Jones

ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 328

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 31 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 455 East Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUST	KU KULES	COOPER	Dec.	19	1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 5 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail Merchant 35	Shoes	Litohoron Greece	Greece

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tom Kukules	Greece	Florence ???	Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Steve Cooper	Weiser, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-8, 1952, *to* 12-19, 1952, *that I last saw the deceased alive on* 12-19, 1952, *and that death occurred at* 2:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Weiser, Idaho	12/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/22/52	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/20/52	[signature]	C. L. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. McGrath

Certificate of Death

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4694
Local Reg. No. 39
Reg. Dist. No. 32

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1002 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE; b. (Middle) L.; c. (Last) OSTER

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 22 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Des Moines Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Kuhns
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jos Oster
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8th, 1951, *to* Dec. 22nd, 1952, *that I last saw the deceased alive on* Dec. 22nd, 1952 *and that death occurred at* 9:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. McGrath M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/26/52

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12/23/52

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: A. L. Jones

ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 39
Reg. Dist. No. 320

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle); c. (Last) OGDEN

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 6 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Sharon Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Ogden
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ellen Miller
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C. J. Ogden
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 8th, 19 52, *to* Dec 29, 19 52, *that I last saw the deceased alive on* Dec 29, 19 52, *and that death occurred at* 12:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McGrath MD
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 12/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-1952
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 12/30/52
REGISTRAR'S SIGNATURE: Marie Hazelwood
25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

RECEIVED JAN 8 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4696
Local Reg. No. 47
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 5935 35th Southwest

3. NAME OF DECEASED (Type or Print): a. (First) HARRIETT b. (Middle) T. c. (Last) POMEROY

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7 1903

9. AGE (In years last birthday): 49
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Grade School

11. BIRTHPLACE (State or foreign country): Harrison, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Brown
BIRTHPLACE: Shoals, Indiana

14. MOTHER'S MAIDEN NAME: Dulcena Sims
BIRTHPLACE: Harrison, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Seattle, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injury
INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of facial bones

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pre Bede near Weiser, Malheur - Ore

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 31 1952 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Dec. 31, 1952, *and that death occurred at* 12:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Wyatt (Degree or title): M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 12/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/1/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12/31/52

REGISTRAR'S SIGNATURE: Marie Hartlerode

25. FUNERAL DIRECTOR: C. F. Jones
ADDRESS: Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4597
Local Reg. No. 23
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 835 E. HALLIDAY

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle):
c. (Last): McEWEN

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 15, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY 21, 1882
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 3 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICK MASON 81
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE
11. BIRTHPLACE (State or foreign country): SCOTLAND
12. CITIZEN OF WHAT COUNTRY?: BRITISH

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Leonard L. Bernt — MRS. LEONARD L. BERNT
ADDRESS: POCATELLO, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

610 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Post Operative
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10-30-53
19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hyperplasia
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10-27, 1952, *to* 11-15, 1953, *that I last saw the deceased alive on* 11-15, 1953, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Groom, M.D.
23b. ADDRESS: Kasiska Bldg. Pocatello
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: NOVEMBER 17/52
24c. NAME OF CEMETERY OR CREMATORY: GLENREST CEMETERY
24d. LOCATION (City, town, or county) (State): GLENNS FERRY IDAHO

DATE REC'D BY LOCAL REG.: FEB 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: HALL GRANT MORTUARY / COLIN M. EDWARD
ADDRESS: Colin M. Edward POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4698
Local Reg. No. 13
Reg. Dist. No. 51

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 mo. 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route One North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SARAH	EMILY ANN	JONES	December 7 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	June 2, 1884	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	At Home	Lee County, Virginia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Booker Mullins	Virginia	Jane Hamilton	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	none	Ted Jones	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Terminal broncho-pneumonia	One week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	Years
DUE TO (c)	Arteriolar nephro-sclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	(1) Severe passive congestion of all viscera (2) interstitial fibrosis of the heart and spleen	Years

4468

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Dec. 4, 1952, *to* Dec. 7, 1952, *that I last saw the deceased alive on* Dec. 7, 1952, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
ARCH T. WIGLE, MD	Pocatello, Idaho	Dec. 10, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 10, 1952	Moreland Cemetery	Moreland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 26 1953	Eva M. Wallin	Frank Kimberson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4699
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Taylor c. (Last) Sorenson

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroading

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lund Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin J. Sorenson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Sarah E. Walton
BIRTHPLACE: Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-4332

17. INFORMANT'S OWN SIGNATURE: Russell Sorenson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Closure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis — not known

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 13, 1952, *to* Dec 18, 1952, *that I last saw the deceased alive on* Dec 13, 1952, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert K. Burgoyne (Degree or title) M.D.

23b. ADDRESS: Montpelier, Ida

23c. DATE SIGNED: Jan 15 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 22 1952

24c. NAME OF CEMETERY OR CREMATORY: Lund Cemetery

24d. LOCATION (City, town, or county) (State): Lund Idaho

DATE REC'D BY LOCAL REG.: 1/16/53

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Dale Matthews

ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4700
Local Reg. No.
Reg. Dist. No. 252

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Rich
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City Utah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Morrison

4. DATE OF DEATH (Month) (Day) (Year): Dec 25 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 1 1861.

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Willard Hansen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene both legs. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs.
DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

430.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 23, 1952, *to* Dec 25, 1952, *that I last saw the deceased alive on* Dec 25, 1952, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R B Lindsay — (Degree or title): M.D.

23b. ADDRESS: Montpelier Idaho

23c. DATE SIGNED: 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Temporary

24b. DATE: Dec 29 1952

24c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery

24d. LOCATION (City, town or county) (State): Garden City Utah

DATE REC'D BY LOCAL REG.: 1/6/53

REGISTRAR'S SIGNATURE: N Nelson

25. FUNERAL DIRECTOR — ADDRESS: Mike Matthews Montpelier Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4701
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jenkins c. (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 3 1881
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Willsville Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Barnes 70 BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Angeline Jenkins BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-05-1493
17. INFORMANT'S OWN SIGNATURE Mrs Martha Barnes ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis — 2 yrs.
DUE TO (c) Rheumatic Heart disease — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 15, 1940, *to* Dec 26, 1952, *that I last saw the deceased alive on* 12-26, 1952, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE R B Lindsay 227 (Degree or title) M.D.
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 12-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 30 1952
NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 1/16/53
REGISTRAR'S SIGNATURE N Meng
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

State File No. 4702
Local Reg. No. 226
Reg. Dist. No. 6/0

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 382½ Short Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 382½ Short Street

3. NAME OF DECEASED (Type or Print): a. (First) OSCAR; b. (Middle) FREDERICK; c. (Last) ANDERSON

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	October 2, 1872	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Geheral	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andre Monson	Sweden	Emile	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No	Unk.	Oscar F Anderson	Rigby Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by Monoxide — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Poisoning —
DUE TO (c) burning of Home

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—		Idaho Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov 29 52 — ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Victim of burning Home

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo A. Williams #70 4	Coroner	Idaho Falls, Idaho	12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1952	New Sweden Cemetery	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 10-1952	Anna Rudges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 11-52-11252

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4703
Local Reg. No. #249
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Rodney; b. (Middle); c. (Last) Kelly

4. DATE OF DEATH: (Month) (Day) (Year): Dec 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec 14, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 2 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Kelly
BIRTHPLACE: Iona, Idaho

14. MOTHER'S MAIDEN NAME: Betty Walquist
BIRTHPLACE: Idaho Falls

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Mrs. Ruth Kelly
ADDRESS: Shelley, Rt # 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 762.0 atelectasis of newborn — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 14, 1952 *to* Dec 16, 1952 *that I last saw the deceased alive on* Dec 16, 1952 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hutch M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-18-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20-1953

REGISTRAR'S SIGNATURE: Leona Bridges

25. FUNERAL DIRECTOR ADDRESS: Jack A Wood Idaho Falls, Idaho

Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-4802

State File No. 4704
Local Reg. No. 250
Reg. Dist. No. 610

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls Rt.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Idaho Falls Rt #1

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): James Aruleious Cooper

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.10,1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): American Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Cooper — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rosetta R.Norton — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Roy L. Cooper — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Embolism 3 wks ago — 3 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1952, *to* Dec. 21, 1952, *that I last saw the deceased alive on* Dec. 21, 1952, *and that death occurred at* 5:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title) M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: Dec. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/52
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idah

Jack A. Wood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-11347

BIRTH NO. FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 4705
Local Reg. No. 3
Reg. Dist. No. 360

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Apt. 59, Canyon Hill Apts

3. NAME OF DECEASED (Type or Print)
a. (First): Mark
b. (Middle): Lynn
c. (Last): Shelton

4. DATE OF DEATH (Month) (Day) (Year): September 10-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Sept. 10-1952
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours 2, Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Buster Shelton, St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Helen Endicott, Unadilla, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Infant
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Sept, 1952, *to* _____, 19__, *that I last saw the deceased alive on* 10 Sept., 1952, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E. Soli M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 6 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/18/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR / ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4706
Local Reg. No. 13
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 923, 9th Ave So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NORA	F.	WATKINS	Nov. 22, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Dec. 14, 1869	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Fulton Co., Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jarod Cook	Indiana	Martha Walters	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ezra B. Watkins	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis Vulva.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 7, 1952, *to* Nov 22, 1952, *that I last saw the deceased alive on* Nov 22, 1952 *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wenke M.D	Nampa Idaho	1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/25/52	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 27, 1953	Myrtle Jane Fleck	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

52-15496 RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4707
Local Reg. No. 14
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1611 1st. St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): DARLENE
b. (Middle): RICKY
c. (Last): BLACKWELL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 12, 1952
9. AGE (In years last birthday): *
IF UNDER 1 YEAR: Months / Days: 7
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Melbourne Blackwell
BIRTHPLACE: Glenns Ferry, Ida.
14. MOTHER'S MAIDEN NAME: Mildred Young
BIRTHPLACE: Kenewick, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Melbourne F Blackwell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Patent Foramen Ovale — INTERVAL BETWEEN ONSET AND DEATH: Dec 12 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12 15, 1952, *to* Dec 19, 1952, *that I last saw the deceased alive on* Dec 19, 1952, *and that death occurred at* 12 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Rodwell MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan 27, 1953
REGISTRAR'S SIGNATURE: Mrs Jane D Fleck
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4708
Local Reg. No. 26
Reg. Dist. No. 362

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 923 Schley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 923 Schley

3. NAME OF DECEASED (Type or Print)
a. (First): SIDNEY
b. (Middle): H.
c. (Last): MOYLE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 5, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Moyle — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ellen Budge — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Gladys Braden — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute dilatation heart

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): The pneumonia
DUE TO (c): Myocarditis & Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: following

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-18, 1952, *to* 12-24, 1952, *that I last saw the deceased alive on* 12-24, 1952, *and that death occurred at* am *m., from the causes and on the date stated above.*

23a. SIGNATURE: 022 H. P. Belknap (Degree or title): M.D.
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Dec 30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/27/52
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Ida.
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4709
Local Reg. No. 6
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Park
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles East of Ponds Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Park
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) RYDBERG c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): App. 19 Dec 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: october 3, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

932.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition and exposure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Was found dead in cabin on 26 January after being reported missing. Calender in house had been marked and last mark was Dec., 19, 1952. No food or fuel in cabin
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Never attended, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Hansen 47° (Degree or title): Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 29 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 Jan 53
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 29 Jan 53
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

State File No. 4710
Local Reg. No. 1575
Reg. Dist. No. 420

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
d. STREET ADDRESS (If rural, give location): R. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Conrad
b. (Middle):
c. (Last): Nab

4. DATE OF DEATH (Month) (Day) (Year): Dec 6 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: May-15-1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Russian naturalized
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Godfrey Nab — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Elizabeth — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs Irma R Anderson — ADDRESS: Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.0 Acute congestive heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1952, *to* Dec 6, 1952, *that I last saw the deceased alive on* Dec 6, 1952, *and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Dec 1 - 52
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Dec.
REGISTRAR'S SIGNATURE: J. H. Cornwell
25. FUNERAL DIRECTOR: Myrtle C Burdett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 4711
Local Reg. No. 231
Reg. Dist. No. 120

BIRTH NO. DEC 22 1952 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hsopital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fred	E.	Dutro	12	14	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-20-1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Dutro — BIRTHPLACE: Illi nois
14. MOTHER'S MAIDEN NAME: Della De Camp — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 517-09-3971
17. INFORMANT'S OWN SIGNATURE: Mrs. Kathryn Dutro — ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4343

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uremia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 12-14, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Hughes M.D.	MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-17-52	St. Thomas Cemetery	Coeur d'Alne, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-18-52	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4712
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Heppie		Bailey	12-	30-	52

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	2-18-1863	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Oliver	Scotland	Mary Jane Bannister	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia, Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Chronic - Bed patient — 2 months.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, *1952, to* Dec. 30, *1952, that I last saw the deceased alive on* 12/30, *1952, and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dan C. Sederson MD - M. D.	Spirit Lake, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-53	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-10-53	Lorraine K. Brush	Gilbert Gate	Rathdrum Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

State File No. 4713
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Silbaugh Home

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Hiram
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 26, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch laborer of
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marble Hill, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Baker — BIRTHPLACE: Marble Hill, Mo.
14. MOTHER'S MAIDEN NAME: Mary Watts — BIRTHPLACE: Marble Hill, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Received by mail from Sister — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 550.1 Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Ruptured Appendix
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1952, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 29, 1952, *and that death occurred at* 4:24A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder MD. (Degree or title) 262
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-53 02
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 4714
Reg. Dist. No.

BIRTH NO. JAN 31 1953

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY LEWIS.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KAMIAH
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) Elizabeth
c. (Last) Capwell

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 3, 1901
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 51
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) MICHIGAN
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WARREN BILLINGS - BIRTHPLACE
14. MOTHER'S MAIDEN NAME NELLIE TURNER - BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Ben C Capwell ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 7PM - 9PM.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kamiah (COUNTY) Lewis (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 10-8, 1952, *to* 10-8, 1952, *that I last saw the deceased alive on* 10-8, 1952, *and that death occurred at* 9:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl D Kobler M.D. (Degree or title) 644
23b. ADDRESS Myrtle, Idaho.
23c. DATE SIGNED 10-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 13-52 51
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. 10-13-52
REGISTRAR'S SIGNATURE Buelah V. Bryan
25. FUNERAL DIRECTOR Jas Rotarkon Tranquille ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2475
Local Reg. No. 475
Reg. Dist. No.

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): Few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Randy; b. (Middle) Eugene; c. (Last) Thomason

4. DATE OF DEATH: (Month) (Day) (Year) 11-6-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 3-19-1952

9. AGE (In years last birthday): 7 Mo. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarkston, Wash.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Bryon Thomason — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Georgia Starcher — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

544.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Indigestion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): -

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/6/52, 19___, *to* 11/6/52, 19___, *that I last saw the deceased alive on* at my office, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.* half hour before examinat:

23a. SIGNATURE (Degree or title): 041 Dead when arrived at office — Dr.

23b. ADDRESS: Kamiah - Idaho -

23c. DATE SIGNED: 11/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal?

24b. DATE: 11-6-52

24c) NAME OF CEMETERY OR CREMATORY: Craigmont cemetery

24d. LOCATION (City, town, or county) (State): Craigmont Idaho

DATE REC'D BY LOCAL REG.: 11-6-52

REGISTRAR'S SIGNATURE: Burdah H Bryan

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 4716
Reg. Dist. No.

BIRTH NO. JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDSHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GARY
b. (Middle): RALPH
c. (Last): WILLIS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby
8. DATE OF BIRTH: Aug. 25, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby 02
10b. KIND OF BUSINESS OR INDUSTRY: baby
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Ralph Willis
BIRTHPLACE: Kamiah, Ida.
14. MOTHER'S MAIDEN NAME: Eileen Redford
BIRTHPLACE: Renton, Wn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs Ralph Willis
ADDRESS: Kamiah,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Labor Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 1 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/25, 1952, *to* 11/25, 1952, *that I last saw the deceased alive on* 11/25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.H. Bryan, M.D. 041
23b. ADDRESS: Kamiah - Idaho -
23c. DATE SIGNED: 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Nov. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: C.C. McKinger
24d. LOCATION (City, town, or county) (State): Tacoma, Wash.

DATE REC'D BY LOCAL REG.: 11-26-52
REGISTRAR'S SIGNATURE: Burlah V. Bryan
25. FUNERAL DIRECTOR: Jess Robertson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 4717
Reg. Dist. No.

BIRTH NO. JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (in this place): 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EUNICE b. (Middle) ANN c. (Last) RENCEHAUSEN

4. DATE OF DEATH (Month) (Day) (Year): Nov 29, 1952

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 6, 1868

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Selby Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Wood — BIRTHPLACE: Lynn Co., Iowa

14. MOTHER'S MAIDEN NAME: Celia Harris. — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Lelyde Rencehausen — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

345X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Mitral Insufficiency — — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Sclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/5, 1943, *to* 11/29, 1952, *that I last saw the deceased alive on* 11/28?, 1952, *and that death occurred at* 1 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Bryan 041 M. D. — **23b. ADDRESS**: Kamiah Idaho — **23c. DATE SIGNED**: 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: Dec. 2, 1952 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodlands — **24d. LOCATION** (City, town, or county) (State): Woodland, Idaho

DATE REC'D BY LOCAL REG.: 12-1-52 — REGISTRAR'S SIGNATURE: Ruth F. Bryan — **25. FUNERAL DIRECTOR**: [illegible] — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4718
Local Reg. No. 0
Reg. Dist. No. 6 30

BIRTH NO. FEB 11 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Luther b. (Middle) Willard c. (Last) Wakley

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 10, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Trapper

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov.

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John H. Wakley
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Ellen Hemmingway
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-9033

17. INFORMANT'S OWN SIGNATURE: Lou Wakley ADDRESS: Downey Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure — 1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 18, 1952, *to* Nov 30, 1952, *that I last saw the deceased alive on* Nov 29, 1952, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Blaine Heaney 570 (Degree or title): M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Cambridge
24d. LOCATION (City, town, or county) (State): Downey Idaho

DATE REC'D BY LOCAL REG.: 1-22-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Sherwin Webb ADDRESS: Preston, Ida ho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4719
Local Reg. No. 70
Reg. Dist. No. 330

BIRTH NO.

JAN 2 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROY	WILLIAM	McCALL	Dec. 28, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 22, 1917	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Flora, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed McCall	Missouri	Burnice Ogle	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	- - - - - - -	Allene McCall	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete dismemberment of — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) body
(c) Time of accident is

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - - -

RECEIVED
FEB 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4720
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
c. LENGTH OF STAY (in this place) 67yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Butt c. (Last) Innis

4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan 8 1872
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leicester England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Parker Butt | BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ann Sutton | BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE Mrs. Alfred W. Shepherd | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

421.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis & Endocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1952 *to* Dec 12, 1952, *that I last saw the deceased alive on* Dec 12, 1952, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Spencer H. Rich MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Dec 15-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Interment
24b. DATE 12-15-52
24c. NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE RECD BY LOCAL REG. 12-10-52
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Lile Matthews
ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Health D.

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 1521
Local Reg. No. 251
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 264 E - 7 S

3. NAME OF DECEASED (Type or Print): a. (First) Gregory b. (Middle) Paul c. (Last) Taylor

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: April 25, 1949

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months 5 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Paul Fred Taylor — BIRTHPLACE: Salt Lake City Utah

14. MOTHER'S MAIDEN NAME: Beth Black — BIRTHPLACE: Richfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul Fred Taylor — ADDRESS: City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis, bulbar, acute. — INTERVAL BETWEEN ONSET AND DEATH: 12-48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Oct 22, 1952, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Oct. 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct 24-1952

24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery

24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: February 4-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 6 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. 4 Mi. E. Roberts I D
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi. E. of Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Hill

4. DATE OF DEATH: (Month) (Day) (Year): About Dec. 10, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): About 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: ?

13. FATHER'S NAME: Unknown
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: Roman Hall
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gun Shot Wound in Head — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Roberts, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): About 12/10/52 ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Suicide

22. *I hereby certify that I attended the deceased from* [illegible] *last saw the deceased alive on* [illegible] *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roman Hall, Coroner

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/8/53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 6/8/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell

ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUL 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 4723
Local Reg. No. 237
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River, near Broadway Br.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fairview (Idaho Falls Rt.2)
d. STREET ADDRESS (If rural, give location): Route # 2, Fairview District

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD; b. (Middle); c. (Last) KOSTER

4. DATE OF DEATH (Month) (Day) (Year): About Nov. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 5, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY: Building Constr.

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Johnny Koster
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

E975X

* MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Probable Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): River -

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls, (COUNTY) (STATE) Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williamson (Degree or title) (Coroner)

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery

24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: May 18-1953

REGISTRAR'S SIGNATURE: Irma Bridges

25. FUNERAL DIRECTOR: Orland LeBeck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

State File No. 4724
Local Reg. No. 20
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T. 12 N
c. LENGTH OF STAY (in this place): 70 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 717 East Main

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): Cabot
c. (Last): McCowan

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 6, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor 14
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (State or foreign country): Saunders Co. Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William McCowan — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Sp. Amer. WWI
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mabel McCowan — ADDRESS:

18. CAUSE OF DEATH 932.8
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Exposure to weather — (7 approx)
DUE TO (c): Starvation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Advanced Age. + Heart Condition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): T. 12. N. R. 5. E Valley Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? While Hunting Deer

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Badley Coronor
23b. ADDRESS: Cascade, Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov 2-1953
REGISTRAR'S SIGNATURE: Myrtle H. Gardner
25. FUNERAL DIRECTOR: The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 16 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4725
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah, rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROSA
b. (Middle):
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): June 3 1952

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arlee, Montana
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Frank R Johnson — ADDRESS: Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 22 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis — Dont Know
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1950, *to* 6/3, 1952, *that I last saw the deceased alive on* 5/24, 1952, *and that death occurred at* 1 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L H Bryan 641 M. De
23b. ADDRESS: Kamiah - Idaho
23c. DATE SIGNED: 6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6-52
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Kamiah Indian Cem.
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: 6/4/52
REGISTRAR'S SIGNATURE: Burial L Bryan
25. FUNERAL DIRECTOR: Robertson Funeral Home — ADDRESS: Kamiah
Clete Robson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 4726
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) c. (Last) LOCKE

4. DATE OF DEATH (Month) (Day) (Year): Jan 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec 15, 1864
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner of
10b. KIND OF BUSINESS OR INDUSTRY: Prospector
11. BIRTHPLACE (State or foreign country): Greenville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not available — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not available — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Beryl M Mason — ADDRESS: Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart. Block — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Leaky Heart (Mitral-Aortic) years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct —, 1952, *to* Jan. 25, 1952, *that I last saw the deceased alive on* 1/24, 1953, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bryan M.D.
23b. ADDRESS: Kamiah, Idaho
23c. DATE SIGNED: 1/29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 29-52
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: 1/29-'52
REGISTRAR'S SIGNATURE: Emilah V. Bryan
25. FUNERAL DIRECTOR: Jos Davenport — ADDRESS: Angeline

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. 234
Local Reg. No. [illegible]
Reg. Dist. No.

BIRTH NO. DEC 16 1953 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 21yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RILLA
b. (Middle):
c. (Last): OGSTON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 5, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robinson — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Rock, — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Ray Ogston — ADDRESS: Orofino

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocarditis-Nephritis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan —, 1944, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bryan M.D.
23b. ADDRESS: Kamiah Idaho
23c. DATE SIGNED: 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/1-52
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 7/1-52
REGISTRAR'S SIGNATURE: Beulah V. Bryan
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Ida Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. [illegible]
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Virginia c. (Last) Snyder

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-3-1874

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pendleton Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Ben Bodkin
BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Nellie Puffenbargar
BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Harmon Snyder
ADDRESS: Greer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hardening of arteries — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1945, to 2/12, 1952, that I last saw the deceased alive on 2/12, 1952, and that death occurred at 2:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [illegible] Bryan M.D.
23b. ADDRESS: Kamiah Idaho
23c. DATE SIGNED: 2/15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Kamiah cemetery
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: 2/15-52
REGISTRAR'S SIGNATURE: Emmett V Bryan
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

RECEIVED
DEC 29 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4729
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - HAZELTON
d. STREET ADDRESS (If rural, give location): HAZELTON - RURAL

3. NAME OF DECEASED (Type or Print): a. (First) JOSE; b. (Middle) RUIZ; c. (Last) RUIZ

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 14, 1952

5. SEX: M
6. COLOR OR RACE: Mex
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 32 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BIRTHPLACE
14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture
~~ANTECEDENT CAUSES~~
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Pulmonary Contusion
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) ? (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): See Police report
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? See Police report

22. *I hereby certify that I attended the deceased from* 13 Oct, 1952, to 14 Oct, 1952, *that I last saw the deceased alive on* 13 Oct, 1952 *and that death occurred at* 12:07A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm Sawyer MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 10-24-52
24c. NAME OF CEMETERY OR CREMATORY: Filer Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: W. L. Benson
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4730
Local Reg. No. 46
Reg. Dist. No. 36-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Residence

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle); c. (Last) Carlock

4. DATE OF DEATH: (Month) (Day) (Year) December 31-1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 4-1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 1 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amos Manning
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jay J. Carlock
ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart Disease Mitral Stenosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: No operation

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 19 52, *to* Jan. 1-53 19___, *that I last saw the deceased alive on* Jan. 1-53, 19___, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Mitchell M.D.

23b. ADDRESS: Parma Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3-1953

24c. NAME OF CEMETERY OR CREMATORY: Ten Davis

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 4/6/54

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Bakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death
STATE OF IDAHO

1952 State File No. 4731
Local Reg. No. 270
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 23 1969 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene LENGTH OF STAY (In this place): 10 Mon. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes	2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE: Washington b. COUNTY: Spokane b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane d STREET ADDRESS (If rural, give location): 1126 South

3. NAME OF DECEASED (Type or Print)	a. (First) HELEN	b. (Middle) G.	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year)		
				Sept. 23, 1952		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cau.	Widowed	Jan. 10, 1879	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ole Gulseth	BIRTHPLACE: UNKNOWN	14. MOTHER'S MAIDEN NAME: UNKNOWN	BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): No	16 SOCIAL SECURITY NO.: None	17 INFORMANT'S OWN SIGNATURE: Mrs. Edward Harnish ADDRESS: Spokane, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: INFORMATION TAKEN FROM HOSPITAL RECORDS	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X A. W. Olson, Adm. Coeur d Alene Homes	23b. ADDRESS	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/26/52	24c. NAME OF CEMETERY OR CREMATORY: Riverside Mem. Park	24d. LOCATION (City, town, or county) (State): Spokane, Washington	
DATE REC'D BY LOCAL REG.: Sept. 18, 1969	REGISTRAR'S SIGNATURE: Lawrence K. Brush	25. EMBALMER: C. LeRoy Holford	LICENSE NO.: QL 660	

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.